VA | U.S. Department of Veterans Affairs

Office of the Assistant Secretary for Public and Intergovernmental Affairs
Washington DC 20420

May 23, 2019

FOIA Request: 18-11822-F

Mr. Austin Evers
Executive Director
American Oversight
1030 15th Street, NW, Suite B255
Washington, DC 20005

Dear Mr. Evers:

This is the first Partial Initial Agency Decision (IAD) to your Freedom of Information Act (FOIA) request to the Department of Veterans Affairs (VA), Office of Public and Intergovernmental Affairs (OPIA) dated August 23, 2318. Your request was received on August 29, 2018, and assigned FOIA tracking number 18-11822-F. You requested "all records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar invitations/entries, meeting notices, meeting agendas, informational material, talking points, and handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between Casin Spero, Special Advisor and:

- Outside Recipients
  - Dan Caldwell
  - Nathan Anderson
  - Shannon Hough
  - Pete Hegseth
  - Any email address ending in @cv4a.org or @cvafoundation.org
  - Isaac "Ike" Perlmutter
  - Bruce Moskowitz
  - Marc Sherman

- All email communications between any of the individuals listed in Column AS and any external individuals or organization (i.e., emails, with addresses ending in com/.org/.net/.mil.edu) that mention one or more of the following search terms in the subject line, body of the email, or attachment;
  a. "Concerned Veterans"
  b. "Concerned Vets"
  c. CVA
  d. CV4A

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- A total of three thousand seven hundred and sixty four (3,764) pages of responsive records consisting of emails, briefing papers and memorandums has been bate stamped OPIA 000001 – 003764.

Enclosed please find a total of 3,764 pages released to you in part. After conducting my review of the responsive records, I identified information contained in the records that we are withholding under FOIA Exemptions 5 and 6.

5 U.S.C. § 55(b)(5) exemptions from disclosure "inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency." Under the attorney-client and work product and work product privileges, the VA redacts portions of the records, emails, and communications between VA employees and attorneys analyzing and discussing legal issues for the VA and its employees. The release of this information would also compromise the legal positions of the VA and its employees.

5 U.S.C. § 552(b)(6) permits VA to withhold a document or information within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy.

FOIA Exemption 6 permits VA to withhold a document or information within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy. Hence, VA may withhold information under FOIA Exemption 6 where disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government.

FOIA Exemption 6 permits the Department of Veterans Affairs to withhold from disclosure personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. The information withheld, such as names, address, social security numbers, and personnel email addresses are of a type that the privacy interest of the individual(s) to whom this information belongs outweighs any public interest in disclosure of this information. Accordingly, we have determined that this information should be withheld pursuant to Exemption 6.

Accordingly, we are withholding the names of employees who are not high-level government officials, the names of private citizens, and our contractor's email address.

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This concludes OPIA's first partial IAD to request 18-11822-F. We appreciate your interest in the Department of Veterans Affairs. If you have further questions, please feel free to contact Anita Major, of my staff, at (202) 461-7440.

Sincerely,

Lyndon B. Johnson
Chief of Staff

Enclosure – 73 email documents (3,764) pages, in

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Document ID: 0.7.10678.656453

From: Ullyot, John [redacted]

To: Cashour, Curtis [redacted]

Cc: Hutton, James [redacted]

Bcc:

Subject: Re: for approval - background statement for Donovan Slack of USA Today

Date: Wed Jul 12 2017 07:07:09 CDT

Attachments:

Great thanks Curtis — good work on this

John U.

From: Curt Cashour <Curt.Cashour[redacted]
Date: Wednesday, July 12, 2017 at 8:01 AM
To: Department of Veterans Affairs Department of Veterans Affairs <john.ullyot[redacted]
Cc: "Hutton, James" <James.Hutton[redacted]
Subject: RE: for approval - background statement for Donovan Slack of USA Today

FYI: based on this statement, she is not doing a story.

Sent with Good (www.good.com)

-----Original Message-----
From: Ullyot, John
Sent: Tuesday, July 11, 2017 09:33 AM Eastern Standard Time
To: Cashour, Curtis
Cc: Hutton, James
Subject: Re: for approval - background statement for Donovan Slack of USA Today

Thanks Curtis — background statement approved

John U.

From: Curt Cashour <Curt.Cashour[redacted]
Date: Tuesday, July 11, 2017 at 8:45 AM
To: Department of Veterans Affairs Department of Veterans Affairs <john.ullyot[redacted]
Cc: "Hutton, James" <James.Hutton[redacted]
Subject: for approval - background statement for Donovan Slack of USA Today

Please see below from Donovan Slack regarding her choice conference inquiry. Are you OK with the

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following proposed background response, which was approved by VHA:

VA held a conference focused on improving its administration of the Choice Program and community care at the B Hotel in Lake Buena Vista, Fla., May 23-24 2017. The conference location was selected after a competitive request for proposal to identify potential locations based on the requirements and cost effectiveness. 246 VA employees attended the conference, which brought together key program administrators and field staff from across the country. No Choice Program funds whatsoever were used to cover the costs of the conference, which was paid for by VHA. Local facility/office travel funds were used to cover attendees' travel and lodging costs.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Slack, Donovan [mailto:dslack@usatoday.com]
Sent: Monday, July 10, 2017 8:25 PM
To: Cashour, Curtis
Subject: Re: [EXTERNAL] Re: conference

So it took five days to issue a national policy edict attempting to preempt my work after I asked a question about settlements. Tomorrow marks five business days and not one word to answer a single question about a conference?

And all I asked for was a background conversation?

Please help me understand this?

On Jul 7, 2017, at 8:52 PM, Slack, Donovan <dslack@usatoday.com> wrote:

Thanks

On Jul 7, 2017, at 8:50 PM, Cashour, Curtis <Curt.Cashour[redacted] wrote:

Still working this for you. Don't worry. I won't forget.

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Sent with Good (www.good.com)

-----Original Message-----
From: Slack, Donovan [dslack@usatoday.com]
Sent: Friday, July 07, 2017 08:28 PM Eastern Standard Time
To: Cashour, Curtis
Subject: [EXTERNAL] Re: conference

Just resurfacing this in your inbox...

On Jul 6, 2017, at 8:31 AM, Slack, Donovan <dslack@usatoday.com> wrote:

No deadline set- the sooner the better - I am just trying to get info. On conference timing, could be 3-4 was ago. How many conferences at Disney does VA have?

On Jul 6, 2017, at 7:55 AM, Cashour, Curtis <Curt.Cashour@va.gov> wrote:

Thanks. Will check on that. What is your deadline? What was the timeframe of the conference?

Sent with Good (www.good.com)

-----Original Message-----
From: Slack, Donovan [dslack@usatoday.com]
Sent: Wednesday, July 05, 2017 09:38 PM Eastern Standard Time
To: Cashour, Curtis
Subject: [EXTERNAL] Two things

Thanks for pushing my foia, even though response I got was useless nothing (more on that later)

Can you tell me about a recent conference in Orlando that i am hearing about? Was it a choice conference, funded by choice dollars in any way? (Don't need formal on the record quote but background convo?)

Thanks
D

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Document ID: 0.7.10678.2205606

From: [redacted]; Bowman, Thomas

Bcc:

Subject: FOR APPROVAL: Choice TPs for Surrogates

Date: Wed May 02 2018 14:51:16 EDT

Attachments: 20180502 Choice TPs 4.27.18 whco va omb (DTedits) (002).docx

Sir/Peter/Pam,

WH Staff Secretary has returned the document w/comments to our comments. OPIA and OCLA have concurred w/the WH's comments and leaving their statements as written. Highlighting A7/A8 in case you or SECVA have a different opinion on how to hand the statement regarding Veteran deaths.

********* A1/A4 – OCLA, this is a revision of the text submitted – do you accept?

********* A2/A3 – OM, WH is rejecting the time qualifier for the data, recommend we concur

********* A5/A6 – OPIA "wait in never ending lines" vs "experience extended wait times." For the most part, Veterans are not physically standing in lines waiting to schedule an appointment – this paints a much more antiquated healthcare system that does not leverage self-service and telephonic appointment scheduling. WH wants to stress the dire situation, are we ok w/the original "wait in never ending lines" language?

********* A7/A8 – OPIA/ALL "…40 died during their wait." WH is sourcing the media. Our point was that the OIG could not substantiate Veterans died because of or due to the wait (what one may infer from WH's statement). From the OIG report: "While the case reviews in this report document poor quality of care, we are unable to conclusively assert that the absence of timely quality care caused the deaths of these veterans." WH would like stress the looming crisis. Need a decision as to if we accept their revised statement, "…and reports indicated that more than 40 died during their wait for care" or want to offer another statement.

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Once I get your comments, I'll push up front for approval.

[redacted]

Executive Secretary

Office of the Secretary

[redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: [redacted]
Sent: Wednesday, May 02, 2018 1:37 PM
To: [redacted]
Subject: [EXTERNAL] RE: For Review: Choice TPs for Surrogates

[redacted],

Please see attached for a revised draft that offers feedback or questions on a few of VA's comments. Can VA please advise?

Happy to host a call if that would be helpful.

Thank you.

From: [redacted]
Sent: Tuesday, May 1, 2018 10:04 AM
To: [redacted]
Subject: RE: For Review: Choice TPs for Surrogates

VA submits the attached comments/edits.

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[redacted]

Executive Secretary

Office of the Secretary

([redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: Staff Secretary [redacted]
Sent: Sunday, April 29, 2018 1:44 PM
To: [redacted]
Cc: Staff Secretary
Subject: [EXTERNAL] For Review: Choice TPs for Surrogates

All:

Attached are draft talking points regarding the Veterans Choice Program, to be used by surrogates. DPC has cleared this document.

Affirmative clearance is requested from VA, NEC, OMB, and WHCO. All others are invited to comment, but affirmative clearance is not required.

Please send any edits or comments to Staff Sec by 5:00 PM Monday, April 30.

Thank you,

Staff Secretary

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Document ID: 0.7.10678.2205606-000001	
Owner:	[redacted]
Filename:	20180502 Choice TPs 4.27.18 whco va omb (DTedits) (002).docx
Last Modified:	Wed May 02 13:51:16 CDT 2018

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Veterans Choice Program | Talking Points

Top-Line:

President Trump, and the Department of Veterans Affairs (VA) have worked closely with Congress and VSOs to create draft legislation that would reform and streamline the Veterans Choice Program and VA community care programs to ensure Veterans have access to care when and where they need it and when VA is unable to provide it.

Demand for community care programs has increased substantially since Congress created the Veterans Choice Program in 2014.

The Choice Program:

- More than **1.9 million veterans** have used the Veterans Choice Program
- More than **39 million appointments** via Veterans Choice Program scheduled in the community

Nancy Pelosi and some Democrats blocked the VA reform legislation from being included in the 2000+ page omnibus funding bill earlier this year.

The Choice Program is expected to exhaust its funds in the first two weeks of June 2018.

If Congress fails to pass the Choice Program reform legislation, veterans will likely be forced once again to wait in never ending lines.

Veterans have relied on VA community care for more than 70 years. The Administration is working with Congress to merge all of VA's community care efforts into a single, efficient, effective, and accountable federal program that ensures our heroes get the right care, at the right time, with the right provider.

Instead of putting politics above the healthcare needs of our nation's veterans, Congress should pass the VA reform legislation before Memorial Day.

Privatization Myths:

There are no discussions about privatizing it and any move in that direction would be a decision for Congress, not the President.

The Veterans Choice Program was not considered privatization when Senator Bernie Sanders, then Chairman of the Senate Veterans Affairs Committee, co-authored it.

Provision of care outside VA facilities is not new. The VA has been collaborating with community providers to treat veterans since 1945.

As we have consistently said, the Administration has taken several unprecedented steps to transform and modernize the VA healthcare system. Modern healthcare systems do not exist in isolation and they best function to serve their patients by using networks of diverse providers with best in class capabilities.

Any suggestion of privatizing the VA is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding the care of our nation's veterans.

The Choice Program was designed to meet the needs of veterans wherever they live. In fact, today, nearly 2/3 of all VA care is delivered in VA's own healthcare facilities.

Whether it's through VA or an outside provider network, we must improve veterans' choice of healthcare providers and ensure timely, high-quality healthcare.

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Need for Choice Program:

In April 2014, scandal at the Phoenix VA Medical Center rocked the nation, serving as the catalyst for focus on VA reform throughout the nation.

- Thousands of AZ Veterans were in that line awaiting care in Phoenix, of which 3,400 were Urology/prostate cancer patients – and reports indicated that more than 40 died during their wait for care.
- When it became apparent the issue was not confined to Phoenix, Congress acted quickly and passed the Veterans Access, Choice, and Accountability Act.

As a result of this legislation, for more than four years, the Veterans Choice Program has empowered eligible veterans to have an option to ensure access to care when VA care is not readily available (based on the Veterans Choice Program eligibility criteria of wait times or distance).

- More than 1.9 million Veterans used the Veterans Choice Program
- More than 39 million appointments via Veterans Choice Program scheduled in the community

VA Community Care

The VA has proposed the Veteran Coordinated Access & Rewarding Experiences legislation to Congress, which will strengthen VA by consolidating the department's tangled web of competing and confusing community care programs (including the Choice Program) into one system that's easy to navigate for both veterans and VA employees

It will help ensure veterans choose VA by getting them the right care at the right time with the right provider

Strengthening the Department of Veterans Affairs hinges on its ability to do two things: improve veterans' experiences and enhance patient outcomes

- That's precisely what Veteran CARE will do.

How does Veteran CARE work?

- The veteran drives this experience.
- The veteran will have a conversation with their VA care team via phone, online or in person.
- The veteran will have tools to help them select the best provider to meet their needs.
- VA will be a better partner to community providers:

  VA will make sure the community provider has all the information needed to treat the veteran.

  VA will work with community providers to get the medical records and pay bills timely and accurately.

  Throughout this process, the veteran will have transparency on all of these steps, including their financial obligations, if any.

How is Veteran CARE better or different than Choice?

- It is better because it is simpler, more flexible and individualized around clinical needs.
- Simple:

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It cuts red tape and removes layers by focusing only on the veteran, their VA team and the community provider.

- Flexible:
  Today the criteria for access to the community are arbitrary, and administrative; the new program is based on a veteran's clinical needs, which will expand choices.
- Individualized:
  Veterans will have the tools to choose which provider best meets their needs.

Additional Information on the Choice Program and proposed successor CARE program (if asked):

To ensure seamless transition to the new program, the Choice Program must continue for 12 months following the passage of the community care reform legislation.
The current Veterans Choice Program requires $1.3 billion in FY 2018 and an additional $2.0 billion in FY 2019 if VA reform legislation is passed before Memorial Day.

Table 1. Additional Funding for the Veterans Choice Program *Dollars in Billions*	
FY 2018 Requirement	$1.3
FY 2019 Requirement *(net of FY19 Budget request)**	$2.0
Total Additional Veterans Choice Program Need	$3.3

* The FY 2019 President's Budget requested $1.9 billion in discretionary resources in FY 2019 for the Choice Program.

The current Choice Program funds will be exhausted in early June. The minimum number required to get Choice funded and allow reform legislation to take effect is $3.3 billion. Further delay beyond Memorial Day will result in substantially increased spending.

The Message:

VA's community care programs increase veterans' access to timely and quality health care.
Demand for community care programs has increased substantially since Congress created the Choice Program in 2014.
If Congress fails to pass the legislation, veterans will likely be forced once again to wait in never ending lines.
This legislation would transform VA into a high-performing and integrated 21st century health care system.

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Document ID: 0.7.10678.656447

From: Cashour, Curtis [redacted]

To: Ullyot, John [redacted]

Cc: Hutton, James [redacted]

Bcc:

Subject: RE: for approval - background statement for Donovan Slack of USA Today

Date: Wed Jul 12 2017 07:01:13 CDT

Attachments:

FYI: based on this statement, she is not doing a story.

Sent with Good (www.good.com)

-----Original Message-----
From: Ullyot, John
Sent: Tuesday, July 11, 2017 09:33 AM Eastern Standard Time
To: Cashour, Curtis
Cc: Hutton, James
Subject: Re: for approval - background statement for Donovan Slack of USA Today

Thanks Curtis — background statement approved

John U.

From: Curt Cashour <Curt.Cashour[redacted]
Date: Tuesday, July 11, 2017 at 8:45 AM
To: Department of Veterans Affairs Department of Veterans Affairs <john.ullyot[redacted]
Cc: "Hutton, James" <James.Hutton[redacted]
Subject: for approval - background statement for Donovan Slack of USA Today

Please see below from Donovan Slack regarding her choice conference inquiry. Are you OK with the following proposed background response, which was approved by VHA:

VA held a conference focused on improving its administration of the Choice Program and community care at the B Hotel in Lake Buena Vista, Fla., May 23-24 2017. The conference location was selected after a competitive request for proposal to identify potential locations based on the requirements and cost effectiveness. 246 VA employees attended the conference, which brought together key program administrators and field staff from across the country. No Choice Program funds whatsoever were used to cover the costs of the conference, which was paid for by VHA. Local facility/office travel funds were used to cover attendees' travel and lodging costs.

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Slack, Donovan [mailto:dslack@usatoday.com]
Sent: Monday, July 10, 2017 8:25 PM
To: Cashour, Curtis
Subject: Re: [EXTERNAL] Re: conference

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AMERICAN OVERSIGHT

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Can you tell me about a recent conference in Orlando that i am hearing about? Was it a choice conference, funded by choice dollars in any way? (Don't need formal on the record quote but background convo?)

Thanks
D

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Document ID: 0.7.10678.2202199

From: [redacted] Bowman, Thomas [redacted]

Bcc:

Subject: FOR APPROVAL (UPDATED VERSION WITH OCLA EDITS): Choice TPs for Surrogates

Date: Tue May 01 2018 07:23:05 EDT

Attachments: Choice TPs 4.27.18 - Draft VA v4.docx

Updated w/OCLA edits. Need to get this to WH this am.

Please advise.

[redacted]

Executive Secretary

Office of the Secretary

([redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: [redacted]

Sent: Monday, April 30, 2018 4:15 PM

To: [redacted]

Subject: FOR APPROVAL (UPDATED VERSION): Choice TPs for Surrogates

Importance: High

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Received comments from OGC, please use this version.

I've asked the WH for an extension until 10am tomorrow morning, but have not heard back.

[redacted]

Executive Secretary

Office of the Secretary

([redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: Bock, Tonia Y.
Sent: Monday, April 30, 2018 12:31 PM
To: [redacted]
Subject: FOR APPROVAL: Choice TPs for Surrogates

Request concurrence to share the attached edits (minus the comments) with WH's Staff Secretary.

The attached incorporates comments/edits received from OM and VHA. OPIA concurred with original document.

[redacted]

Executive Secretary

Office of the Secretary

[redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: [redacted]

AMERICAN OVERSIGHT

Sent: Monday, April 30, 2018 8:15 AM
To: [redacted]
Subject: EARLY AWARENESS: Choice TPs for Surrogates
Importance: High

All,

FYI, this is currently out for staffing w/VHA, OM, OCLA, OPIA, and OGC. Sharing for early awareness as we'll need to provide clearance NLT 5pm today. I'll reshare once I have inputs.

[redacted]

Executive Secretary

Office of the Secretary

([redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: Staff Secretary [redacted]
Sent: Sunday, April 29, 2018 1:44 PM
To: [redacted]
Cc: Staff Secretary
Subject: [EXTERNAL] For Review: Choice TPs for Surrogates

All:

Attached are draft talking points regarding the Veterans Choice Program, to be used by surrogates. DPC has cleared this document.

Affirmative clearance is requested from VA, NEC, OMB, and WHCO. All others are invited to comment, but affirmative clearance is not required.

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Please send any edits or comments to Staff Sec by 5:00 PM Monday, April 30.

Thank you,

Staff Secretary

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Document ID: 0.7.10678.2202199-000001	
Owner:	[redacted]
Filename:	Choice TPs 4.27.18 - Draft VA v4.docx
Last Modified:	Tue May 01 06:23:05 CDT 2018

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Veterans Choice Program | Talking Points

Top-Line:

The Trump Administration, and the Department of Veterans Affairs (VA) have worked closely with Congress and VSOs to create draft legislation that would reform and streamline Veterans Choice Program and VA community care programs to ensure Veterans have access to care when and where they need it and when VA is unable to provide it.

The Choice Program:

- More than **1.9 million veterans** have used the Veterans Choice Program since inception through February 2018. Many of these Veterans used a combination of VA and community care.
- More than **39 million appointments** have been scheduled in the community via the Veterans Choice Program since inception through February 2018.
- Veterans are largely in favor of community care options to augment and complement VA care and provide more choice and control of their healthcare decisions.

Nancy Pelosi and the Democrats blocked the VA reform legislation from being included in the 2000+ page omnibus bill President Trump signed earlier this year.

Funding for the Choice Program is urgently needed because the current funding is expected to run out by early June 2018.

If Congress fails to pass the Choice Program reform legislation, veterans may once again experience extended wait times for appointments.

VA community care has existed for more than 70 years and is not intended to move VA towards privatization. VA is working with Congress to merge all of VA's community care efforts into a single, streamlined federal program that ensures veterans get the right care, at the right time, with the right provider.

Instead of putting politics above the healthcare needs of our nation's veterans, Congress should pass the VA reform legislation before Memorial Day and ensure the Choice Program continues to provide care to veterans until the successor program is fully operational.

Privatization Myths:

There are no discussions about privatizing it and any move in that direction would be a decision for Congress, not the President.

The Veterans Choice Program was not considered privatization when Senator Bernie Sanders, Chairman of the Senate Veterans Affairs Committee, co-authored it.

Provision of care outside VA facilities is not new. The VA has been collaborating with community providers to treat veterans since 1945.

As we have consistently said, the Administration has taken several unprecedented steps to transform and modernize the VA healthcare system. Modern healthcare systems do not exist in isolation and they best function to serve their patients by using networks of divese providers with best in class capabilities.

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Any suggestion of privatizing the VA is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding the care of our nation's veterans.
The Choice Program was designed to meet the needs of veterans wherever they live. In fact, today, nearly 2/3 of all VA care is delivered in VA's own healthcare facilities.
Whether it's through VA or an outside provider network, we must improve veterans' choice of healthcare providers and ensure timely, high-quality healthcare.

Need for Choice Program:

In April 2014, scandal at the Phoenix VA Medical Center rocked the nation, serving as the catalyst for focus on VA reform throughout the nation.

- Thousands of AZ Veterans were in that line awaiting care in Phoenix, of which 3,400 were Urology/prostate cancer patients –.
- When it became apparent the issue was not confined to Phoenix, Congress acted quickly and passed the Veterans Access, Choice, and Accountability Act.

As a result of this legislation, for more than four years, the Veterans Choice Program has empowered eligible veterans to have an option to ensure access to care when VA care is not readily available (based on the Veterans Choice Program eligibility criteria of wait times or distance).

- More than 1.9 million Veterans used the Veterans Choice Program since inception through February 2018
- More than 39 million appointments via Veterans Choice Program scheduled in the community since inception through February 2018

VA Community Care

The Veteran Coordinated Access & Rewarding Experiences legislation the VA has proposed to Congress will strengthen VA by consolidating the department's tangled web of competing and confusing community care programs (including Choice Program) into one system that's easy to navigate for both veterans and VA employees
It will help ensure veterans choose VA by getting them the right care at the right time with the right provider
Strengthening the Department of Veterans Affairs hinges on its ability to do two things: improve veterans' experiences and enhance patient outcomes

- That's precisely what Veteran CARE will do

How does Veteran CARE work?

- The veteran drives this experience.
- The veteran will have a conversation with their care VA team via phone, online or in person.
- The veteran will have tools to help them select the best provider to meet their needs.
- VA will be a better partner to community providers:
  VA will make sure the community provider has all the information needed to treat the veteran.

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VA will work with community providers to get the medical records and pay bills timely and accurately.
Throughout this process, the veteran will have transparency on all of these steps, including their financial obligations, if any.

How is Veteran CARE better or different than Choice?

- It is better because it is simpler, more flexible and individualized around clinical needs.
- Simple:
  It cuts red tape and removes layers by focusing only on the Veteran, their VA team and the community provider.
- Flexible:
  Today the criteria for access to the community are arbitrary, and administrative; the new program is based on Veteran's clinical needs, which will expand choices.
- Individualized:
  Veterans will have the tools to choose which provider best meets their needs.

Additional Information on the Choice Program and proposed successor CARE program (if asked):

To ensure seamless transition to the new program, the Choice Program must continue for 12 months from the passage of the community care legislation.
The current Veterans Choice Program requires $1.3 billion in FY 2018 and an additional $2.0 in FY 2019 if VA reform legislation is passed before Memorial Day.

Table 1. Additional Funding for the Veterans Choice Program *Dollars in Billions*	
FY 2018 Requirement	$1.3
FY 2019 Requirement *(net of FY19 Budget request)*	$2.0
Total Additional Veterans Choice Program Need	$3.3

The current Choice funds will be exhausted by early June. The minimum number required to get Choice funded and allow reform legislation to take effect is $3.3B.
Further delay beyond Memorial Day will result in substantially increased spending.

The Message:

VA's community care programs increase veterans' access to timely and quality health care.
Demand for community care programs has increased substantially since Congress created the Choice Program in 2014.
Failure to pass the legislation, veterans may once again experience extended wait times for appointments.

AMERICAN OVERSIGHT

This legislation would transform VA into a high-performing and integrated 21st century health care system.

AMERICAN OVERSIGHT

Document ID: 0.7.10678.656442

From: Hutton, James [redacted]

Cc: Ullyot, John [redacted] Wagner, John (Wolf) [redacted] Tallman, Gary [redacted]; Cashour, Curtis [redacted]

Bcc:

Subject: Department of Veterans Affairs - Weekly Report - July 12, 2017

Date: Wed Jul 12 2017 05:55:17 CDT

Attachments:

Department of Veterans Affairs – Weekly Report

********* July 12-15 – Secretary Shulkin will be in Denmark on official travel. The purpose of the trip is for the Secretary to get a better understanding of the Danish health care system.

********* July 17-21 - Secretary Shulkin will be in London for the UK-hosted Ministerial Summit on Veterans Affairs. Mark Lancaster, Member of Parliament and the UK's Minister for Defence Veterans, Reserves and Personnel, will host the event. The "Future Support to Veterans" theme will focus on international cooperation and innovations to improve support and care to Veterans.

Media

********* Nothing to report

Releases

********* Nothing to report

James Hutton

Executive Director, Public Affairs

AMERICAN OVERSIGHT

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

[redacted]

[redacted]

[redacted]

VA on Facebook . Twitter . YouTube . Flickr . Blog

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2202074

From: [redacted] Bowman, Thomas [redacted]

Bcc:

Subject: FOR APPROVAL (UPDATED VERSION): Choice TPs for Surrogates

Date: Mon Apr 30 2018 16:15:08 EDT

Attachments: Choice TPs 4.27.18 - Draft VA v3.docx

Received comments from OGC, please use this version.

I've asked the WH for an extension until 10am tomorrow morning, but have not heard back.

[redacted]

Executive Secretary

Office of the Secretary

([redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: [redacted]

Sent: Monday, April 30, 2018 12:31 PM

To: [redacted]

Subject: FOR APPROVAL: Choice TPs for Surrogates

Request concurrence to share the attached edits (minus the comments) with WH's Staff Secretary.

AMERICAN OVERSIGHT

The attached incorporates comments/edits received from OM and VHA. OPIA concurred with original document.

[redacted]

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Office of the Secretary

([redacted]

[redacted]

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From: [redacted]
Sent: Monday, April 30, 2018 8:15 AM
To: [redacted]
Subject: EARLY AWARENESS: Choice TPs for Surrogates
Importance: High

All,

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Office of the Secretary

[redacted]

[redacted]

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From: Staff Secretary [redacted]
Sent: Sunday, April 29, 2018 1:44 PM

AMERICAN OVERSIGHT

To: [redacted]

Cc: Staff Secretary
Subject: [EXTERNAL] For Review: Choice TPs for Surrogates

All:

Attached are draft talking points regarding the Veterans Choice Program, to be used by surrogates. DPC has cleared this document.

Affirmative clearance is requested from VA, NEC, OMB, and WHCO. All others are invited to comment, but affirmative clearance is not required.

Please send any edits or comments to Staff Sec by 5:00 PM Monday, April 30.

Thank you,

Staff Secretary

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2202074-000001
Owner: [redacted]
Filename: Choice TPs 4.27.18 - Draft VA v3.docx
Last Modified: Mon Apr 30 15:15:08 CDT 2018

AMERICAN OVERSIGHT

Veterans Choice Program | Talking Points

Top-Line:

The Trump Administration, and the Department of Veterans Affairs (VA) have worked closely with Congress and VSOs to create draft legislation that would reform and streamline Veterans Choice Program and VA community care programs.

The Choice Program:

- More than **1.9 million veterans** have used the Veterans Choice Program since inception through February 2018.
- More than **39 million appointments** have been scheduled in the community via the Veterans Choice Program since inception through February 2018.

Nancy Pelosi and the Democrats blocked the VA reform legislation from being included in the 2000+ page omnibus bill President Trump signed earlier this year.

Funding for the Choice Program is urgently needed because the current funding is expected to run out by early June 2018.

If Congress fails to pass the Choice Program reform legislation, veterans may once again experience extended wait times for appointments.

VA community care has existed for more than 70 years and is not intended to move VA towards privatization. VA is working with Congress to merge all of VA's community care efforts into a single, streamlined federal program that ensures veterans get the right care, at the right time, with the right provider.

Instead of putting politics above the healthcare needs of our nation's veterans, Congress should pass the VA reform legislation before Memorial Day and ensure the Choice Program continues to provide care to veterans until the successor program is fully operational.

Privatization Myths:

As we have consistently said, the Administration has taken several unprecedented steps to transform and modernize the VA healthcare system. There are no discussions about privatizing it and any move in that direction would be a decision for Congress, not the President.

The Veterans Choice Program was not considered privatization when Senator Bernie Sanders, Chairman of the Senate Veterans Affairs Committee, co-authored it.

Any suggestion of privatizing the VA is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding the care of our nation's veterans.

Provision of care outside VA facilities is not new. The VA has been collaborating with community providers to treat veterans since 1945.

The Choice Program was never designed to privatize the VA, and will never do so. In fact, nearly 2/3 of all VA care is delivered in VA's own healthcare facilities today.

Whether it's through VA or an outside provider, we must improve veterans' choice of healthcare providers and ensure timely, high-quality healthcare.

AMERICAN OVERSIGHT

Need for Choice Program:

In April 2014, scandal at the Phoenix VA Medical Center rocked the nation, serving as the catalyst for focus on VA reform throughout the nation.

- Thousands of AZ Veterans were in that line awaiting care in Phoenix, of which 3,400 were Urology/prostate cancer patients – and more than 40 died waiting for care.
- When it became apparent the issue was not confined to Phoenix, Congress acted quickly and passed the Veterans Access, Choice, and Accountability Act.

As a result of this legislation, for more than four years, the Veterans Choice Program has empowered eligible veterans to have an option to ensure access to care when VA care is not readily available (based on the Veterans Choice Program eligibility criteria of wait times or distance).

- More than 1.9 million Veterans used the Veterans Choice Program since inception through February 2018
- More than 39 million appointments via Veterans Choice Program scheduled in the community since inception through February 2018

VA Community Care

The Veteran Coordinated Access & Rewarding Experiences legislation the VA has proposed to Congress will strengthen VA by consolidating the department's tangled web of competing and confusing community care programs (including Choice Program) into one system that's easy to navigate for both veterans and VA employees
It will help ensure veterans choose VA by getting them the right care at the right time with the right provider
Strengthening the Department of Veterans Affairs hinges on its ability to do two things: improve veterans' experiences and enhance patient outcomes

- That's precisely what Veteran CARE will do

How does Veteran CARE work?

- The veteran drives this experience.
- The veteran will have a conversation with their care VA team via phone, online or in person.
- The veteran will have tools to help them select the best provider to meet their needs.
- VA will be a better partner to community providers:
  VA will make sure the community provider has all the information needed to treat the veteran.
  VA will work with community providers to get the medical records and pay bills timely and accurately.
  Throughout this process, the veteran will have transparency on all of these steps, including their financial obligations, if any.

How is Veteran CARE better or different than Choice?

- It is better because it is simpler, more flexible and individualized around clinical needs.
- Simple:

AMERICAN OVERSIGHT

It cuts red tape and removes layers by focusing only on the Veteran, their VA team and the community provider.

- Flexible:

  Today the criteria for access to the community are arbitrary, and administrative; the new program is based on Veteran's clinical needs, which will expand choices.

- Individualized:

  Veterans will have the tools to choose which provider best meets their needs.

Additional Information on the Choice Program and proposed successor CARE program (if asked):

To ensure seamless transition to the new program, the Choice Program must continue for 12 months from the passage of the community care legislation.
The current Veterans Choice Program requires $1.3 billion in FY 2018 and an additional $2.0 in FY 2019 if VA reform legislation is passed before Memoria Day.

Table 1. Additional Funding for the Veterans Choice Program *Dollars in Billions*	
FY 2018 Requirement	$1.3
FY 2019 Requirement *(net of FY19 Budget request)*	$2.0
Total Additional Veterans Choice Program Need	$3.3

The current Choice funds will be exhausted by early June. The minimum number required to get Choice funded and allow reform legislation to take effect is $3.3B. Further delay beyond Memorial Day will result in substantially increased spending.

The Message:

VA's community care programs increase veterans' access to timely and quality health care.
Demand for community care programs has increased substantially since Congress created the Choice Program in 2014.
Failure to pass the legislation, veterans may once again experience extended wait times for appointments.
This legislation would transform VA into a high-performing and integrated 21st century health care system.

AMERICAN OVERSIGHT

Document ID: 0.7.10678.655875

From: Cashour, Curtis [redacted]

To: Ullyot, John [redacted]

Cc: Hutton, James < [redacted]

Bcc:

Subject: RE: for approval - background statement for Donovan Slack of USA Today

Date: Tue Jul 11 2017 08:46:45 CDT

Attachments:

Thanks, John.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

Curt.Cashour[redacted]

[redacted]

From: Ullyot, John
Sent: Tuesday, July 11, 2017 9:34 AM
To: Cashour, Curtis
Cc: Hutton, James
Subject: Re: for approval - background statement for Donovan Slack of USA Today

Thanks Curtis — background statement approved

John U.

From: Curt Cashour <Curt.Cashour[redacted]
Date: Tuesday, July 11, 2017 at 8:45 AM
To: Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>
Cc: "Hutton, James" <James.Hutton[redacted]
Subject: for approval - background statement for Donovan Slack of USA Today

AMERICAN OVERSIGHT

Please see below from Donovan Slack regarding her choice conference inquiry. Are you OK with the following proposed background response, which was approved by VHA:

VA held a conference focused on improving its administration of the Choice Program and community care at the B Hotel in Lake Buena Vista, Fla., May 23-24 2017. The conference location was selected after a competitive request for proposal to identify potential locations based on the requirements and cost effectiveness. 246 VA employees attended the conference, which brought together key program administrators and field staff from across the country. No Choice Program funds whatsoever were used to cover the costs of the conference, which was paid for by VHA. Local facility/office travel funds were used to cover attendees' travel and lodging costs.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

Curt.Cashour[redacted]

[redacted]

From: Slack, Donovan [mailto:dslack@usatoday.com]
Sent: Monday, July 10, 2017 8:25 PM
To: Cashour, Curtis
Subject: Re: [EXTERNAL] Re: conference

So it took five days to issue a national policy edict attempting to preempt my work after I asked a question about settlements. Tomorrow marks five business days and not one word to answer a single question about a conference?

And all I asked for was a background conversation?

Please help me understand this?

On Jul 7, 2017, at 8:52 PM, Slack, Donovan <dslack@usatoday.com> wrote:

Thanks

On Jul 7, 2017, at 8:50 PM, Cashour, Curtis <Curt.Cashour[redacted]> wrote:

AMERICAN OVERSIGHT

Still working this for you. Don't worry. I won't forget.

Sent with Good (www.good.com)

-----Original Message-----
From: Slack, Donovan [dslack@usatoday.com]
Sent: Friday, July 07, 2017 08:28 PM Eastern Standard Time
To: Cashour, Curtis
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Just resurfacing this in your inbox...

On Jul 6, 2017, at 8:31 AM, Slack, Donovan <dslack@usatoday.com> wrote:

No deadline set- the sooner the better - I am just trying to get info. On conference timing, could be 3-4 was ago. How many conferences at Disney does VA have?

On Jul 6, 2017, at 7:55 AM, Cashour, Curtis <Curt.Cashour[redacted] wrote:

Thanks. Will check on that. What is your deadline? What was the timeframe of the conference?

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From: Slack, Donovan [dslack@usatoday.com]
Sent: Wednesday, July 05, 2017 09:38 PM Eastern Standard Time
To: Cashour, Curtis
Subject: [EXTERNAL] Two things

Thanks for pushing my foia, even though response I got was useless nothing (more on that later)

Can you tell me about a recent conference in Orlando that i am hearing about? Was it a choice conference, funded by choice dollars in any way? (Don't need formal on the record quote but background convo?)

Thanks
D

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2201959

From: Bowman, Thomas [redacted]
Cc:
Bcc:
Subject: FW: FOR APPROVAL: Choice TPs for Surrogates
Date: Mon Apr 30 2018 12:59:12 EDT
Attachments: Choice TPs 4.27.18 - Draft VA v2.docx

From: Bock, Tonia Y.
Sent: Monday, April 30, 2018 12:31 PM
To: [redacted]
Subject: FOR APPROVAL: Choice TPs for Surrogates

Request concurrence to share the attached edits (minus the comments) with WH's Staff Secretary.

The attached incorporates comments/edits received from OM and VHA. OPIA concurred with original document.

[redacted]

Executive Secretary

Office of the Secretary

[redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: [redacted]
Sent: Monday, April 30, 2018 8:15 AM
To: [redacted]
Subject: EARLY AWARENESS: Choice TPs for Surrogates
Importance: High

AMERICAN OVERSIGHT

All,

FYI, this is currently out for staffing w/VHA, OM, OCLA, OPIA, and OGC. Sharing for early awareness as we'll need to provide clearance NLT 5pm today. I'll reshare once I have inputs.

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Office of the Secretary

[redacted]

[redacted]

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From: Staff Secretary [redacted]
Sent: Sunday, April 29, 2018 1:44 PM
To: [redacted]
Subject: [EXTERNAL] For Review: Choice TPs for Surrogates

All:

Attached are draft talking points regarding the Veterans Choice Program, to be used by surrogates. DPC has cleared this document.

Affirmative clearance is requested from VA, NEC, OMB, and WHCO. All others are invited to comment, but affirmative clearance is not required.

Please send any edits or comments to Staff Sec by 5:00 PM Monday, April 30.

AMERICAN OVERSIGHT

Thank you,

Staff Secretary

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2201959-000001
Owner: [redacted]
Filename: Choice TPs 4.27.18 - Draft VA v2.docx
Last Modified: Mon Apr 30 11:59:12 CDT 2018

AMERICAN OVERSIGHT

Veterans Choice Program | Talking Points

Top-Line:

The Trump Administration, and the Department of Veterans Affairs (VA) have worked closely with Congress and VSOs to create legislation that would reform and streamline Veterans Choice Program and VA community care programs.

The Choice Program:

- More than **1.9 million veterans** used the Veterans Choice Program since inception through February 2018.
- More than **39 million appointments** via Veterans Choice Program scheduled in the community since inception through February 2018.

Nancy Pelosi and the Democrats blocked the VA reform legislation from being included in the 2000+ page omnibus bill President Trump signed earlier this year.

Funding for the Choice Program is urgently needed because the current funding is expected to run out by early June 2018.

If Congress fails to pass the Choice Program reform legislation, veterans may once again experience extended wait times for appointments.

VA community care has existed for more than 70 years, and has nothing to do with privatization. VA is working with Congress to merge all of VA's community care efforts into a single, streamlined federal program that ensures veterans get the right care, at the right time, with the right provider.

Instead of putting politics above the healthcare needs of our nation's veterans, Congress should pass the VA reform legislation before Memorial Day and ensure the Choice Program continues to provide care to veterans until the successor program is fully operational.

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As we have consistently said, the Administration has taken several unprecedented steps to transform and modernize the VA healthcare system. There are no discussions about privatizing it and any move in that direction would be a decision for Congress, not the President.

The Veterans Choice Program was not considered privatization when Senator Bernie Sanders, Chairman of the Senate Veterans Affairs Committee, co-authored it.

Any suggestion of privatizing the VA is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding the care of our nation's veterans.

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Whether it's through VA or an outside provider, we must improve veterans' choice of healthcare providers and ensure timely, high-quality healthcare.

AMERICAN OVERSIGHT

Need for Choice Program:

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As a result of this legislation, for more than four years, the Veterans Choice Program has empowered eligible veterans to have an option to ensure access to care when VA care is not readily available (a wait of more than 30 days for care or drive more than 40 miles).

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- Simple:

  It cuts red tape and removes layers by focusing only on the Veteran, their VA team and the community provider.

AMERICAN OVERSIGHT

- Flexible:
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Additional Information on the Choice Program and proposed successor CARE program (if asked):

To ensure seamless transition to the new program, the Choice Program must continue for 12 months from the passage of the community care legislation.
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The Message:

VA's community care programs increase veterans' access to timely and quality health care.
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Failure to pass the legislation, veterans will likely be forced once again to wait in never ending lines.
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AMERICAN OVERSIGHT

Document ID: 0.7.10678.655874

From: Ullyot, John [redacted]

To: Cashour, Curtis [redacted]

Cc: Hutton, James [redacted]

Bcc:

Subject: Re: for approval - background statement for Donovan Slack of USA Today

Date: Tue Jul 11 2017 08:33:38 CDT

Attachments:

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Press Secretary

Department of Veterans Affairs

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Document ID: 0.7.10678.2201949

From: [redacted] Bowman, Thomas [redacted]

Bcc:

Subject: FOR APPROVAL: Choice TPs for Surrogates

Date: Mon Apr 30 2018 12:30:53 EDT

Attachments: Choice TPs 4.27.18 - Draft VA v2.docx

Request concurrence to share the attached edits (minus the comments) with WH's Staff Secretary.

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[redacted]

Executive Secretary

Office of the Secretary

([redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: [redacted]

Sent: Monday, April 30, 2018 8:15 AM

To: [redacted] Bowman, Thomas; [redacted].

Subject: EARLY AWARENESS: Choice TPs for Surrogates

Importance: High

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Document ID: 0.7.10678.2201949-000001
Owner: [redacted]
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Last Modified: Mon Apr 30 11:30:53 CDT 2018

AMERICAN OVERSIGHT

Veterans Choice Program | Talking Points

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- Flexible:
  Today the criteria for access to the community are arbitrary, and administrative; the new program is based on Veteran's clinical needs, which will expand choices.
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  Veterans will have the tools to choose which provider best meets their needs.

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The Message:

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Demand for community care programs has increased substantially since Congress created the Choice Program in 2014.
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This legislation would transform VA into a high-performing and integrated 21st century health care system.

AMERICAN OVERSIGHT

Document ID: 0.7.10678.655866

From: Cashour, Curtis [redacted]

To: Ullyot, John [redacted]

Cc: Hutton, James [redacted]

Bcc:

Subject: for approval - background statement for Donovan Slack of USA Today

Date: Tue Jul 11 2017 07:45:23 CDT

Attachments:

Please see below from Donovan Slack regarding her choice conference inquiry. Are you OK with the following proposed background response, which was approved by VHA:

VA held a conference focused on improving its administration of the Choice Program and community care at the B Hotel in Lake Buena Vista, Fla., May 23-24 2017. The conference location was selected after a competitive request for proposal to identify potential locations based on the requirements and cost effectiveness. 246 VA employees attended the conference, which brought together key program administrators and field staff from across the country. No Choice Program funds whatsoever were used to cover the costs of the conference, which was paid for by VHA. Local facility/office travel funds were used to cover attendees' travel and lodging costs.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Slack, Donovan [mailto:dslack@usatoday.com]
Sent: Monday, July 10, 2017 8:25 PM
To: Cashour, Curtis
Subject: Re: [EXTERNAL] Re: conference

So it took five days to issue a national policy edict attempting to preempt my work after I asked a

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question about settlements. Tomorrow marks five business days and not one word to answer a single question about a conference?

And all I asked for was a background conversation?

Please help me understand this?

On Jul 7, 2017, at 8:52 PM, Slack, Donovan <dslack@usatoday.com> wrote:

Thanks

On Jul 7, 2017, at 8:50 PM, Cashour, Curtis <Curt.Cashour@va.gov> wrote:

Still working this for you. Don't worry. I won't forget.

Sent with Good (www.good.com)

-----Original Message-----
From: Slack, Donovan [dslack@usatoday.com]
Sent: Friday, July 07, 2017 08:28 PM Eastern Standard Time
To: Cashour, Curtis
Subject: [EXTERNAL] Re: conference

Just resurfacing this in your inbox...

On Jul 6, 2017, at 8:31 AM, Slack, Donovan <dslack@usatoday.com> wrote:

No deadline set- the sooner the better - I am just trying to get info. On conference timing, could be 3-4 was ago. How many conferences at Disney does VA have?

On Jul 6, 2017, at 7:55 AM, Cashour, Curtis <Curt.Cashour[redacted] wrote:

Thanks. Will check on that. What is your deadline? What was the timeframe of the conference?

Sent with Good (www.good.com)

-----Original Message-----
From: Slack, Donovan [dslack@usatoday.com]
Sent: Wednesday, July 05, 2017 09:38 PM Eastern Standard Time
To: Cashour, Curtis
Subject: [EXTERNAL] Two things

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Thanks for pushing my foia, even though response I got was useless nothing (more on that later)

Can you tell me about a recent conference in Orlando that i am hearing about? Was it a choice conference, funded by choice dollars in any way? (Don't need formal on the record quote but background convo?)

Thanks
D

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Document ID: 0.7.10678.2201411

From: [redacted]

To: Bowman, Thomas [redacted]

Cc:

Bcc:

Subject: FW: For Review: Choice TPs for Surrogates

Date: Mon Apr 30 2018 08:44:29 EDT

Attachments: Choice TPs 4.27.18.docx

FYI

Sent with Good (www.good.com)

From: [redacted]
Sent: Monday, April 30, 2018 5:21:48 AM
To: [redacted]
Subject: FW: For Review: Choice TPs for Surrogates

You may have seen this already or even put it together.

From: [redacted]
Sent: Monday, April 30, 2018 8:07 AM
To: [redacted]; Ullyot, John; Hutton, James; [redacted]
Cc: Jessup, Jennifer Smith
Subject: HOT: For Review: Choice TPs for Surrogates
Importance: High

All,

See below and attached. Request your review/track changes edits NLT 11am to allow time for OSVA clearance. Under separate cover, I've asked VHA to review program content.

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[redacted]

Executive Secretary

Office of the Secretary

([redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: Staff Secretary [redacted]
Sent: Sunday, April 29, 2018 1:44 PM
To: [redacted]
Cc: Staff Secretary
Subject: [EXTERNAL] For Review: Choice TPs for Surrogates

All:

Attached are draft talking points regarding the Veterans Choice Program, to be used by surrogates. DPC has cleared this document.

Affirmative clearance is requested from VA, NEC, OMB, and WHCO. All others are invited to comment, but affirmative clearance is not required.

Please send any edits or comments to Staff Sec by 5:00 PM Monday, April 30.

Thank you,

Staff Secretary

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Document ID: 0.7.10678.2201411-000001
Owner: [redacted]
Filename: Choice TPs 4.27.18.docx
Last Modified: Mon Apr 30 07:44:29 CDT 2018

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Veterans Choice Program | Talking Points

Top-Line:

The Trump Administration, and the Department of Veterans Affairs (VA) have worked closely with Congress and VSOs to create legislation that would reform and streamline Veterans Choice Program and VA community care programs.

The Choice Program:

- More than **1.9 million veterans** used the Veterans Choice Program
- More than **39 million appointments** via Veterans Choice Program scheduled in the community

Nancy Pelosi and the Democrats blocked the VA reform legislation from being included in the 2000+ page omnibus bill President Trump signed earlier this year.

Funding for the Choice Program is urgently needed because the current funding is expected to run out by the end of May 2018.

If Congress fails to pass the Choice Program reform legislation, veterans will likely be forced once again to wait in never ending lines.

VA community care has existed for more than 70 years, and has nothing to do with privatization. VA is working with Congress to merge all of VA's community care efforts into a single, streamlined federal program that ensures veterans get the right care, at the right time, with the right provider.

Instead of putting politics above the healthcare needs of our nation's veterans, Congress should pass the VA reform legislation before Memorial Day and ensure the Choice Program continues to provide care to veterans until the successor program is fully operational.

Privatization Myths:

As we have consistently said, the Administration has taken several unprecedented steps to transform and modernize the VA healthcare system. There are no discussions about privatizing it and any move in that direction would be a decision for Congress, not the President.

The Veterans Choice Program was not considered privatization when Senator Bernie Sanders, Chairman of the Senate Veterans Affairs Committee, co-authored it.

Any suggestion of privatizing the VA is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding the care of our nation's veterans.

Provision of care outside VA facilities is not new. The VA has been collaborating with community providers to treat veterans since 1945.

The Choice Program was never designed to privatize the VA, and will never do so. In fact, nearly 2/3 of all VA care is delivered in VA's own healthcare facilities today.

Whether it's through VA or an outside provider, we must improve veterans' choice of healthcare providers and ensure timely, high-quality healthcare.

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Need for Choice Program:

In April 2014, scandal at the Phoenix VA Medical Center rocked the nation, serving as the catalyst for focus on VA reform throughout the nation.

- Thousands of AZ Veterans were in that line awaiting care in Phoenix, of which 3,400 were Urology/prostate cancer patients – and more than 40 died waiting for care.
- When it became apparent the issue was not confined to Phoenix, Congress acted quickly and passed the Veterans Access, Choice, and Accountability Act.

As a result of this legislation, for more than four years, the Veterans Choice Program has empowered eligible veterans to have an option to ensure access to care when VA care is not readily available (a wait of more than 30 days for care or drive more than 40 miles).

- More than 1.9 million Veterans used the Veterans Choice Program
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VA Community Care

The Veteran Coordinated Access & Rewarding Experiences legislation the VA has proposed to Congress will strengthen VA by consolidating the department's tangled web of competing and confusing community care programs (including Choice Program) into one system that's easy to navigate for both veterans and VA employees

It will help ensure veterans choose VA by getting them the right care at the right time with the right provider

Strengthening the Department of Veterans Affairs hinges on its ability to do two things: improve veterans' experiences and enhance patient outcomes

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How does Veteran CARE work?

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Document ID: 0.7.10678.647324

From: Hutton, James [redacted]

Cc: Ullyot, John [redacted] Wagner, John (Wolf) [redacted] Tallman, Gary [redacted] Cashour, Curtis [redacted]

Bcc:

Subject: Department of Veterans Affairs - Weekly Report - July 5, 2017

Date: Mon Jul 03 2017 15:04:33 CDT

Attachments:

Department of Veterans Affairs – Weekly Report

********* July 10 – Secretary Shulkin will host a breakfast for the Big 6 Veterans Service Organizations. Interim Deputy Secretary Blackburn will also participate.

********* July 11 – Secretary Shulkin will be in New York to see patients in clinic at the Manhattan VA Medical Center.

********* July 12-15 – Secretary Shulkin will be in Denmark on official travel. The purpose of the trip is for the Secretary to get a better understanding of the Danish health care system. While there, Secretary Shulkin will meet with the Danish Crown Prince.

********* July 17-21 - Secretary Shulkin will be in London for the UK-hosted Ministerial Summit on Veterans Affairs. Mark Lancaster, Member of Parliament and the UK's Minister for Defence Veterans, Reserves and Personnel, will host the event. The "Future Support to Veterans" theme will focus on international cooperation and innovations to improve support and care to Veterans.

Media

********* July 11 – Secretary Shulkin will be interviewed by CBS Radio reporter Cami McCormick in New

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York.

Releases

********* Nothing to report

James Hutton

Executive Director, Public Affairs

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

[redacted]

[redacted]

[redacted]

VA on Facebook . Twitter . YouTube . Flickr . Blog

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Document ID: 0.7.10678.2201364

From: [redacted] Bowman, Thomas [redacted]

Bcc:

Subject: EARLY AWARENESS: Choice TPs for Surrogates

Date: Mon Apr 30 2018 08:14:54 EDT

Attachments: Choice TPs 4.27.18.docx

All,

FYI, this is currently out for staffing w/VHA, OM, OCLA, OPIA, and OGC. Sharing for early awareness as we'll need to provide clearance NLT 5pm today. I'll reshare once I have inputs.

[redacted]

Executive Secretary

Office of the Secretary

[redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: Staff Secretary [redacted]

Sent: Sunday, April 29, 2018 1:44 PM

To: [redacted]

AMERICAN OVERSIGHT

[redacted]
Cc: Staff Secretary
Subject: [EXTERNAL] For Review: Choice TPs for Surrogates

All:

Attached are draft talking points regarding the Veterans Choice Program, to be used by surrogates. DPC has cleared this document.

Affirmative clearance is requested from VA, NEC, OMB, and WHCO. All others are invited to comment, but affirmative clearance is not required.

Please send any edits or comments to Staff Sec by 5:00 PM Monday, April 30.

Thank you,

Staff Secretary

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Document ID: 0.7.10678.2201364-000001
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Last Modified: Mon Apr 30 07:14:54 CDT 2018

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Document ID: 0.7.10678.643984

From: [redacted]

To: Ullyot, John [redacted]

Cc: Wagner, John (Wolf) [redacted]

Bcc:

Subject: RE: Denmark / United Kingdom Trip

Date: Tue Jun 27 2017 15:28:28 CDT

Attachments: London Ministerial Summit_v11.docx

John,

This just in…attached is the latest version of the Denmark / U.K. trip. The Copenhagen portion is final and has been approved by SECVA. The intent is to have the entire London portion of the trip finalized before the end of the week. Once complete, we anticipate the SECVA will approve.

VR,

[redacted]

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Document ID: 0.7.10678.643984-000001
Owner: [redacted]
Filename: London Ministerial Summit_v11.docx
Last Modified: Tue Jun 27 15:28:28 CDT 2017

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U/FOUO
DENMARK / UNITED KINGDOM DRAFT 11

DENMARK AND LONDON: JULY 11th – 21st

Traveling Party –

Secretary David Shulkin:	Secretary of Veterans Affairs
Merle Bari:	Dr. Shulkin's Spouse
Dr. Poonam Alaigh:	Acting Undersecretary of Health
Raman Alaigh:	Dr. Alaigh's Spouse (GUEST)
Vivieca Simpson-Wright:	VA Chief of Staff
Gabe Gough:	Director, Intergovernmental Affairs

Detail Lead – Ty Carr

Denmark Advance	**United Kingdom Advance**
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	

Copenhagen – Crowne Plaza Hotel
Oerestads Boulevard 114-118
Copenhagen – 2300 S, Denmark
+45-88-776655

London - The Royal Horseguards Hotel
2 Whitehall Court, Whitehall
London
+44 800 330 8090

U.S. Embassy Copenhagen

Embassy Switchboard:	*+45 3341 7100*
Post One:	*+45 3341 7400*
Control Officer:	[redacted]
[redacted]	

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U/FOUO

DENMARK / UNITED KINGDOM DRAFT 11

Department of State Desk Side Brief for Traveling Party

June 28th – 1:00-3:00

- Denmark: 1:00-1:30 – Anna Martz
- United Kingdom: 1:30-2:00 – Anamika Chakravorty

Classified Briefing (restricted to those with proper security clearance)

July 6th -Time: TBD

*Ministerial Summit Briefing *(10B has assigned briefings. Due date: June 22nd)*

Day One – PTSD / Veteran Suicide

Day Two – Access to Care

*Gift Exchange *(Tanya Providing Gift Recommendations) Per Embassy, perhaps no gifts are necessary*

Denmark

- MOD host?
- MOH host?
- Minister of Defense Claus Hjort Frederiksen

United Kingdom

- Ministerial Summit - *(Less than $50)*
  - United Kingdom - *(Main gift)*
  - Canada - *(Smaller gift)*
  - New Zealand - *(Smaller gift)*
  - Australia - *(Smaller gift)*

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U/FOUO
DENMARK / UNITED KINGDOM DRAFT 11

Itinerary

Denmark – July 11-15

July 11th: *Depart IAD ERT Copenhagen, Denmark*
Delta Air Lines Flight Number: 0218 Class: YCoach/ Economy
From: New York Kennedy NY, USA **Depart**: 04:35 PM
To: Copenhagen, Denmark **Arrive**: 07:00 AM 12JUL
Stops: Nonstop Duration: 8 hour(s) 25 minute(s)
Seats: 28D Status: CONFIRMED Miles: 3841 / 6146 KM
Equipment: 75W/AIR MEAL: DINNER
DEPARTS JFK TERMINAL 2 ARRIVES
CPH TERMINAL 2

July 12th

Time	Activity	Location
Arrive 07:00	**Arrive in Copenhagen. Will be met by Denmark security and escorted to special arrivals.**	Copenhagen Airport, Kastrup
TBD	**Transport to Crowne Plaza Hotel**	Crowne Plaza Copenhagen Towers Copenhagen – 2300 S, Denmark +45-88-776655
TBD	**Check-in to Crowne Plaza Copenhagen Towers**	Crowne Plaza Copenhagen Towers
TBD	**Executive Time**	Crowne Plaza Copenhagen Towers
10:40-11:00	**Transport to Church of our Saviour**	Church of our Saviour Skt. Annae Gade 29, Copenhagen 1416, Denmark
11:00-11:30	**Church of our Saviour (Climb Spiral Staircase)**	Church of our Saviour Skt. Annae Gade 29, Copenhagen 1416, Denmark
11:30-11:40	**Transport to Amalienborg Palace**	Amalienborg Palace Square, Copenhagen 1257, Denmark
11:40-12:15	**Amalienborg Palace for Changing of the Guard (12pm)**	Amalienborg Palace Square, Copenhagen 1257, Denmark
12:15-12:25	**Transport to Lunch at Kanal Cafeen**	Kanal Cafeen Frederiksholms Kanal 18, Copenhagen 1220, Denmark **Can Embassy make reservation if needed?**
12:25-13:00	**Lunch at Kanal Cafeen** ***Right Across from Christianborg Palace**	Kanal Cafeen Frederiksholms Kanal 18, Copenhagen 1220, Denmark
13:00-13:05	**Transport to Christianborg Palace (short walk)**	Prins Joergens Gaard 1, Copenhagen 1218, Denmark
13:05-14:05	**Christianborg Palace Self-Guided Tour**	Prins Joergens Gaard 1, Copenhagen 1218, Denmark
14:05-14:10	**Transport to Tivoli Gardens**	Tivoli Gardens, Vesterbrogade 3,

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		1630 København V, Denmark
14:10-15:10	**Tivoli Gardens**	Tivoli Gardens, Vesterbrogade 3, 1630 København V, Denmark
15:10-15:20	**Transport to Rosenborg Castle**	Rosenborg Castle Oster Voldgade 4A, Copenhagen 1350, Denmark
15:20-16:10	**Rosenborg Castle**	
16:10-16:15	**Transport to Frederik's Church**	Frederiksgade 4, Copenhagen 1265, Denmark
16:15-16:30	**Frederik's Church**	Frederiksgade 4, Copenhagen 1265, Denmark
16:30-16:35	**Transport to Nyhavn**	Nyhavn 1F, 1051 København K, Denmark
16:35-17:00	**Walk around Nyhavn**	Nyhavn 1F, 1051 København K, Denmark
17:00- 18:00	**Copenhagen Canal Tour from Nyhavn** **Will see Little Mermaid Statue*	Nyhavn 1F, 1051 København K, Denmark
18:05-18:15	**Short walk to Ved Strander 10-Vinhandel and Bar**	Ved Stranden 10 Vinhandel og Bar, Ved Stranden 10, 1061 København K, Denmark
18:15-19:15	**Ved Strander 10-Vinhandel and Bar**	Ved Stranden 10 Vinhandel og Bar, Ved Stranden 10, 1061 København K, Denmark
19:15-19:25	**Depart for Hotel**	Crowne Plaza Copenhagen Towers Copenhagen – 2300 S, Denmark +45-88-776655

DRAFT

June 13th

Time	Activity	Location
9:30	**Depart Hotel to Danish MOD**	
10:00	**VA Arrival to Danish MOD -** greeting by Mr. Thomas Ahrenkiel, Permanent Secretary of State for Defence	Danish Ministry of Defence (MOD) Holmens Kanal 42, Copenhagen K
10:05-10:45	**Briefing on the Danish Veterans Policy and Health Care System** by Mrs. Pernille Reuter Eriksen, Deputy Permanent Secretary of State for Defence and head of Personnel and	Danish MOD Which events does Minister Frederiksen attend? (if any)

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	Administration Division.	Danish MOD Which events does Minister Frederiksen attend? (if any)
10:45- 11:15	**Briefing with Danish Defense Intelligence Service** Who Briefs?	Danish MOD
11:15- 11:30	**Q's and A's**	Danish MOD
11:35- 11:50	**Transport to Veteranhjem København,** **Veterans Home Copenhagen**	Veterans Home Copenhagen Roskildevej 54, 2000 Frederiksberg
11:50- 12:20	**Visit at Veterans Home Copenhagen** introduction by chairman of the Foundation of Danish Veterans Homes, Mr. Christian Kurt Nielsen	Veterans Home Copenhagen Roskildevej 54, 2000 Frederiksberg
12:20- 12:35	**Transport to The Citadel (Kastellet)**	The Citadel (Kastellet), Gl. Hovedvagt, Kastellet 1, 2100 Copenhagen
12:35- 13:00	**Wreath laying ceremony** Secretary of VA, Dr. Shulkin laying the wreath	The Monument for the Danish International Engagement after 1948, Gl. Hovedvagt, Kastellet 1, 2100 Copenhagen
13:00- 13:20	**Transport to Lunch**	MOD Residence **Address?**
13:20- 14:20	**Lunch hosted by Danish MOD**, Mr. Claus Hjort Frederiksen	MOD Residence **Address?**
14:20- 14:40	**Transport to Louisiana Museum of Modern Art**	Gl Strandvej 13, Humlebaek 3050, Denmark
14:40- 15:40	**Louisiana Museum of Modern Art**	Gl Strandvej 13, Humlebaek 3050, Denmark
15:40- 16:10	**Transport to Frederiksborg Castle**	Frederiksborg Slot 10, Hillerod 3400, Denmark
16:10- 17:30	**Frederiksborg Castle**	Frederiksborg Slot 10, Hillerod 3400, Denmark
17:30-	**Transport back to hotel**	Crowne Plaza Copenhagen Towers

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18:10	**Transport back to hotel**	Crowne Plaza Copenhagen Towers Copenhagen – 2300 S, Denmark +45-88-776655
18:10-18:00	**Buffer Time / Executive Time / Prepare for Dinner**	Crowne Plaza Copenhagen Towers
18:40	**Transport to dinner**	Location TBD
19:00	**Dinner – (Hosted by US Embassy Copenhagen)**	Location TBD

July 14th:

8:30	**Depart for Rydhave (rid-have-a) Meeting with Ministry of Health**	**Ambassador's Residence at Rydhave**
09:00-11:30	**Meeting with Ministry of Health** Explanation of the Danish healthcare system Access to Care (understand how Denmark has managed the prioritization of care, wait times, center of excellence, etc) National Digitalization strategy (interested in Denmark's progress as well as implementation of EHR and telemedicine) Modernization/state-of-the-art hospitals (learn about modernization of existing facilities as well as design/construction of new hospitals) National Strategy for Personalized Medicine and the Use of Health Data Discussion / Q&As	**Ambassador's Residence at Rydhave**
11:30-11:45	**Transport to lunch**	Location in Copenhagen TBD
11:45-13:30	**Roundtable Lunch with CEO's of Danish healthcare companies.** Suggested discussion topic: Veterans Affairs' strategy for health and how VA will address and seek solutions for the growing aging population and management of increased chronic disease(s)	Location in Copenhagen TBD **Companies?** **Names?** **Bios?**
13:30-13:45	**Transport to Rigshospitalet**	Rigshospitalet Blegdamsvej 9, Copenhagen
13:45-16:30	**Tour of Rigshospitalet** Introduction to research/teaching hospital Example of Danish healthcare delivery in practice Visits to 2-3 leading departments Discussion of programs (clinical, research, etc) for possible collaboration	Rigshospitalet Blegdamsvej 9, Copenhagen
16:30-16:45	**Transport to Strøget (shopping)**	Crowne Plaza Copenhagen Towers Copenhagen – 2300 S, Denmark +45-88-776655
16:45-18:00	**Strøget (shopping)**	Strøget, 1160 København, Denmark

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18:00-18:15	**Transport to Dinner: Ruby Restaurant**	Nybrogade 10, 1203 København K, Denmark **Embassy make Reservations?**
18:15-19:30	**Ruby Restaurant**	Nybrogade 10, 1203 København K, Denmark
19:30-19:45	**Transport to Hotel**	Crowne Plaza Copenhagen Towers Copenhagen – 2300 S, Denmark +45-88-776655

July 15th -

7:20AM CPH – 8:35AM LHR – British Airways 0811

Time	Activity	Location
TBD	**Depart for Airport**	Copenhagen Airport, Kastrup
TBD	**Wheels up to London**	
	Arrive Heathrow International Airport	
	Depart for Royal Horseguards Hotel	Royal Horseguards Hotel 2 Whitehall Court, Whitehall London +44 800 330 8090
TBD	**Check-in to Royal Horseguards Hotel**	Royal Horseguards Hotel
TBD		
17:00 - 18:00		
18:00	**Dinner on Canal**	

July 16th:

Work Day / Catch up
Cultural Site Visits

July 17th:

Work Day / Catch up

July 18th:

AM: Work Day / Catch up

Time	Agenda Item	Location
1800 (90 mins)	Evening reception for delegates and guests	TBD (Memorial Courtyard, MB; No10?

July 19th:

Time	Agenda Item	Location	Presenter
0800 (30 mins)	Bus from hotel to Royal Hospital Chelsea (RHC)		
0830 (20 mins)	Tea and Coffee	RHC	
0850 (10 mins)	Welcome and Opening Address	RHC	Min (DVRP)

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0900 (40 mins)	UK Mental Health Strategy 20 min Presentation 20 min Discussion	RHC	Min (DVRP)
0940 (60 mins)	Veterans Mental Health: Facts, Myths and Challenges 30 min Presentation 30 min Discussion	RHC	Prof Sir Simon Wessely (UK)
1040 (20 mins)	Morning Tea/Coffee	RHC	
1100 (60 mins)	Post-Traumatic Stress Disorder – Veterans' Suicide 20 min Presentation 40 min Discussion	RHC	Secretary Shulkin (USA)
1200 (60 mins)	Barriers to Effective Mental Health Treatment in the Veteran Population 20 min Presentation 40 min Discussion	RHC	TBD (AUS)
1300 (60 mins)	Lunch – Great Hall (Ministers with Ch pensioners) and State Apartments	RHC	
1400 (60 mins)	Alternative therapies - Cannabis, Service Dogs and Equine Therapy 20 min Presentation 40 min Discussion	RHC	TBD (CAN)
1500 (60 mins)	Topic to be determined (New Zealand) 20 min Presentation 40 min Discussion	RHC	TBD (NZ)
1600 (80 mins)	Mental Health Care: The UK Approach – NHS Commissioning, delivery and collaboration with the third sector. 20 Min presentation (NHS) + 20 min presentation (Third Sector) 40 min Discussion		Kate Davies (UK) and AVM Ray Lock (UK)
1735 (30 mins)	Bus to hotel		
1805 – 1915 (70 mins)	Free time	Hotel	
1915 - 1930 (30 mins)	Bus from hotel to Lancaster House		
1930 (90 mins)	Dinner at Lancaster House	LH	
2100 (15 mins)	Bus to hotel		

July 20th:

Time	Agenda Item	Location	Presenter
0800 (30 mins)	Bus from hotel to Stoll		
0830 (60mins)	Introduction to Stoll and Poppy Factory services and site tour	Stoll	Stoll/Poppy Factory (UK)
0930 (15 mins)	Bus to RHC		
1000 (60 mins)	Topic to be determined (New Zealand) 20 min Presentation 40 min Discussion	RHC	TBD (NZ)
1100 (60 mins)	The continuum of support for transition from military service 20 min Presentation 40 min Discussion	RHC	TBD (CAN)
1200 (60 mins)	Lunch – State Apartments	RHC	
1300 (60 mins)	Tour of Royal Hospital Chelsea	RHC	Gen Sir Redmond Watt
1400 (60 mins)	Rehabilitation Initiatives and Proactive Interventions 20 min Presentation 40 min Discussion	RHC	TBD (AUS)

DRAFT

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1500 (60 mins)	Access to care for Veterans 20 min Presentation 40 min Discussion	RHC	Secretary Shulkin (USA)
1600 (20 mins)	Afternoon tea/coffee –State Apartments	RHC	
1620 (70 mins)	UK Armed Forces Covenant and the importance of the Third Sector 20 min + 20 min Presentation 30 min Discussion	RHC	Helen Helliwell and Sir John McColl (UK)
1730 (25mins)	Conference Closing remarks	RHC	Min DVRP and delegation leads
1800 (25mins)	Bus to hotel		
1825	Free Evening		

July 21st:

Return to IAD

July 24th:

Security Debrief

DRAFT

London:

Westminster Abbey
Buckingham Palace – *changing of the guard every day at 11. Mostly just a good spot for pictures.*
Kensington Palace
Tower of London
Windsor Castle
Interested in a show?

Les Miserables

Dinner Locations:

Tom's Kitchen

Copenhagen:

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2201346

From: [redacted]

To: Bowman, Thomas [redacted]

Cc:
Bcc:
Subject: FW: For Review: Choice TPs for Surrogates
Date: Mon Apr 30 2018 08:10:54 EDT
Attachments: Choice TPs 4.27.18.docx

From: [redacted]
Sent: Monday, April 30, 2018 8:07 AM
To: [redacted]; Ullyot, John; Hutton, James; [redacted]
Cc: [redacted]
Subject: HOT: For Review: Choice TPs for Surrogates
Importance: High

All,

See below and attached. Request your review/track changes edits NLT 11am to allow time for OSVA clearance. Under separate cover, I've asked VHA to review program content.

[redacted]

Executive Secretary

Office of the Secretary

([redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: Staff Secretary [redacted]
Sent: Sunday, April 29, 2018 1:44 PM
To: [redacted];

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[redacted]

Subject: [EXTERNAL] For Review: Choice TPs for Surrogates

All:

Attached are draft talking points regarding the Veterans Choice Program, to be used by surrogates. DPC has cleared this document.

Affirmative clearance is requested from VA, NEC, OMB, and WHCO. All others are invited to comment, but affirmative clearance is not required.

Please send any edits or comments to Staff Sec by 5:00 PM Monday, April 30.

Thank you,

Staff Secretary

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Document ID: 0.7.10678.2201346-000001
Owner: [redacted]
Filename: Choice TPs 4.27.18.docx
Last Modified: Mon Apr 30 07:10:54 CDT 2018

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Veterans Choice Program | Talking Points

Top-Line:

The Trump Administration, and the Department of Veterans Affairs (VA) have worked closely with Congress and VSOs to create legislation that would reform and streamline Veterans Choice Program and VA community care programs.

The Choice Program:

- More than **1.9 million veterans** used the Veterans Choice Program
- More than **39 million appointments** via Veterans Choice Program scheduled in the community

Nancy Pelosi and the Democrats blocked the VA reform legislation from being included in the 2000+ page omnibus bill President Trump signed earlier this year.

Funding for the Choice Program is urgently needed because the current funding is expected to run out by the end of May 2018.

If Congress fails to pass the Choice Program reform legislation, veterans will likely be forced once again to wait in never ending lines.

VA community care has existed for more than 70 years, and has nothing to do with privatization. VA is working with Congress to merge all of VA's community care efforts into a single, streamlined federal program that ensures veterans get the right care, at the right time, with the right provider.

Instead of putting politics above the healthcare needs of our nation's veterans, Congress should pass the VA reform legislation before Memorial Day and ensure the Choice Program continues to provide care to veterans until the successor program is fully operational.

Privatization Myths:

As we have consistently said, the Administration has taken several unprecedented steps to transform and modernize the VA healthcare system. There are no discussions about privatizing it and any move in that direction would be a decision for Congress, not the President.

The Veterans Choice Program was not considered privatization when Senator Bernie Sanders, Chairman of the Senate Veterans Affairs Committee, co-authored it.

Any suggestion of privatizing the VA is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding the care of our nation's veterans.

Provision of care outside VA facilities is not new. The VA has been collaborating with community providers to treat veterans since 1945.

The Choice Program was never designed to privatize the VA, and will never do so. In fact, nearly 2/3 of all VA care is delivered in VA's own healthcare facilities today.

Whether it's through VA or an outside provider, we must improve veterans' choice of healthcare providers and ensure timely, high-quality healthcare.

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Need for Choice Program:

In April 2014, scandal at the Phoenix VA Medical Center rocked the nation, serving as the catalyst for focus on VA reform throughout the nation.

- Thousands of AZ Veterans were in that line awaiting care in Phoenix, of which 3,400 were Urology/prostate cancer patients – and more than 40 died waiting for care.
- When it became apparent the issue was not confined to Phoenix, Congress acted quickly and passed the Veterans Access, Choice, and Accountability Act.

As a result of this legislation, for more than four years, the Veterans Choice Program has empowered eligible veterans to have an option to ensure access to care when VA care is not readily available (a wait of more than 30 days for care or drive more than 40 miles).

- More than 1.9 million Veterans used the Veterans Choice Program
- More than 39 million appointments via Veterans Choice Program scheduled in the community

VA Community Care

The Veteran Coordinated Access & Rewarding Experiences legislation the VA has proposed to Congress will strengthen VA by consolidating the department's tangled web of competing and confusing community care programs (including Choice Program) into one system that's easy to navigate for both veterans and VA employees

It will help ensure veterans choose VA by getting them the right care at the right time with the right provider

Strengthening the Department of Veterans Affairs hinges on its ability to do two things: improve veterans' experiences and enhance patient outcomes

- That's precisely what Veteran CARE will do

How does Veteran CARE work?

- The veteran drives this experience.
- The veteran will have a conversation with their care VA team via phone, online or in person.
- The veteran will have tools to help them select the best provider to meet their needs.
- VA will be a better partner to community providers:

  VA will make sure the community provider has all the information needed to treat the veteran.

  VA will work with community providers to get the medical records and pay bills timely and accurately.

  Throughout this process, the veteran will have transparency on all of these steps, including their financial obligations, if any.

How is Veteran CARE better or different than Choice?

- It is better because it is simpler, more flexible and individualized around clinical needs.
- Simple:

  It cuts red tape and removes layers by focusing only on the Veteran, their VA team and the community provider.
- Flexible:

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Today the criteria for access to the community are arbitrary, and administrative; the new program is based on Veteran's clinical needs, which will expand choices.

- Individualized:

  Veterans will have the tools to choose which provider best meets their needs.

Additional Information on the Choice Program and proposed successor CARE program (if asked):

To ensure seamless transition to the new program, the Choice Program must continue for 12 months from the passage of the community care legislation.
The current Veterans Choice Program requires $1.3 billion in FY 2018 and an additional $2.0 in FY 2019.

Table 1. Additional Funding for the Veterans Choice Program *Dollars in Billions*	
FY 2018 Requirement	$1.3
FY 2019 Requirement *(net of FY19 Budget request)*	$2.0
Total Additional Veterans Choice Program Need	$3.3

The current Choice funds will be exhausted by early June. The minimum number required to get Choice funded and allow reform legislation to take effect is $3.3B. Further delay beyond Memorial Day will result in substantially increased spending.

The Message:

VA's care in the community programs increase veterans' access to timely and quality health care.
Demand for community care programs has increased substantially since Congress created the Choice Program in 2014.
Failure to pass the legislation, veterans will likely be forced once again to wait in never ending lines.
This legislation would transform VA into a high-performing and integrated 21st century health care system.

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Document ID: 0.7.10678.2200897

From: [redacted]

To: Bowman, Thomas [redacted]

Cc:

Bcc:

Subject: FW: News Release: Statement by VA Acting Secretary Robert Wilkie - Congressional Action on Veterans Choice Program

Date: Fri Apr 27 2018 16:19:04 EDT

Attachments: Choice program statement.pdf

FYI

From: Cunningham, Kristin
Sent: Friday, April 27, 2018 9:55 AM
To: Fahrenkopf, Amy
Subject: FW: News Release: Statement by VA Acting Secretary Robert Wilkie - Congressional Action on Veterans Choice Program

Did you know this was going out?

[redacted]

Executive Officer to the Deputy Under Secretary for Health for

Community Care

Office of Community Care

Veterans Health Administration

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Friday, April 27, 2018 9:48 AM
To: [redacted]

AMERICAN OVERSIGHT

Cc: [redacted]
Subject: RE: News Release: Statement by VA Acting Secretary Robert Wilkie - Congressional Action on Veterans Choice Program

+ 10B2 and 10D for awareness.

From: [redacted]
Sent: Friday, April 27, 2018 9:39 AM
To: [redacted]
Subject: FW: News Release: Statement by VA Acting Secretary Robert Wilkie - Congressional Action on Veterans Choice Program

FYI, this is going out today.

From: [redacted]
Sent: Friday, April 27, 2018 9:06 AM
To: Mack-Abney, Regina
Cc: [redacted]
Subject: FW: News Release: Statement by VA Acting Secretary Robert Wilkie - Congressional Action on Veterans Choice Program

Regina,

Could you please send this to all 541 before 9:30.

Thank you very much, Chris

From: Hutton, James
Sent: Friday, April 27, 2018 9:00 AM
To: [redacted]; Ullyot, John; [redacted]
Cc: Cashour, Curtis; [redacted]
Subject: News Release: Statement by VA Acting Secretary Robert Wilkie - Congressional Action on Veterans Choice Program

News release that will go out at 9:30 a.m.

Statement by VA Acting Secretary Robert Wilkie - Congressional Action on Veterans Choice Program

---

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James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

[redacted]

[redacted]

[redacted]

VA on Facebook . Twitter . YouTube . Flickr . Blog

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Document ID: 0.7.10678.2200897-000001
Owner: [redacted]
Filename: Choice program statement.pdf
Last Modified: Fri Apr 27 15:19:04 CDT 2018

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VA | U.S. Department of Veterans Affairs

News Release
Office of Public Affairs
Media Relations
Washington, DC 20420
(202) 461-7600
www.va.gov

FOR IMMEDIATE RELEASE
April 27, 2018

Statement by VA Acting Secretary Robert Wilkie

Congressional Action on Veterans Choice Program

Under President Trump, the VA has benefitted from some of the most significant legislative reforms in the history of the department. That's because Congress put its partisan differences aside in many instances over the past year to do what's best for Veterans.

With funding for VA's Choice program set to run out soon, America's Veterans need Congress to come together once again to support this crucial program and pass legislation that will make it permanent. There is simply no denying how vital community providers are to VA's mission, as the Choice program accounts for an average of more than 30,000 appointments per day, and allows Veterans to get care when and where they need it.

Without community care, VA's ability to provide timely, high quality health care to Veterans will be dramatically diminished. We were very close to a deal on funding Choice and consolidating all of VA's community care programs, including Choice, under new CARE legislation in the Omnibus just over a month ago, and that shows us that a final agreement is well within reach in the next few weeks.

That's why we're calling on Congress to come together once again on a bipartisan basis to complete this critical mission for our nation's Veterans.

Letters to Chairmen Isakson and Roe on the status of funding of the Veterans Choice Program (VCP).

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2208493

From: [redacted]

Cc: Tucker, Brooks [redacted]

Bcc:

Subject: RE: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Date: Thu Apr 26 2018 15:29:36 EDT

Attachments:

Tonia,

Could your team please send pdfs to [redacted] and I so we can get them to the respective committees this afternoon.

Thank you very much!

[redacted]

From: [redacted]
Sent: Thursday, April 26, 2018 2:11 PM
To: [redacted]
Subject: RE: VIEWS control # 00053048 FW: Veterans Choice letter to hill

We have signed letters!!!

From: [redacted]
Sent: Thursday, April 26, 2018 11:56 AM
To: [redacted]
Subject: FW: VIEWS control # 00053048 FW: Veterans Choice letter to hill

AMERICAN OVERSIGHT

Walking the package up now. We have included one first page, and the supporting pages ASECVA needs to sign. We need the package returned to ExecSec once we have his signatures so we can complete processing.

[redacted]

Executive Secretary

Office of the Secretary

[redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: [redacted]
Sent: Thursday, April 26, 2018 10:20 AM
To: [redacted]
Subject: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Good Morning,

FYA, OSVA is expecting this letter for signature. [redacted] is bring up now.

From: [redacted].
Sent: Thursday, April 26, 2018 9:08 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Thank you!

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 5:33:56 AM

AMERICAN OVERSIGHT

To: [redacted]
Subject: RE: Veterans Choice letter to hill

Jon – just let us know when the letter is ready to be signed, we can get it up on Hill to him. Thank you.

From: [redacted]
Sent: Thursday, April 26, 2018 8:29 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Most definitely. The only problem is the ASECVA is departing at 1000 for the WH, then goes to the Hill for the rest of the day. He will not be back in the building. If it has to be signed today maybe there a way to get the hard copy to his security detail and we can get him to sign between or after his hill visits (Katherine???) Please send the electrons to me as well.

From: [redacted]
Sent: Thursday, April 26, 2018 8:16 AM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

[redacted]

We will have a letter to the Veterans Committees requesting Choice funding ready to be signed shortly. It's been through our LA, OMB, WH LA, etc., so it is fully coordinated. Plus it is just a memorialization of what we told them in person last week. Could you help us get it signed today?

Thank you!

[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]
Cc: [redacted]
Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]
Congressional Appropriations Advisor
[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted]: Please provide status on the letter this morning because ASECVA is not in office tomorrow and we'll want to get his sign off by cob today to stay on point.

Brooks

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

AMERICAN OVERSIGHT

WH DPC wants us to strike the reference to the Omnibus in last sentence of second paragraph, page 1. Other than that, it is good to go.

From: [redacted]
Sent: Wednesday, April 25, 2018 4:38 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

OK, we are now officially cleared to proceed with this version. Can you help me get it formatted, coordinated and signed?

From: [redacted]
Sent: Wednesday, April 25, 2018 1:16 PM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

Laura, Kristy, Tricia – can you do one final proofread of the attached? And then can someone help me format and get to Mr. Wilkie for signature? We wanted to get this out ASAP.

Thank you!

[redacted]

From: [redacted]
Sent: Wednesday, April 25, 2018 1:09 PM
To: [redacted],

AMERICAN OVERSIGHT

[redacted]
Subject: [EXTERNAL] Veterans Choice letter to hill

[redacted]

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2208380

From: [redacted]

Bcc:
Subject: RE: VIEWS control # 00053048 FW: Veterans Choice letter to hill
Date: Thu Apr 26 2018 14:10:36 EDT
Attachments:

We have signed letters!!!

From: [redacted]
Sent: Thursday, April 26, 2018 11:56 AM
To: [redacted]
Cc: O'Connor, Christopher
Subject: FW: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Walking the package up now. We have included one first page, and the supporting pages ASECVA needs to sign. We need the package returned to ExecSec once we have his signatures so we can complete processing.

[redacted]

Executive Secretary

Office of the Secretary

[redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: [redacted]
Sent: Thursday, April 26, 2018 10:20 AM

AMERICAN OVERSIGHT

To: [redacted]
Cc: [redacted]
Subject: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Good Morning,

FYA, OSVA is expecting this letter for signature. Charnae is bring up now.

From: [redacted]
Sent: Thursday, April 26, 2018 9:08 AM
To: [redacted]
Cc: [redacted]
Subject: RE: Veterans Choice letter to hill

Thank you!

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 5:33:56 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted] – just let us know when the letter is ready to be signed, we can get it up on Hill to him. Thank you.

From: [redacted]
Sent: Thursday, April 26, 2018 8:29 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Most definitely. The only problem is the ASECVA is departing at 1000 for the WH, then goes to the Hill for the rest of the day. He will not be back in the building. If it has to be signed today maybe there a way to get the hard copy to his security detail and we can get him to sign between or after his hill visits (Katherine???) Please send the electrons to me as well.

AMERICAN OVERSIGHT

From: [redacted]
Sent: Thursday, April 26, 2018 8:16 AM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

[redacted]

We will have a letter to the Veterans Committees requesting Choice funding ready to be signed shortly. It's been through our LA, OMB, WH LA, etc., so it is fully coordinated. Plus it is just a memorialization of what we told them in person last week. Could you help us get it signed today?

Thank you!

Jon

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]
Congressional Appropriations Advisor
[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted]: Please provide status on the letter this morning because ASECVA is not in office tomorrow and we'll want to get his sign off by cob today to stay on point.

Brooks

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

WH DPC wants us to strike the reference to the Omnibus in last sentence of second paragraph, page 1. Other than that, it is good to go.

From: [redacted].
Sent: Wednesday, April 25, 2018 4:38 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

OK, we are now officially cleared to proceed with this version. Can you help me get it formatted, coordinated and signed?

AMERICAN OVERSIGHT

From: [redacted]
Cc: [redacted]
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

[redacted] – can you do one final proofread of the attached? And then can someone help me format and get to Mr. Wilkie for signature? We wanted to get this out ASAP.

Thank you!

[redacted]

From: [redacted]
Sent: Wednesday, April 25, 2018 1:09 PM
To: [redacted]
Subject: [EXTERNAL] Veterans Choice letter to hill

Jon,

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2199953

From: [redacted]

Bcc:
Subject: RE: VIEWS control # 00053048 FW: Veterans Choice letter to hill
Date: Thu Apr 26 2018 13:21:43 EDT
Attachments:

They are signed.

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 9:29:07 AM
To: [redacted]
Cc: [redacted]
Subject: RE: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Michael Meador is bringing letters up and will wait till they are signed.

From: [redacted]
Sent: Thursday, April 26, 2018 12:26 PM
To: [redacted]
Subject: RE: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Thanks [redacted] Will they be with the security detail?

AMERICAN OVERSIGHT

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 9:06:51 AM
To: [redacted]
Subject: FW: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Sir – sending these to you for your signature. Security will return letters to us once signed so we can process. Thank you.

From: [redacted]
Sent: Thursday, April 26, 2018 8:16 AM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

[redacted]

We will have a letter to the Veterans Committees requesting Choice funding ready to be signed shortly. It's been through our LA, OMB, WH LA, etc., so it is fully coordinated. Plus it is just a memorialization of what we told them in person last week. Could you help us get it signed today?

Thank you!

[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]

Congressional Appropriations Advisor
[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted]: Please provide status on the letter this morning because ASECVA is not in office tomorrow and we'll want to get his sign off by cob today to stay on point.

[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

WH DPC wants us to strike the reference to the Omnibus in last sentence of second paragraph, page 1. Other than that, it is good to go.

From: [redacted]

AMERICAN OVERSIGHT

Sent: Wednesday, April 25, 2018 4:38 PM
To: [redacted]
Cc: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

OK, we are now officially cleared to proceed with this version. Can you help me get it formatted, coordinated and signed?

From: [redacted].
Sent: Wednesday, April 25, 2018 1:16 PM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

[redacted] – can you do one final proofread of the attached? And then can someone help me format and get to Mr. Wilkie for signature? We wanted to get this out ASAP.

Thank you!

[redacted]

From: [redacted]
Sent: Wednesday, April 25, 2018 1:09 PM
To: [redacted]
Subject: [EXTERNAL] Veterans Choice letter to hill

[redacted]

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2199940

From: [redacted]

Bcc:
Subject: RE: VIEWS control # 00053048 FW: Veterans Choice letter to hill
Date: Thu Apr 26 2018 12:29:07 EDT
Attachments:

Michael Meador is bringing letters up and will wait till they are signed.

From: [redacted]
Sent: Thursday, April 26, 2018 12:26 PM
To: [redacted]
Subject: RE: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Thanks [redacted]. Will they be with the security detail?

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 9:06:51 AM
To: RLW
Cc: P[redacted]
Subject: FW: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Sir – sending these to you for your signature. Security will return letters to us once signed so we can process. Thank you.

AMERICAN OVERSIGHT

From: [redacted]
Sent: Thursday, April 26, 2018 8:16 AM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

[redacted]

We will have a letter to the Veterans Committees requesting Choice funding ready to be signed shortly. It's been through our LA, OMB, WH LA, etc., so it is fully coordinated. Plus it is just a memorialization of what we told them in person last week. Could you help us get it signed today?

Thank you!

Jon

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]
Congressional Appropriations Advisor
[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

AMERICAN OVERSIGHT

[redacted]: Please provide status on the letter this morning because ASECVA is not in office tomorrow and we'll want to get his sign off by cob today to stay on point.

[redacted]

Sent with Good (www.good.com)

From: Tucker, Brooks
Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

WH DPC wants us to strike the reference to the Omnibus in last sentence of second paragraph, page 1. Other than that, it is good to go.

From: [redacted].
Sent: Wednesday, April 25, 2018 4:38 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

OK, we are now officially cleared to proceed with this version. Can you help me get it formatted, coordinated and signed?

AMERICAN OVERSIGHT

From: [redacted]
Sent: Wednesday, April 25, 2018 1:16 PM
To: [redacted] ela
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

[redacted] – can you do one final proofread of the attached? And then can someone help me format and get to Mr. Wilkie for signature? We wanted to get this out ASAP.

Thank you!

[redacted]

From: [redacted]
Sent: Wednesday, April 25, 2018 1:09 PM
To: [redacted]
Subject: [EXTERNAL] Veterans Choice letter to hill

[redacted]

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2199936

From: [redacted]

Bcc:
Subject: RE: VIEWS control # 00053048 FW: Veterans Choice letter to hill
Date: Thu Apr 26 2018 12:26:11 EDT
Attachments:

Thanks [redacted] Will they be with the security detail?

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 9:06:51 AM
To: RLW
Cc: [redacted]
Subject: FW: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Sir – sending these to you for your signature. Security will return letters to us once signed so we can process. Thank you.

From: [redacted]
Sent: Thursday, April 26, 2018 8:16 AM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

[redacted]

AMERICAN OVERSIGHT

We will have a letter to the Veterans Committees requesting Choice funding ready to be signed shortly. It's been through our LA, OMB, WH LA, etc., so it is fully coordinated. Plus it is just a memorialization of what we told them in person last week. Could you help us get it signed today?

Thank you!

[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]
Congressional Appropriations Advisor
[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted]: Please provide status on the letter this morning because ASECVA is not in office tomorrow and we'll want to get his sign off by cob today to stay on point.

[redacted]

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

From: [redacted]
Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

WH DPC wants us to strike the reference to the Omnibus in last sentence of second paragraph, page 1. Other than that, it is good to go.

From: [redacted]
Sent: Wednesday, April 25, 2018 4:38 PM
To: [redacted]
Cc: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

OK, we are now officially cleared to proceed with this version. Can you help me get it formatted, coordinated and signed?

From: [redacted].
Sent: Wednesday, April 25, 2018 1:16 PM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

AMERICAN OVERSIGHT

[redacted] – can you do one final proofread of the attached? And then can someone help me format and get to Mr. Wilkie for signature? We wanted to get this out ASAP.

Thank you!

[redacted]

From: [redacted]
Sent: Wednesday, April 25, 2018 1:09 PM
To: [redacted]
Subject: [EXTERNAL] Veterans Choice letter to hill

[redacted]

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2208336

From: [redacted]

Bcc:
Subject: RE: VIEWS control # 00053048 FW: Veterans Choice letter to hill
Date: Thu Apr 26 2018 12:17:43 EDT
Attachments:

Thanks, [redacted] Will return them to you.

From: [redacted]
Sent: Thursday, April 26, 2018 11:56 AM
To: [redacted]
Subject: FW: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Walking the package up now. We have included one first page, and the supporting pages ASECVA needs to sign. We need the package returned to ExecSec once we have his signatures so we can complete processing.

[redacted]

Executive Secretary

Office of the Secretary

[redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: [redacted]
Sent: Thursday, April 26, 2018 10:20 AM
To: [redacted]

AMERICAN OVERSIGHT

Subject: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Good Morning,

FYA, OSVA is expecting this letter for signature. [redacted] is bring up now.

From: [redacted].
Sent: Thursday, April 26, 2018 9:08 AM
To: [redacted].
Subject: RE: Veterans Choice letter to hill

Thank you!

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 5:33:56 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted] – just let us know when the letter is ready to be signed, we can get it up on Hill to him. Thank you.

From: [redacted]
Sent: Thursday, April 26, 2018 8:29 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Most definitely. The only problem is the ASECVA is departing at 1000 for the WH, then goes to the Hill for the rest of the day. He will not be back in the building. If it has to be signed today maybe there a way to get the hard copy to his security detail and we can get him to sign between or after his hill visits (Katherine???) Please send the electrons to me as well.

AMERICAN OVERSIGHT

From: [redacted]
Sent: Thursday, April 26, 2018 8:16 AM
To: Powers, Pamela; Tucker, Brooks; Shea, Kristina
Subject: FW: Veterans Choice letter to hill

[redacted]

We will have a letter to the Veterans Committees requesting Choice funding ready to be signed shortly. It's been through our LA, OMB, WH LA, etc., so it is fully coordinated. Plus it is just a memorialization of what we told them in person last week. Could you help us get it signed today?

Thank you!

[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]
Congressional Appropriations Advisor
[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted]: Please provide status on the letter this morning because ASECVA is not in office

AMERICAN OVERSIGHT

tomorrow and we'll want to get his sign off by cob today to stay on point.

Brooks

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

WH DPC wants us to strike the reference to the Omnibus in last sentence of second paragraph, page 1. Other than that, it is good to go.

From: [redacted]
Sent: Wednesday, April 25, 2018 4:38 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

OK, we are now officially cleared to proceed with this version. Can you help me get it formatted, coordinated and signed?

AMERICAN OVERSIGHT

From: [redacted]
Sent: Wednesday, April 25, 2018 1:16 PM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

[redacted] – can you do one final proofread of the attached? And then can someone help me format and get to Mr. Wilkie for signature? We wanted to get this out ASAP.

Thank you!

[redacted]

From: [redacted]
Sent: Wednesday, April 25, 2018 1:09 PM
To: [redacted]
Subject: [EXTERNAL] Veterans Choice letter to hill

[redacted]

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2199866

From: [redacted]

Bcc:
Subject: FW: VIEWS control # 00053048 FW: Veterans Choice letter to hill
Date: Thu Apr 26 2018 12:06:51 EDT
Attachments:

Sir – sending these to you for your signature. Security will return letters to us once signed so we can process. Thank you.

From: [redacted]
Sent: Thursday, April 26, 2018 8:16 AM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

[redacted]

We will have a letter to the Veterans Committees requesting Choice funding ready to be signed shortly. It's been through our LA, OMB, WH LA, etc., so it is fully coordinated. Plus it is just a memorialization of what we told them in person last week. Could you help us get it signed today?

Thank you!

[redacted]

Sent with Good (www.good.com)

From: [redacted]

AMERICAN OVERSIGHT

Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]
[redacted] MB
Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]
Congressional Appropriations Advisor
202-461-6437

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted]: Please provide status on the letter this morning because ASECVA is not in office tomorrow and we'll want to get his sign off by cob today to stay on point.

Brooks

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]

AMERICAN OVERSIGHT

[redacted]
Subject: RE: Veterans Choice letter to hill

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From: [redacted]
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To: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

OK, we are now officially cleared to proceed with this version. Can you help me get it formatted, coordinated and signed?

From: [redacted]
Sent: Wednesday, April 25, 2018 1:16 PM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

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Thank you!

[redacted]

AMERICAN OVERSIGHT

From: [redacted]v]
Sent: Wednesday, April 25, 2018 1:09 PM
To: [redacted]
Subject: [EXTERNAL] Veterans Choice letter to hill

[redacted],

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2208325

From: [redacted]

Bcc:
Subject: FW: VIEWS control # 00053048 FW: Veterans Choice letter to hill
Date: Thu Apr 26 2018 11:56:10 EDT
Attachments:

Walking the package up now. We have included one first page, and the supporting pages ASECVA needs to sign. We need the package returned to ExecSec once we have his signatures so we can complete processing.

[redacted]

Executive Secretary

Office of the Secretary

[redacted]

[redacted]

VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence

From: [redacted]
Sent: Thursday, April 26, 2018 10:20 AM
To: [redacted]
Subject: VIEWS control # 00053048 FW: Veterans Choice letter to hill

Good Morning,

FYA, OSVA is expecting this letter for signature. Charnae is bring up now.

From: [redacted]

AMERICAN OVERSIGHT

Sent: Thursday, April 26, 2018 9:08 AM
To: [redacted].
Subject: RE: Veterans Choice letter to hill

Thank you!

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 5:33:56 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Jon – just let us know when the letter is ready to be signed, we can get it up on Hill to him. Thank you.

From: [redacted]
Sent: Thursday, April 26, 2018 8:29 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Most definitely. The only problem is the ASECVA is departing at 1000 for the WH, then goes to the Hill for the rest of the day. He will not be back in the building. If it has to be signed today maybe there a way to get the hard copy to his security detail and we can get him to sign between or after his hill visits (Katherine???) Please send the electrons to me as well.

From: [redacted]
Sent: Thursday, April 26, 2018 8:16 AM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

[redacted]

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AMERICAN OVERSIGHT

Thank you!

Jon

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]
Congressional Appropriations Advisor
[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted]: Please provide status on the letter this morning because ASECVA is not in office tomorrow and we'll want to get his sign off by cob today to stay on point.

Brooks

Sent with Good (www.good.com)

From: Tucker, Brooks

AMERICAN OVERSIGHT

Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Cc: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

WH DPC wants us to strike the reference to the Omnibus in last sentence of second paragraph, page 1. Other than that, it is good to go.

From: [redacted]
Sent: Wednesday, April 25, 2018 4:38 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

OK, we are now officially cleared to proceed with this version. Can you help me get it formatted, coordinated and signed?

From: [redacted]
Sent: Wednesday, April 25, 2018 1:16 PM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

AMERICAN OVERSIGHT

[redacted] – can you do one final proofread of the attached? And then can someone help me format and get to Mr. Wilkie for signature? We wanted to get this out ASAP.

Thank you!

[redacted]

From: [redacted]
Sent: Wednesday, April 25, 2018 1:09 PM
To: [redacted]
Subject: [EXTERNAL] Veterans Choice letter to hill

[redacted]

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2208091

From: [redacted]

Bcc:
Subject: RE: Veterans Choice letter to hill
Date: Thu Apr 26 2018 09:07:45 EDT
Attachments:

Thank you!

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 5:33:56 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted] – just let us know when the letter is ready to be signed, we can get it up on Hill to him. Thank you.

From: [redacted]
Sent: Thursday, April 26, 2018 8:29 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Most definitely. The only problem is the ASECVA is departing at 1000 for the WH, then goes to the Hill for the rest of the day. He will not be back in the building. If it has to be signed today maybe there a way to get the hard copy to his security detail and we can get him to sign between or after his hill visits (Katherine???) Please send the electrons to me as well.

AMERICAN OVERSIGHT

From: [redacted].
Sent: Thursday, April 26, 2018 8:16 AM
To: [redacted]
[redacted] Veterans Choice letter to hill

[redacted]

We will have a letter to the Veterans Committees requesting Choice funding ready to be signed shortly. It's been through our LA, OMB, WH LA, etc., so it is fully coordinated. Plus it is just a memorialization of what we told them in person last week. Could you help us get it signed today?

Thank you!

[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]
Congressional Appropriations Advisor
[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To: [redacted]
Cc: [redacted]
Subject: RE: Veterans Choice letter to hill

AMERICAN OVERSIGHT

[redacted]: Please provide status on the letter this morning because ASECVA is not in office tomorrow and we'll want to get his sign off by cob today to stay on point.

[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

WH DPC wants us to strike the reference to the Omnibus in last sentence of second paragraph, page 1. Other than that, it is good to go.

From: [redacted]
Sent: Wednesday, April 25, 2018 4:38 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

OK, we are now officially cleared to proceed with this version. Can you help me get it formatted, coordinated and signed?

AMERICAN OVERSIGHT

From: [redacted]
Sent: Wednesday, April 25, 2018 1:16 PM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

[redacted] – can you do one final proofread of the attached? And then can someone help me format and get to Mr. Wilkie for signature? We wanted to get this out ASAP.

Thank you!

[redacted]

From: [redacted]
Sent: Wednesday, April 25, 2018 1:09 PM
To: [redacted]
Subject: [EXTERNAL] Veterans Choice letter to hill

[redacted]

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2208058

From: [redacted]

Bcc:
Subject: RE: Veterans Choice letter to hill
Date: Thu Apr 26 2018 08:33:56 EDT
Attachments:

[redacted] – just let us know when the letter is ready to be signed, we can get it up on Hill to him. Thank you.

From: [redacted]
Sent: Thursday, April 26, 2018 8:29 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Most definitely. The only problem is the ASECVA is departing at 1000 for the WH, then goes to the Hill for the rest of the day. He will not be back in the building. If it has to be signed today maybe there a way to get the hard copy to his security detail and we can get him to sign between or after his hill visits (Katherine???) Please send the electrons to me as well.

From: [redacted].
Sent: Thursday, April 26, 2018 8:16 AM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

[redacted]

We will have a letter to the Veterans Committees requesting Choice funding ready to be signed shortly. It's been through our LA, OMB, WH LA, etc., so it is fully coordinated. Plus it is just a memorialization of what we told them in person last week. Could you help us get it signed today?

Thank you!

[redacted]

AMERICAN OVERSIGHT

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]
Congressional Appropriations Advisor
[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To: [redacted]
Cc: [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted]: Please provide status on the letter this morning because ASECVA is not in office tomorrow and we'll want to get his sign off by cob today to stay on point.

[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Cc: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

WH DPC wants us to strike the reference to the Omnibus in last sentence of second paragraph, page 1. Other than that, it is good to go.

From: [redacted]
Sent: Wednesday, April 25, 2018 4:38 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

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From: [redacted]
Sent: Wednesday, April 25, 2018 1:16 PM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

[redacted] – can you do one final proofread of the attached? And then can someone help me format and get to Mr. Wilkie for signature? We wanted to get this out ASAP.

Thank you!

AMERICAN OVERSIGHT

[redacted]

From: [redacted]]
Sent: Wednesday, April 25, 2018 1:09 PM
To: [redacted]
Subject: [EXTERNAL] Veterans Choice letter to hill

[redacted]

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2208053

From: [redacted]

Bcc:
Subject: RE: Veterans Choice letter to hill
Date: Thu Apr 26 2018 08:29:04 EDT
Attachments:

Most definitely. The only problem is the ASECVA is departing at 1000 for the WH, then goes to the Hill for the rest of the day. He will not be back in the building. If it has to be signed today maybe there a way to get the hard copy to his security detail and we can get him to sign between or after his hill visits (Katherine???) Please send the electrons to me as well.

From: [redacted].
Sent: Thursday, April 26, 2018 8:16 AM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

[redacted]

We will have a letter to the Veterans Committees requesting Choice funding ready to be signed shortly. It's been through our LA, OMB, WH LA, etc., so it is fully coordinated. Plus it is just a memorialization of what we told them in person last week. Could you help us get it signed today?

Thank you!

[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 4:59:17 AM
To: [redacted]

AMERICAN OVERSIGHT

Subject: RE: Veterans Choice letter to hill

Ok I will work it after the HAC MilCon Mark up this morning.

[redacted]
Congressional Appropriations Advisor
[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, April 26, 2018 3:54:27 AM
To [redacted]
Subject: RE: Veterans Choice letter to hill

[redacted] Please provide status on the letter this morning because ASECVA is not in office tomorrow and we'll want to get his sign off by cob today to stay on point.

Brooks

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 25, 2018 2:15:59 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

Correction: WH OLA wants the edit.

From: [redacted]
Sent: Wednesday, April 25, 2018 5:15 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill

WH DPC wants us to strike the reference to the Omnibus in last sentence of second paragraph, page 1. Other than that, it is good to go.

From: [redacted].
Sent: Wednesday, April 25, 2018 4:38 PM
To: [redacted]
Subject: RE: Veterans Choice letter to hill
Importance: High

OK, we are now officially cleared to proceed with this version. Can you help me get it formatted, coordinated and signed?

From: [redacted]
Sent: Wednesday, April 25, 2018 1:16 PM
To: [redacted]
Subject: FW: Veterans Choice letter to hill

OK, we can proceed with getting the attached signed by Mr. Wilkie.

[redacted] – can you do one final proofread of the attached? And then can someone help me format and get to Mr. Wilkie for signature? We wanted to get this out ASAP.

Thank you!

Jon

From: [redacted]
Sent: Wednesday, April 25, 2018 1:09 PM
To: Rychalski, Jon J.

AMERICAN OVERSIGHT

Cc: [redacted]

Subject: [EXTERNAL] Veterans Choice letter to hill

[redacted]

One comment in the attached.

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2209050

From: [redacted]

To: Hutton, James [redacted]

Cc: [redacted] Ullyot, John [redacted]; Cashour, Curtis [redacted] Wagner, John (Wolf) [redacted]

Bcc:

Subject: [EXTERNAL] RE: Discussion for today

Date: Wed Apr 25 2018 13:39:45 EDT

Attachments: choice TPs DTedits 4.23.18 VA OCLA edits 4.24.18.docx
image001.jpg

James, may have a slight version control issue – most of the edits will remain the same for the first two pages. The funding I had chopped on a bit – let me know how this looks.

From: Hutton, James <James.Hutton[redacted]
Sent: Wednesday, April 25, 2018 1:31 PM
To: [redacted]; Ullyot, John <John.Ullyot[redacted]; Cashour, Curtis <Curt.Cashour@v[redacted]; Wagner, John (Wolf) <John.Wolf.Wagner[redacted]
Subject: RE: Discussion for today

Drew,

We found one more item to update. It is highlighted in blue on the attached document.

James

James Hutton

AMERICAN OVERSIGHT

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

Office: 202-461-7558

[redacted]

[redacted]

VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Hutton, James
Sent: Wednesday, April 25, 2018 12:11 PM
To: [redacted]'
Cc: [redacted]; Ullyot, John; Cashour, Curtis; Wagner, John (Wolf)
Subject: RE: Discussion for today

[redacted],

I've made changes using Word tracker related to numbers. If you want to discuss, please feel free to call. I highlighted my changes in green.

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James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

AMERICAN OVERSIGHT

Washington, D.C. 20420

Office: 202-461-7558

[redacted]

[redacted]

VA on Facebook . Twitter . YouTube . Flickr . Blog

From: [redacted]
Sent: Tuesday, April 24, 2018 4:33 PM
To: Cashour, Curtis; Ullyot, John; Wagner, John (Wolf); Hutton, James
Cc: [redacted]
Subject: [EXTERNAL] RE: Discussion for today

Edited the document

+ Hutton for fact checking and number verification

From: Cashour, Curtis <Curt.Cashour[redacted]
Sent: Tuesday, April 24, 2018 1:44 PM
To: [redacted]; Ullyot, John <John.Ullyot[redacted] Wagner, John (Wolf) <John.Wolf.Wagner[redacted]
Cc: [redacted]
Subject: RE: Discussion for today

We're fine with these, provided they are factually accurate.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

AMERICAN OVERSIGHT

Curt.Cashour[redacted]

[redacted]

From: [redacted]
Sent: Tuesday, April 24, 2018 11:10 AM
To: Cashour, Curtis; Ullyot, John; Wagner, John (Wolf)
Cc: [redacted]
Subject: [EXTERNAL] Discussion for today

Seems like there will be a renewed sense of purpose back on Choice.

In light of that here is my swing – you guys mind taking the pen before this afternoon's meeting at 3PM

See you (who can be there) soon!

Drew

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2209050-000001	
Owner:	[redacted]
Filename:	choice TPs DTedits 4.23.18 VA OCLA edits 4.24.18.docx
Last Modified:	Wed Apr 25 12:39:45 CDT 2018

AMERICAN OVERSIGHT

Veterans Choice Program | Talking Points

Top-Line:

The Trump Administration, and the Department of Veterans Affairs (VA) have worked closely with Congress and VSOs to create legislation that would reform and streamline Veterans Choice Program and VA community care programs.

The Choice Program:

- More than 1.6 million veterans have used the Choice Program
- More than 15 million appointments scheduled in the community.
- More than 350,000 more doctors, nurses and physician assistants available to treat veterans today compared to the time before Choice.

Nancy Pelosi and the Democrats blocked the VA reform legislation from being included in the 2000+ page omnibus bill President Trump signed earlier this year.

Funding for the Choice Program is urgently needed because the current funding is expected to run out by the end of May 2018.

Without the Choice Program, veterans will likely be forced once again to wait in never ending lines.

VA community care has existed for more than 70 years, and has nothing to do with privatization. VA is working with Congress to merge all of VA's community care efforts into a single, streamlined federal program that ensures veterans get the right care, at the right time, with the right provider.

Instead of putting politics above the healthcare needs of our nation's veterans, Congress should pass the VA reform legislation before Memorial Day and ensure the Choice Program continues to provide care to veterans until the successor program is fully operational.

Privatization Myths:

As we have consistently said, the Administration has taken several unprecedented steps to transform and modernize the VA healthcare system. There are no discussions about privatizing it and any move in that direction would be a decision for Congress, not the President.

The Veteran's Choice Program was not considered privatization when Senator Bernie Sanders, Chairmen of the Senate Veterans Affairs Committee, co-authored it.

Any suggestion of privatizing the VA is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding the care of our nation's veterans.

Provision of care outside VA facilities is not new. The VA has been collaborating with community providers to treat veterans since 1945.

The Choice Program was never designed to privatize the VA, and will never do so. In fact, nearly 2/3 of all VA care is delivered in VA's own healthcare facilities today.

Whether it's through VA or an outside provider, we must improve veterans' choice of healthcare providers and ensure timely, high-quality healthcare.

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Need for Choice Program:

In April 2014, scandal at the Phoenix VA Medical Center rocked the nation, serving as the catalyst for focus on VA reform throughout the nation.

- 14,700 AZ Veterans were in that line awaiting care in Phoenix, of which 3,300 were Urology/prostate cancer patients – and more than 40 died waiting for care.
- When it became apparent the issue was not confined to Phoenix, Congress acted quickly and passed the Veterans Access, Choice and Accountability Act.

As a result of this legislation, for more than four years, the Veterans Choice Program has empowered veterans to have an option to ensure access to care when VA care is not readily available (a wait of more than 30 days for care or drive more than 40 miles).

Care in the community represents one-third of all VA appointments.
More than 1.6 million veterans have used the Veteran Choice Program
More than 15 million appointments scheduled in the community via VCP.
More than 350,000 more doctors, nurses, and physician assistants available to treat veterans today compared to time before Choice.
Choice gives veterans the option to choose provider best for their circumstances: number of available medical providers to treat vets increased 2x, number of hospitals by 3x, and number of clinics by 8x, compared to pre-Choice community care.

VA Community Care

The Veteran Coordinated Access & Rewarding Experiences legislation the VA has proposed to Congress will strengthen VA by consolidating the department's tangled web of competing and confusing community care programs (including Choice Program) into one system that's easy to navigate for both veterans and VA employees
It will help ensure veterans choose VA by getting them the right care at the right time with the right provider by adhering to a simple concept:

- In cases where VA does not offer a service, cannot provide it in a timely fashion or is not performing to industry standards, the department will provide veterans the opportunity to receive care from a community provider

Strengthening the Department of Veterans Affairs hinges on its ability to do two things: improve veterans' experiences and enhance patient outcomes

- That's precisely what Veteran CARE will do

How does Veteran CARE work?

- The Veteran drives this experience.
- The Veteran will have a conversation with their care VA team via phone, online or in person.
- The Veterans will have tools to help them select the best provider to meet their needs.
- VA will be a better partner to community providers:
  VA will make sure the community provider has all the information needed to treat the Veteran.

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VA will work with community providers to get the medical records and pay bills timely and accurately.
Throughout this process, the Veteran will have transparency on all of these steps, including their financial obligations, if any.

How is Veteran CARE better or different than Choice?

- It is better because it is simpler, more flexible and individualized around clinical needs.
- Simple:
  It cuts red tape and removes layers by focusing only on the Veteran, their VA team and the community provider.
- Flexible:
  Today the criteria for access to the community are arbitrary, and administrative; the new program is based on Veteran's clinical needs, which will expand choices.
- Individualized:
  Veterans will have the tools to choose which provider best meets their needs.

Additional Information on the Choice Program and proposed successor CARE program (if asked):

To ensure seamless transition to the new program, the Choice Program must continue for 12 months from the passage of the community care legislation.
The current Veterans Choice Program requires $1.3 billion in FY 2018 and an additional $2.0 in FY 2019.

Table 1. Additional Funding for the Veterans Choice Program *Dollars in Billions*	
FY 2018 Requirement	$1.3
FY 2019 Requirement *(net of FY19 Budget request)*	$2.0
Total Additional Veterans Choice Program Need	$3.3

The current Choice funds will be exhausted by early June. The minimum number required to get Choice funded and allow reform legislation to take effect is $3.3B. Further delay beyond Memorial Day will result in substantially increased mandatory spending.

The Message:

VA's care in the community programs increase veterans' access to timely and quality health care.
Demand for community care programs has increased substantially since Congress created the Choice Program in 2014.
Failure to pass the legislation fund Choice into 2019 veterans will likely be forced once again to wait in never ending lines.

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This legislation would transform VA into a high-performing and integrated 21st century health care system.

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Document ID: 0.7.10678.2209050-000002	
Owner:	[redacted]
Filename:	image001.jpg
Last Modified:	Wed Apr 25 12:39:45 CDT 2018

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image001.jpg for Printed Item: 30 (Attachment 2 of 2)



AMERICAN OVERSIGHT

OPIA013356

VA-18-0457-F-000153

Document ID: 0.7.10678.2209043

From: Hutton, James [redacted]

[redacted]

[redacted]

[redacted] Ullyot, John

[redacted] Cashour, Curtis

[redacted] Wagner, John

[redacted] (Wolf)

[redacted]

Bcc:

Subject: RE: Discussion for today

Date: Wed Apr 25 2018 13:31:20 EDT

Attachments: choice TPs DTedits 4.23.18 VA OCLA edits 4.24.18-jeh3.docx
image001.jpg

[redacted]

We found one more item to update. It is highlighted in blue on the attached document.

James

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

[redacted]

[redacted]

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[redacted]

VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Hutton, James
Sent: Wednesday, April 25, 2018 12:11 PM
To: [redacted] Ullyot, John; Cashour, Curtis; Wagner, John (Wolf)
Subject: RE: Discussion for today

[redacted]

I've made changes using Word tracker related to numbers. If you want to discuss, please feel free to call. I highlighted my changes in green.

James

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

[redacted]

[redacted]

[redacted]

VA on Facebook . Twitter . YouTube . Flickr . Blog

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From: [redacted]
Sent: Tuesday, April 24, 2018 4:33 PM
To: Cashour, Curtis; Ullyot, John; Wagner, John (Wolf); Hutton, James
Cc: [redacted]
Subject: [EXTERNAL] RE: Discussion for today

Edited the document

+ Hutton for fact checking and number verification

From: Cashour, Curtis <Curt.Cashour[redacted]
Sent: Tuesday, April 24, 2018 1:44 PM
To: [redacted]; Ullyot, John <John.Ullyot[redacted] Wagner, John (Wolf) <John.Wolf.Wagner[redacted]
Cc: [redacted]
Subject: RE: Discussion for today

We're fine with these, provided they are factually accurate.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Tuesday, April 24, 2018 11:10 AM
To: Cashour, Curtis; Ullyot, John; Wagner, John (Wolf)
Cc: [redacted]
Subject: [EXTERNAL] Discussion for today

Seems like there will be a renewed sense of purpose back on Choice.

AMERICAN OVERSIGHT

In light of that here is my swing – you guys mind taking the pen before this afternoon's meeting at 3PM

See you (who can be there) soon!

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2209043-000001	
Owner:	Hutton, James </[redacted]
Filename:	choice TPs DTedits 4.23.18 VA OCLA edits 4.24.18-jeh3.docx
Last Modified:	Wed Apr 25 12:31:20 CDT 2018

AMERICAN OVERSIGHT

Veterans Choice Program | Talking Points

Top-Line:

The Trump Administration, and the Department of Veterans Affairs (VA) have worked closely with Congress and VSOs to create legislation that would reform and streamline Veterans Choice Program (VCP) and VA community care programs.

The Choice Program:

-
- More than 1.9 million Veterans used VCP
- More than 39 million appointments via VCP scheduled in the community

Nancy Pelosi and the Democrats blocked the VA reform legislation from being included in the 2000+ page omnibus bill President Trump signed earlier this year.

Funding for the Choice Program is urgently needed because the current funding is expected to run out by the end of May 2018.

Without the Choice Program, veterans will likely be forced once again to wait in never ending lines.

VA community care has existed for more than 70 years, and has nothing to do with privatization. VA is working with Congress to merge all of VA's community care efforts into a single, streamlined federal program that ensures veterans get the right care, at the right time, with the right provider.

Instead of putting politics above the healthcare needs of our nation's veterans, Congress should pass the VA reform legislation before Memorial Day and ensure the Choice Program continues to provide care to veterans until the successor program is fully operational.

Privatization:

As we have consistently said, the Administration has taken several unprecedented steps to transform and modernize the VA healthcare system. There are no discussions about privatizing it and any move in that direction would be a decision for Congress, not the President.

The Veteran's Choice Program was not considered privatization when Senator Bernie Sanders, Chairmen of the Senate Veterans Affairs Committee, co-authored it.

Any suggestion of privatizing the VA is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding the care of our nation's veterans.

Provision of care outside VA facilities is not new. The VA has been collaborating with community providers to treat veterans since 1945.

The Choice Program was never designed to privatize the VA, and will never do so. In fact, nearly 2/3 of all VA care is delivered in VA's own healthcare facilities today.

Whether it's through VA or an outside provider, we must improve veterans' choice of healthcare providers and ensure timely, high-quality healthcare.

AMERICAN OVERSIGHT

Need for Choice Program:

In April 2014, scandal at the Phoenix VA Medical Center rocked the nation, serving as the catalyst for focus on VA reform throughout the nation.

- AZ Veterans were in that line awaiting care in Phoenixand more than 40 died waiting for care.
- When it became apparent the issue was not confined to Phoenix, Congress acted quickly and passed the Veterans Access, Choice and Accountability Act.

As a result of this legislation, for more than four years, the Veterans Choice Program has empowered veterans to have an option to ensure access to care when VA care is not readily available (a wait of more than 30 days for care or drive more than 40 miles).

Care in the community represents one-third of all VA appointments. More than 1.9 million Veterans used VCP

More than 39 million appointments via VCP scheduled in the community

VA Community Care

The Veteran Coordinated Access & Rewarding Experiences program the VA has proposed to Congress will strengthen VA by consolidating the department's tangled web of competing and confusing community care programs (including Choice Program) into one system that's easy to navigate for both veterans and VA employees

It will help ensure veterans choose VA by getting them the right care at the right time with the right provider by adhering to a simple concept:

- In cases where VA does not offer a service, cannot provide it in a timely fashion or is not performing to industry standards, the department will provide veterans the opportunity to receive care from a community provider

Strengthening the Department of Veterans Affairs hinges on its ability to do two things: improve veterans' experiences and enhance patient outcomes

- That's precisely what Veteran CARE will do

How does Veteran CARE work?

- The Veteran drives this experience.
- The Veteran will have a conversation with their care VA team via phone, online or in person.
- The Veterans will have tools to help them select the best provider to meet their needs.
- VA will be a better partner to community providers:

  VA will make sure the community provider has all the information needed to treat the Veteran.

  VA will work with community providers to get the medical records and pay bills timely and accurately.

  Throughout this process, the Veteran will have transparency on all of these steps, including their financial obligations, if any.

How is Veteran CARE better or different than Choice?

AMERICAN OVERSIGHT

- It is better because it is simpler, more flexible and individualized around clinical needs.
- Simple:
  It cuts red tape and removes layers by focusing only on the Veteran, their VA team and the community provider.
- Flexible:
  Today the criteria for access to the community are arbitrary, and administrative; the new program is based on Veteran's clinical needs, which will expand choices.
- Individualized:
  Veterans will have the tools to choose which provider best meets their needs.

Additional Information on the Choice Program and proposed successor CARE program (if asked):

The current Veterans Choice Program requires $1.3 billion in FY 2018 and an additional $2.0 to $3.6 billion (dependent on time of enactment of the CARE legislation) in FY 2019. This is in addition to the $1.9 billion included in the FY 2019 President's Budget request.To ensure seamless transition to the new program, the Choice Program must continue for 12 months from the passage of the community care legislation.

Table 1. Additional Funding for the Veterans Choice Program *Dollars in Billions*	
FY 2018 Requirement	$1.3
FY 2019 Requirement *(net of FY19 Budget request)*	$2.0 - $3.6
Total Additional Veterans Choice Program Need	$3.3 - $4.9

The sooner it is passed and the community care programs are stabilized – the less overall money it will cost?

The Message:

VA's care in the community programs increase veterans' access to timely and quality health care.
Demand for community care programs has increased substantially since Congress created the Choice Program in 2014.
Failure to pass the legislation and authorize the bridge funding into 2019 will certainly shortchange Veterans and leave them at risk waiting for medical care.
This legislation would transform VA into a high-performing and integrated 21st century health care system.

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2209043-000002	
Owner:	Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt) /cn=recipients/cn=james.hutton>
Filename:	image001.jpg
Last Modified:	Wed Apr 25 12:31:20 CDT 2018

AMERICAN OVERSIGHT

image001.jpg for Printed Item: 33 (Attachment 2 of 2)

OPIA013366

VA-18-0457-F-000163

Document ID: 0.7.10678.2192661

From: [redacted]

[redacted]

[redacted]

[redacted] Hutton, James [redacted]; Cashour, Curtis [redacted]

Bcc:
Subject: Tester on CNN re Jackson
Date: Wed Apr 25 2018 13:05:53 EDT
Attachments:

SEN Tester has stated on CNN that SVAC would be looking into these allegations on Jackson over the "next several weeks".

This open ended timeline has some implications for the focus of the SVAC in light of the dual need to move Choice legislation.

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2209029

From: Hutton, James [redacted]

[redacted] Ilyot, John

Cashour, Curtis

< [redacted] Wagner, John

(Wolf) [redacted]

Bcc:

Subject: RE: Discussion for today

Date: Wed Apr 25 2018 12:10:50 EDT

Attachments: choice TPs DTedits 4.23.18 VA OCLA edits 4.24.18-jeh2.docx
image001.jpg

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Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

[redacted]

[redacted]

AMERICAN OVERSIGHT

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VA on Facebook . Twitter . YouTube . Flickr . Blog

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Sent: Tuesday, April 24, 2018 4:33 PM
To: [redacted]
Subject: [EXTERNAL] RE: Discussion for today

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Sent: Tuesday, April 24, 2018 1:44 PM
To: [redacted]; Ullyot, John <John.Ullyot[redacted] Wagner, John (Wolf) <John.Wolf.Wagner[redacted]
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Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]

AMERICAN OVERSIGHT

Sent: Tuesday, April 24, 2018 11:10 AM
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Cc: [redacted]
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Filename:	choice TPs DTedits 4.23.18 VA OCLA edits 4.24.18-jeh2.docx
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AMERICAN OVERSIGHT

Veterans Choice Program | Talking Points

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  Throughout this process, the Veteran will have transparency on all of these steps, including their financial obligations, if any.

How is Veteran CARE better or different than Choice?

AMERICAN OVERSIGHT

- It is better because it is simpler, more flexible and individualized around clinical needs.
- Simple:
  It cuts red tape and removes layers by focusing only on the Veteran, their VA team and the community provider.
- Flexible:
  Today the criteria for access to the community are arbitrary, and administrative; the new program is based on Veteran's clinical needs, which will expand choices.
- Individualized:
  Veterans will have the tools to choose which provider best meets their needs.

Additional Information on the Choice Program and proposed successor CARE program (if asked):

The current Veterans Choice Program requires $1.3 billion in FY 2018 and an additional $2.0 to $3.6 billion (dependent on time of enactment of the CARE legislation) in FY 2019. This is in addition to the $1.9 billion included in the FY 2019 President's Budget request.To ensure seamless transition to the new program, the Choice Program must continue for 12 months from the passage of the community care legislation.

Table 1. Additional Funding for the Veterans Choice Program *Dollars in Billions*	
FY 2018 Requirement	$1.3
FY 2019 Requirement *(net of FY19 Budget request)*	$2.0 - $3.6
Total Additional Veterans Choice Program Need	$3.3 - $4.9

The sooner it is passed and the community care programs are stabilized – the less overall money it will cost?

The Message:

VA's care in the community programs increase veterans' access to timely and quality health care.
Demand for community care programs has increased substantially since Congress created the Choice Program in 2014.
Failure to pass the legislation and authorize the bridge funding into 2019 will certainly shortchange Veterans and leave them at risk waiting for medical care.
This legislation would transform VA into a high-performing and integrated 21st century health care system.

AMERICAN OVERSIGHT

Document ID: 0.7.10678.2209029-000002	
Owner:	Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt) /cn=recipients/cn=james.hutton>
Filename:	image001.jpg
Last Modified:	Wed Apr 25 11:10:50 CDT 2018

AMERICAN OVERSIGHT

image001.jpg for Printed Item: 37 (Attachment 2 of 2)



AMERICAN OVERSIGHT

OPIA013376

VA-18-0457-F-000173

Document ID: 0.7.10678.2198863

From: [redacted]

[redacted]

[redacted]

[redacted]; Ullyot, John

[redacted] Cashour, Curtis

[redacted] Leinenkugel, Jake

[redacted]

Bcc:
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April
Date: Wed Apr 25 2018 12:02:10 EDT
Attachments: image002.png
image003.png
image004.png
image005.png

Thank you!

From: [redacted]
Sent: Wednesday, April 25, 2018 11:53 AM
To: [redacted]
Cc: [redacted]; Ullyot, John; Cashour, Curtis; [redacted]
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

I apologize for not getting any briefing materials to you yesterday – with the schedules moving all over the place surrounding the nominee's hearing, our schedule was massively upheaved as well, and we didn't get the chance to write this up. It's mostly background, and I understand if he doesn't get the change to read it, but I thought I'd send it along regardless.

We'll be downstairs at 3 pm.

AMERICAN OVERSIGHT

[redacted]

CAPT, USN (Ret)

Director, Policy & Advocacy

[redacted]

[redacted]

[redacted]

1440 G St., NW, Suite 8160

Washington, DC 20005

Be a Hero for a Hero!®

From: [redacted]v>
Sent: Tuesday, April 24, 2018 11:09 AM
To: [redacted]
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

Sir – We need to move your meeting w/the Secretary tomorrow, 4/25, to 3:15pm. Please confirm if this will work for you. The Secretary now has a meeting at the WH that he must attend. Thank you for your understanding.

From: [redacted]
Sent: Wednesday, April 18, 2018 1:12 PM
To: [redacted]
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

Will do. Thank you.

[redacted]

AMERICAN OVERSIGHT

CAPT, USN (Ret)

Director, Policy & Advocacy

[redacted]

[redacted]

[redacted]

1440 G St., NW, Suite 8160

Washington, DC 20005

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From: [redacted]
Sent: Wednesday, April 18, 2018 1:11 PM
To: [redacted]
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

We are located at: 810 Vermont Ave., NW

A Protocol Officer will greet and escort everyone to the Secretary's Suite

Will you be submitting any pre-read materials for the Secretary to review prior to the meeting? It would help us in preparing him for the meeting. If so, please email to us NLT noon on Tuesday, April 24th.

Thank you and we look forward to meeting Mike!

From: [redacted]
Sent: Wednesday, April 18, 2018 12:33 PM
To: [redacted]

AMERICAN OVERSIGHT

Cc: [redacted]
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

Outstanding. We will be there!

Attendees:

* [redacted]

If that's too many, Ryan and/or I can back out.

FYI, [redacted] will be wheelchair bound, so if you could advise security, that would be helpful. I know they take their mission very seriously down there.

[redacted]

CAPT, USN (Ret)

Director, Policy & Advocacy

[redacted]

1440 G St., NW, Suite 8160

Washington, DC 20005

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From: [redacted]
Sent: Wednesday, April 18, 2018 7:39 AM
To: [redacted]
Subject: FW: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

Good morning – thank you for your request for a meeting w/Secretary Wilkie. The Secretary is available on Wednesday, April 25th at 1pm. Please let us know if time would work for you all. Thank you.

———

From: [redacted]
Sent: Tuesday, April 17, 2018 6:20:51 PM
To: [redacted]
Subject: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

Dear Pamela,

I'm sorry, but for some reason I entered VA.org for your email address. An interesting concept to change the VA to a non-profit, but not my intention.

Below is the request I've sent to you and Peter for Mike Verardo's Alive Day.

[redacted]

CAPT, USN (Ret)

Director, Policy & Advocacy

[redacted]

[redacted]

[redacted]

1440 G St., NW, Suite 8160

Washington, DC 20005

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From: [redacted]
Sent: Tuesday, April 17, 2018 12:39 PM
To: [redacted] 'Jake Leinenkugel (Jake.Leinenkugel[redacted]. Leinenkugel[redacted]; Curtcashour[redacted] <curt.cashour@[redacted]
Subject: MEETING REQUEST With Acting SecVA 24-26 April

Dear Pam and Peter,

Attached is a request for a meeting with Secretary Wilkie for next week. We are not looking for anything grandiose – simply a stop by to show him the book, introduce him to [redacted] and [redacted] celebrate Mike's Alive Day, and talk about how we can be helpful. The Chairman of our Board, Art Pue (retired Army SF) would likely also be in attendance, making four of us total – [redacted] myself.

Also, our PR firm, Susan Davis International, has I believe engaged your PA folks about Take Your Kid to Work Day April 26th, and the possibility of Mike and Sarah doing a book reading on that day either with collected kids. Pam, we are sending a similar request through USAF and Pentagon Day Care for the 26th, but thought it might be fun to do so at VA Central Offices as well.

[redacted]

CAPT, USN (Ret)

Director, Policy & Advocacy

[redacted]

[redacted]

[redacted]

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Washington, DC 20005

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Document ID: 0.7.10678.2198863-000001	
Owner:	[redacted]
Filename:	image002.png
Last Modified:	Wed Apr 25 11:02:10 CDT 2018

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image002.png for Printed Item
(Attachment 1 of 4)

OPIA093385

57-F-000182

Document ID: 0.7.10678.2198863-000002	
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Filename:	image003.png
Last Modified:	Wed Apr 25 11:02:10 CDT 2018

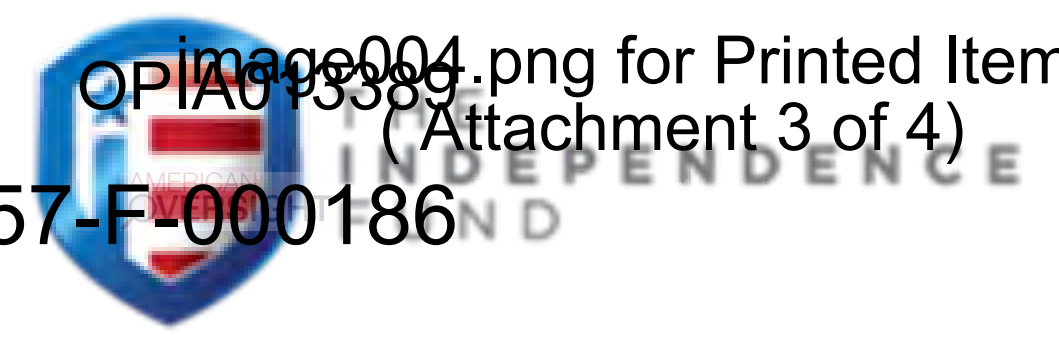
AMERICAN OVERSIGHT



image003.png for Printed Item
OPIA093387
(Attachment 2 of 4)
57-F-000184

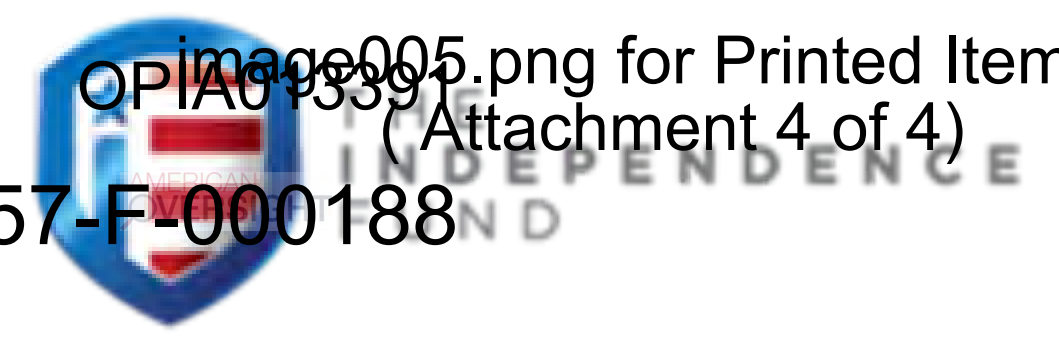
Document ID: 0.7.10678.2198863-000003	
Owner:	[redacted]
Filename:	image004.png
Last Modified:	Wed Apr 25 11:02:10 CDT 2018

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image004.png for Printed Item
OPIA013389
(Attachment 3 of 4)
57-F-000186

Document ID: 0.7.10678.2198863-000004
Owner: [redacted]
[redacted] png
Last Modified: Wed Apr 25 11:02:10 CDT 2018

AMERICAN OVERSIGHT


image005.png for Printed Item
OPIA01339 1
(Attachment 4 of 4)
57-F-000188

Document ID: 0.7.10678.2198801

From: [redacted]

[redacted] Ullyot, John

[redacted]; Cashour, Curtis

[redacted]

Bcc:
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April
Date: Wed Apr 25 2018 11:52:52 EDT
Attachments: image001.png
image006.png
image007.png
image008.png
Memo for Wilkie Meeting, 25 Apr 18.docx

I apologize for not getting any briefing materials to you yesterday – with the schedules moving all over the place surrounding the nominee's hearing, our schedule was massively upheaved as well, and we didn't get the chance to write this up. It's mostly background, and I understand if he doesn't get the change to read it, but I thought I'd send it along regardless.

We'll be downstairs at 3 pm.

[redacted]

CAPT, USN (Ret)

Director, Policy & Advocacy

[redacted]

[redacted]

[redacted]

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1440 G St., NW, Suite 8160

Washington, DC 20005

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From: [redacted]
Sent: Tuesday, April 24, 2018 11:09 AM
To: [redacted]
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

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Sent: Wednesday, April 18, 2018 1:12 PM
To: [redacted]
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

Will do. Thank you.

[redacted]

CAPT, USN (Ret)

Director, Policy & Advocacy

[redacted]

[redacted]

[redacted]

AMERICAN OVERSIGHT

1440 G St., NW, Suite 8160

Washington, DC 20005

Be a Hero for a Hero!®

From: [redacted]
Sent: Wednesday, April 18, 2018 1:11 PM
To: [redacted]
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

We are located at: 810 Vermont Ave., NW

A Protocol Officer will greet and escort everyone to the Secretary's Suite

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Thank you and we look forward to meeting Mike!

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Sent: Wednesday, April 18, 2018 12:33 PM
To: [redacted]
Subject: RE: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

Outstanding. We will be there!

Attendees:

[redacted]

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[redacted]

If that's too many, Ryan and/or I can back out.

FYI, Mike will be wheelchair bound, so if you could advise security, that would be helpful. I know they take their mission very seriously down there.

[redacted]

CAPT, USN (Ret)

Director, Policy & Advocacy

[redacted]

1440 G St., NW, Suite 8160

Washington, DC 20005

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From: [redacted]
Sent: Wednesday, April 18, 2018 7:39 AM
To: [redacted],
Subject: FW: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

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AMERICAN OVERSIGHT

From: [redacted]
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To: [redacted]
Subject: [EXTERNAL] FW: MEETING REQUEST With Acting SecVA 24-26 April

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Below is the request I've sent to you and Peter for Mike Verardo's Alive Day.

[redacted]

CAPT, USN (Ret)

Director, Policy & Advocacy

[redacted]

[redacted]

[redacted]

1440 G St., NW, Suite 8160

Washington, DC 20005

Be a Hero for a Hero!®

From: [redacted]
Sent: Tuesday, April 17, 2018 12:39 PM
To: [redacted] Curtcashour[redacted]
<curt.cashour[redacted]

AMERICAN OVERSIGHT

Subject: MEETING REQUEST With Acting SecVA 24-26 April

Dear [redacted]

Attached is a request for a meeting with Secretary Wilkie for next week. We are not looking for anything grandiose – simply a stop by to show him the book, introduce him to [redacted], celebrate Mike's Alive Day, and talk about how we can be helpful. The Chairman of our Board, Art Pue (retired Army SF) would likely also be in attendance, making four of us total – [redacted], and myself.

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[redacted]

CAPT, USN (Ret)

Director, Policy & Advocacy

[redacted]

[redacted]

[redacted]

1440 G St., NW, Suite 8160

Washington, DC 20005

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Document ID: 0.7.10678.2198801-000001	
Owner:	[redacted]
Filename:	image001.png
Last Modified:	Wed Apr 25 10:52:52 CDT 2018

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image001.png for Printed Item: 45 (Attachment 1 of 5)
OPIA013399
INDEPENDENCE
FUND
AMERICAN
-18-0457-F-000196

Document ID: 0.7.10678.2198801-000002	
Owner:	[redacted]
Filename:	image006.png
Last Modified:	Wed Apr 25 10:52:52 CDT 2018

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image006.png for Printed Item
(Attachment 2 of 5)

OPIA013401

57-F-000198

Document ID: 0.7.10678.2198801-000003	
Owner:	[redacted]
Filename:	image007.png
Last Modified:	Wed Apr 25 10:52:52 CDT 2018

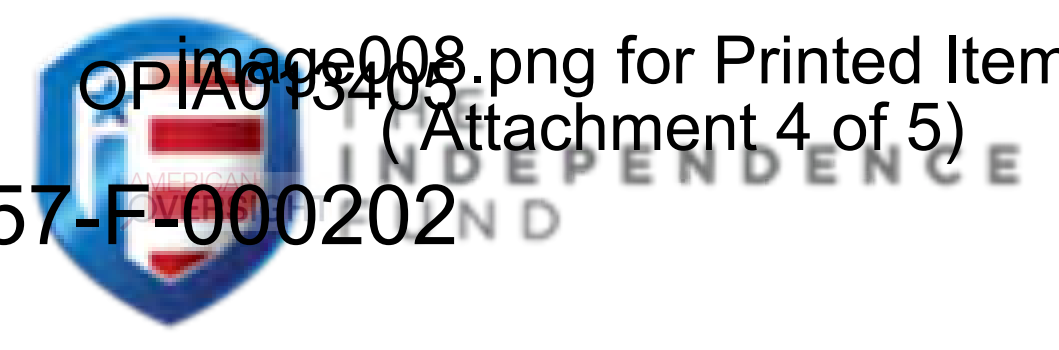
AMERICAN OVERSIGHT



image007.png for Printed Item
OPIA013403
(Attachment 3 of 5)
57-F-000200

Document ID: 0.7.10678.2198801-000004	
Owner:	[redacted]
Filename:	image008.png
Last Modified:	Wed Apr 25 10:52:52 CDT 2018

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image008.png for Printed Item
OPIA013405
(Attachment 4 of 5)
57-F-000202

Document ID: 0.7.10678.2198801-000005	
Owner:	[redacted]
Filename:	Memo for Wilkie Meeting, 25 Apr 18.docx
Last Modified:	Wed Apr 25 10:52:52 CDT 2018

AMERICAN OVERSIGHT

THE INDEPENDENCE FUND

April 25, 2018

MEMORANDUM

Subj: The Independence Fund

From: Bob Carey, Director, Policy & Advocacy

Background
The Independence Fund was founded in 2007 to provide adaptive mobility equipment – primarily tracked cross country wheel chairs the VA considers a luxury item – for catastrophically disabled veterans. Since then, the Fund's grown to also provide adaptive bicycles, and Caregiver retreats and support. To date, the Independence Fund's awarded more than 2,200 of these cross-country wheelchairs, more than 1,600 adaptive bicycles, and supported more than 1,500 Caregivers.

Attendees
Art Pue, Chairman of the Board. Former NC National Guard Green Beret. Deployed to Afghanistan.

Sarah Verardo, Executive Director. Also Caregiver to Michael Verardo.

SGT Michael Verardo, USA (Ret). Ambassador. Wounded Southern Afghanistan April 24, 2010. Medically retired 2013.

Discussion
Recently, The Independence Fund (TIF) launched four new programs:

- Veteran Service Officer: TIF's hired a retired Federal Recovery Coordinator to provide VSO services to predominantly our core clientele of complex polytrauma and catastrophically disabled veterans. We believe we are the only VSO providing interagency services, across VA, DoD (mostly for Tricare for Life), and Health and Human Services, for Medicare and Social Security Disability Income.

- Adaptive Sports: TIF's taking its equipment supply expertise and branched out into adaptive sports, sponsoring the VA's Winter Sports Clinic in Steamboat Springs last month, a nationally ranked team of fencers from New York City's "On Guard" program, and will sponsor Team Navy for DoD's upcoming Warrior Games.

- Heroes at Home: The Independence Fund will take its Caregiver retreat and support services model and expand it to support the children of the catastrophically disabled veterans through retreats and therapy programs.

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- Advocacy: Despite all the programs TIF does, we still find real problems with the delivery of VA health care. The issues are not with the providers, but with the medical administrators who appear to block attempts by clinicians to optimize care for Veterans when it does not comport with what we believe are overly burdensome regulations and policies that appear driven by the fear of fraud or cost overruns, and not optimal patient care. Therefore, TIF is engaging in a robust advocacy effort to expand the rights of Veterans to choose their own VA-funded care, to identify the most burdensome and unnecessary of VA policies and procedures, and to work collaboratively with VA to improve VA health care delivery.

Recommendations

- VA Choice: TIF believes Veterans should be able to choose their health care provider, just like they can under Medicare, Medicaid, or Tricare. Why are Veterans found competent to make their own health care choices under those federal medical programs, but not VHA? Further, we believe VA's cultural impediments to optimizing Veteran health care first will only change when the VA is forced to compete for the Veteran's health care dollar.

- Caregiver Expansion & Reform: While we believe the Caregiver program should be available to all eras, we believe the current execution of the Caregiver program far exceeds original Congressional intent, and should be refined to support those Veterans most in need of assistance. Further, we believe national standardization and objective eligibility standards that rely on clinical evaluations already made by the VA (like disability ratings or SMC ratings), will substantially improve the focusing and execution of the program.

- Wheelchair & Prosthetic Reform: the recent IG report highlights what we've known all along – the current policy of running wheelchairs and prosthetics to failure, and then reinitiating a competitive contracting process for the repair or replacement, forces Veterans to wait, on average, 100 days for their replacement wheelchair or prosthetic. In the meantime, the Veteran is bed bound or hops. The VA should provide immediate loaner wheelchairs when a Veteran requests repair or replacement.

- Standards of Care and Formularies for the Catastrophically Disabled: Current standards of care and formularies are developed by malady, in isolation for that specific malady, and for the average VA health care enrollee. This leads to standards of care and timeliness of care standards inadequate for the catastrophically disabled with their complex polytrauma cases. Special standards of care, formularies, and non-VA care access standards need to be developed for the catastrophically disabled.

- TIF-VA Collaboration: TIF is ready to enter MOAs with VA to support:
    - Caregiver identification, recruitment, and support.
    - Children of the catastrophically disabled identification, recruitment, and support.
    - Wheelchair and prosthetic repair/replacement process improvement, and loaner support.
    - Developing special standards of care and formularies for the catastrophically disabled.
    - Supporting the Home Care "moonshot" Secretary Shulkin initiated, in whatever form it takes moving forward.

Document ID: 0.7.10678.1764791

From: Cashour, Curtis [redacted]

[redacted] Ullyot, John [redacted]; Hutton, James [redacted] Tucker, Brooks [redacted]

Bcc:
Subject: RE: [EXTERNAL] Re: Possible tweet
Date: Mon Apr 09 2018 11:26:07 EDT
Attachments:

+ John, James and Brooks.

We can't say veterans died because of delays, as the VA IG said the delays didn't cause deaths.

How about the following?

Today is 4-yr anniversary of horrible Phoenix VA crisis. We won't forget what happened to our Great Vets – some died while waiting for care. Congress must fix and fund Choice Program by Memorial Day so vets can get the care they deserve on time!

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

AMERICAN OVERSIGHT

-----Original Message-----
From: [redacted]
Sent: Monday, April 09, 2018 11:02 AM
To: [redacted]; Cashour, Curtis
Subject: Re: [EXTERNAL] Re: Possible tweet

+ Curt

Sent from my iPhone

> On Apr 9, 2018, at 10:50 AM, [redacted] wrote:

>

> Understood - may be best to work with Curt at VA... as the VA comms person, he may be the best person to thread the needle!

>

>

> Sent from my iPhone

>

>> On Apr 9, 2018, at 10:46 AM, [redacted] wrote:

>>

>> A couple notes on this—

>> 1. We might need to narrow scope of goals on the tweet to 2 of the 3 you mentioned—I talked to Amy, and she would rather there be a simple focus on keeping Choice going rather than an explicit timeline of Memorial Day for reform legislation—she is concerned it gives SVAC too much leverage. So we could still talk about Phoenix anniversary and choice reform/but emphasize continuation of program before Memorial Day.

>> 2. Agree that we don't need to call it a scandal, but am I wrong that the VA OIG found that vets died while waiting for care?

>>

>> [redacted]

>>[redacted]

AMERICAN OVERSIGHT

>>

>> On Apr 9, 2018, at 10:27 AM, [redacted] wrote:

>>

>> I think the original intent was to get across three messages and jump start our legislative agenda:

>> - 4 year anniversary of VA failure

>> - Choice reform/funds needed

>> - Clearly stated goal of passage

>>

>> As this was being developed there was push-back against characterization calling it a “scandal” - not sure “died because of VA” sits?

>>

>> Original:

>> Four-year anniversary of Phoenix VA crisis is today. We won't forget what happened to our Great Vets. Choice Program is vital, but it needs work & is running out of money. Congress must fix Choice Program by Memorial Day so vets can get the care they deserve!

>>

>> vs

>>

>> Edited:

>> Today is 4-yr anniversary of horrible Phoenix VA crisis. Vets died because VA did not provide care in time. We won't forget what happened to our Great Vets. Congress must fix and fund Choice Program by Memorial Day so vets can get the care they deserve on time!

>>

>> Sent from my iPhone

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1764068

From: [redacted]; Cashour, Curtis <[redacted]; Hutton, James [redacted]

Bcc:
Subject: RE: Choice messaging
Date: Wed Apr 04 2018 10:33:21 EDT
Attachments:

Yes.

Amy, I am assuming that your team can pull together things for the other administrations.

From: [redacted]
Sent: Wednesday, April 04, 2018 10:23 AM
To: [redacted] Cashour, Curtis; [redacted]
Cc: [redacted] Hutton, James; [redacted] Ullyot, John; [redacted])
Subject: RE: Choice messaging

To clarify – I can pull together the VHA information – the first three (highlighted below). Please let me know if additional information is needed.

AMERICAN OVERSIGHT

Thanks,

Jill

From: [redacted]
Sent: Wednesday, April 04, 2018 10:20 AM
To: [redacted]; Cashour, [redacted]
Cc: [redacted] Hutton, James; [redacted] Ullyot, John; [redacted])
Subject: RE: Choice messaging

Will do.

From: West, Walinda
Sent: Wednesday, April 04, 2018 10:20 AM
To: Cashour, Curtis; Fahrenkopf, Amy
Cc: [redacted]; Hutton, James; [redacted] Tucker, Brooks; [redacted] Ullyot, John; [redacted]
Subject: RE: Choice messaging

Jill,

Please pull together this info.

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

From: Cashour, Curtis
Sent: Wednesday, April 04, 2018 7:12:17 AM
To: [redacted]
Subject: RE: Choice messaging

AMERICAN OVERSIGHT

I am free for a few minutes now but I can't do 1030.

Adding Brooks, Peter, Jon, John and Tom.

Here are some data points it would be good for VHA/HR&A and OM to pull together for our messaging moving forward:

How many total VA health care facilities existed 20 years ago? How many exist today?

Exactly how many VA medical centers have closed in the last 20 years?

Precisely when (exact date) did VA start utilizing community care?

What was VA's total budget 20 years ago, and what is it now?

How many employees did VA have 20 years ago? How many are there now?

How many total VA cemeteries existed 20 years ago? How many exist today?

Exactly how many VA cemeteries have closed in the last 20 years?

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

AMERICAN OVERSIGHT

From: [redacted]
Sent: Wednesday, April 04, 2018 10:01 AM
To: [redacted]
Subject: RE: Choice messaging

Would 10:30 be good for you, Curt?

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

From: [redacted]
Sent: Wednesday, April 04, 2018 6:56:35 AM
To: [redacted]
Subject: RE: Choice messaging

I'm free between now and 11, would 10:30 work? Should be a brief conversation

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 04, 2018 6:55:14 AM
To: [redacted]
Subject: Choice messaging

Dr. Fahrenkopf would like to talk to us about sensitive messaging issues around Choice.

Dr. Fahrenkopf, what times are good for you?

[redacted]
Director of Media Relations

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Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1764067

From: [redacted]

[redacted] Hutton, James

Tucker, Brooks [redacted]

Bcc:
Subject: RE: Choice messaging
Date: Wed Apr 04 2018 10:23:19 EDT
Attachments:

To clarify – I can pull together the VHA information – the first three (highlighted below). Please let me know if additional information is needed.

Thanks,

Jill

From: [redacted]
Sent: Wednesday, April 04, 2018 10:20 AM
To: [redacted]; Cashour, Curtis; Fahrenkopf, Amy
Cc: [redacted]; Hutton, James; Tucker, Brooks; [redacted] Ullyot, John; [redacted])
Subject: RE: Choice messaging

Will do.

AMERICAN OVERSIGHT

From: [redacted]
Sent: Wednesday, April 04, 2018 10:20 AM
To: Cashour, Curtis; [redacted]
Cc: [redacted]
Ullyot, John; [redacted]
Subject: RE: Choice messaging

Jill,

Please pull together this info.

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

From: Cashour, Curtis
Sent: Wednesday, April 04, 2018 7:12:17 AM
To: [redacted]
Cc: [redacted]
Ullyot, John; [redacted])
Subject: RE: Choice messaging

I am free for a few minutes now but I can't do 1030.

Adding Brooks, Peter, Jon, John and Tom.

Here are some data points it would be good for VHA/HR&A and OM to pull together for our messaging moving forward:

How many total VA health care facilities existed 20 years ago? How many exist today?

Exactly how many VA medical centers have closed in the last 20 years?

AMERICAN OVERSIGHT

Precisely when (exact date) did VA start utilizing community care?

What was VA's total budget 20 years ago, and what is it now?

How many employees did VA have 20 years ago? How many are there now?

How many total VA cemeteries existed 20 years ago? How many exist today?

Exactly how many VA cemeteries have closed in the last 20 years?

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: West, Walinda
Sent: Wednesday, April 04, 2018 10:01 AM
To: [redacted]; Cashour, Curtis
Cc: [redacted]; Hutton, James; [redacted]
Subject: RE: Choice messaging

Would 10:30 be good for you, Curt?

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

AMERICAN OVERSIGHT

From: [redacted]
Sent: Wednesday, April 04, 2018 6:56:35 AM
To: [redacted] Cashour, Curtis
Cc: [redacted] Hutton, James; [redacted]
Subject: RE: Choice messaging

I'm free between now and 11, would 10:30 work? Should be a brief conversation

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 04, 2018 6:55:14 AM
To: Cashour, Curtis
Cc: [redacted]
Subject: Choice messaging

Dr. Fahrenkopf would like to talk to us about sensitive messaging issues around Choice.

Dr. Fahrenkopf, what times are good for you?

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1764066

From: [redacted]; Cashour, Curtis [redacted] Hutton, James [redacted] Tucker, Brooks [redacted]

Bcc:
Subject: RE: Choice messaging
Date: Wed Apr 04 2018 10:19:58 EDT
Attachments:

Will do.

From: [redacted]
Sent: Wednesday, April 04, 2018 10:20 AM
To: Cashour, Curtis; [redacted]
Cc: [redacted] Hutton, James [redacted] Tom (NCA)
Subject: RE: Choice messaging

[redacted]

Please pull together this info.

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.

AMERICAN OVERSIGHT

Washington, D.C. 20420
[redacted]

From: Cashour, Curtis
Sent: Wednesday, April 04, 2018 7:12:17 AM
To: [redacted]
Cc: [redacted] Tucker, Brooks; [redacted]
Ullyot, John; [redacted]
Subject: RE: Choice messaging

I am free for a few minutes now but I can't do 1030.

Adding Brooks, Peter, Jon, John and Tom.

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How many total VA cemeteries existed 20 years ago? How many exist today?

Exactly how many VA cemeteries have closed in the last 20 years?

AMERICAN OVERSIGHT

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: West, Walinda
Sent: Wednesday, April 04, 2018 10:01 AM
To: Fahrenkopf, Amy; Cashour, Curtis
Cc: Screen, Gina; Hutton, James; Snyder, Jill
Subject: RE: Choice messaging

Would 10:30 be good for you, Curt?

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

From: [redacted]
Sent: Wednesday, April 04, 2018 6:56:35 AM
To: [redacted]; Cashour, Curtis
Cc: [redacted]
Subject: RE: Choice messaging

I'm free between now and 11, would 10:30 work? Should be a brief conversation

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

From: [redacted]
Sent: Wednesday, April 04, 2018 6:55:14 AM
To: Cashour, Curtis
Cc: [redacted] Hutton, James; [redacted]
Subject: Choice messaging

Dr. Fahrenkopf would like to talk to us about sensitive messaging issues around Choice.

Dr. Fahrenkopf, what times are good for you?

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1764065

From: [redacted]

To: Cashour, Curtis [redacted] Hutton, James [redacted] Ullyot, John [redacted]

Bcc:

Subject: RE: Choice messaging

Date: Wed Apr 04 2018 10:19:38 EDT

Attachments:

Jill,

Please pull together this info.

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

From: Cashour, Curtis
Sent: Wednesday, April 04, 2018 7:12:17 AM
To: [redacted]
Cc: [redacted] Hutton, James; [redacted];
Ullyot, John; [redacted]
Subject: RE: Choice messaging

AMERICAN OVERSIGHT

I am free for a few minutes now but I can't do 1030.

Adding [redacted], [redacted] John and [redacted]

Here are some data points it would be good for VHA/HR&A and OM to pull together for our messaging moving forward:

How many total VA health care facilities existed 20 years ago? How many exist today?

Exactly how many VA medical centers have closed in the last 20 years?

Precisely when (exact date) did VA start utilizing community care?

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How many total VA cemeteries existed 20 years ago? How many exist today?

Exactly how many VA cemeteries have closed in the last 20 years?

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

AMERICAN OVERSIGHT

[redacted]

From: [redacted]
Sent: Wednesday, April 04, 2018 10:01 AM
To: [redacted] Cashour, Curtis
Cc: [redacted] Hutton, James; [redacted]
Subject: RE: Choice messaging

Would 10:30 be good for you, Curt?

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

From: [redacted]
Sent: Wednesday, April 04, 2018 6:56:35 AM
To: [redacted]; Cashour, Curtis
Cc: Screen, Gina; Hutton, James; Snyder, Jill
Subject: RE: Choice messaging

I'm free between now and 11, would 10:30 work? Should be a brief conversation

Sent with Good (www.good.com)

From: [redacted] a
Sent: Wednesday, April 04, 2018 6:55:14 AM
To: Cashour, Curtis
Cc: [redacted]; Hutton, James; [redacted]
Subject: Choice messaging

Dr. Fahrenkopf would like to talk to us about sensitive messaging issues around Choice.

Dr. Fahrenkopf, what times are good for you?

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[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1764064

From: [redacted]

To: Cashour, Curtis [redacted]

[redacted] Hutton, James [redacted]

Bcc:

Subject: RE: Choice messaging

Date: Wed Apr 04 2018 10:16:54 EDT

Attachments:

Let's do a VANTS call at 10:20. Amy, can you do this at that time! Call in is 1-800-767-1750. Code 66872.

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

From: Cashour, Curtis
Sent: Wednesday, April 04, 2018 7:12:17 AM
To: [redacted] Hutton, James; [redacted]
Ullyot, John; [redacted]
Subject: RE: Choice messaging

AMERICAN OVERSIGHT

I am free for a few minutes now but I can't do 1030.

Adding [redacted], Jon, [redacted].

Here are some data points it would be good for VHA/HR&A and OM to pull together for our messaging moving forward:

How many total VA health care facilities existed 20 years ago? How many exist today?

Exactly how many VA medical centers have closed in the last 20 years?

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Exactly how many VA cemeteries have closed in the last 20 years?

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

AMERICAN OVERSIGHT

From: [redacted]
Sent: Wednesday, April 04, 2018 10:01 AM
To: [redacted] Cashour, Curtis
Cc: [redacted] Hutton, James; [redacted]
Subject: RE: Choice messaging

Would 10:30 be good for you, Curt?

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

From: [redacted]
Sent: Wednesday, April 04, 2018 6:56:35 AM
To: [redacted]; Cashour, Curtis
Cc: [redacted]; Hutton, James; [redacted]
Subject: RE: Choice messaging

I'm free between now and 11, would 10:30 work? Should be a brief conversation

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 04, 2018 6:55:14 AM
To: Cashour, Curtis
Cc: [redacted]; [redacted] [redacted] Hutton, James; [redacted]
Subject: Choice messaging

Dr. Fahrenkopf would like to talk to us about sensitive messaging issues around Choice.

Dr. Fahrenkopf, what times are good for you?

AMERICAN OVERSIGHT

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1764061

From: Cashour, Curtis [redacted]
[redacted]
[redacted]
[

What was VA's total budget 20 years ago, and what is it now?

How many employees did VA have 20 years ago? How many are there now?

How many total VA cemeteries existed 20 years ago? How many exist today?

Exactly how many VA cemeteries have closed in the last 20 years?

[redacted]

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Wednesday, April 04, 2018 10:01 AM
To: [redacted] Cashour, Curtis
Cc: [redacted] Hutton, James; [redacted]
Subject: RE: Choice messaging

Would 10:30 be good for you, Curt?

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

AMERICAN OVERSIGHT

From: [redacted]
Sent: Wednesday, April 04, 2018 6:56:35 AM
To: West, Walinda; Cashour, Curtis
Cc: [redacted] Hutton, James; [redacted]
Subject: RE: Choice messaging

I'm free between now and 11, would 10:30 work? Should be a brief conversation

Sent with Good (www.good.com)

From: [redacted]
Sent: Wednesday, April 04, 2018 6:55:14 AM
To: Cashour, Curtis
Cc: [redacted]; Hutton, James; [redacted]
Subject: Choice messaging

Dr. Fahrenkopf would like to talk to us about sensitive messaging issues around Choice.

Dr. Fahrenkopf, what times are good for you?

[redacted]
Director of Media Relations
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420
[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1764005

From: [redacted]

[redacted] Ullyot, John <[redacted] Cashour, Curtis <[redacted]; Hutton, James [redacted]

Bcc:
Subject: Re: [EXTERNAL] Draft
Date: Tue Apr 03 2018 15:58:57 EDT
Attachments:

Good copy.

Sent from my iPhone

> On Apr 3, 2018, at 2:13 PM, [redacted] wrote:
>
> [redacted] I've shared with our Comms team and recommend they (cc above) with OCLA should be at the table on Friday at the 1000-1200 meeting at EEOB. Please include the folks above on any invitation. Also, from OCLA, please ensure Chris Anderson and I are invited.
>
> A related heads up, Acting SECVA Wilkie will meet with a range of VSOs for breakfast this Friday. OCLA has recommended additional VSOs need to be included, not only Big 6. If possible, next week would be better for a WH meeting with that same group (will send Jenny the list) so we can share their feedback and posture from Friday with WH.
>
> [redacted]
>
>
>
> Sent with Good (>www.good.com<)
>
> _____
> From: [redacted]
> Sent: Monday, April 02, 2018 1:06:06 PM
> To: [redacted]
> Subject: [EXTERNAL] Draft
>
> On the call this morning PPO wanted us (DPC/OLA) to come up with a memo or policy paper of sorts that threads the needle on Choice. Seeing as how it will be the most contentious topic of the nomination – my thought was to put together something that is digestible but not overly complex.
>
> Here is my first attempt – please let me know your thoughts.
>

AMERICAN OVERSIGHT

> [redacted]
>
>

[redacted]

From: [redacted]

To: Cashour, Curtis [redacted]
Ullyot, John
Hutton, James
[redacted]

Cc: [redacted]

ect: FW: [EXTERNAL] Fwd: On NPR [redacted]

Fysa

Sent with Good (www.good.com)

From: Darin Selnick
Sent: Tuesday, April 03, 2018 12:40:35 PM
To: [redacted]
Subject: [EXTERNAL] Fwd: On NPR

FYI - recommend you listen, this will be the Shulkin attack against the administration and the Choice legislation.

https://the1a.org/shows/2018--04-02/outgoing-va-secretary--david-shulkin

Darin
[redacted]

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Document ID: 0.7.10678.1764004-000001
Owner: [redacted]
Filename: image001.gif
Last Modified: Tue Apr 03 14:49:27 CDT 2018

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image001.gif for Printed Item: 59 (Attachmen
of 1)
OPIA013440
VA-18-0457-F-000237
Veterans
Crisis Line
1-800-273-8255
PRESS 1

Document ID: 0.7.10678.1748539

From: Cashour, Curtis [redacted]

To: Ullyot, John [redacted]; Hutton, James [redacted]

Cc:

Bcc:

Subject: RE: [EXTERNAL] RE: correction request

Date: Sat Jan 06 2018 19:01:35 EST

Attachments:

Sure thing. I will be away from my phone from 9 until around 1030, but available otherwise.

Sent with Good (www.good.com)

From: Ullyot, John
Sent: Saturday, January 06, 2018 3:14:22 PM
To: Cashour, Curtis; Hutton, James
Subject: RE: [EXTERNAL] RE: correction request

Roger — thanks Curt — let's talk late am tomorrow

John U.

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Saturday, January 06, 2018 1:23:31 PM
To: Ullyot, John; Hutton, James
Subject: FW: [EXTERNAL] RE: correction request

FYI below. As expected.

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

From: Yen, Hope
Sent: Saturday, January 06, 2018 1:14:09 PM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: correction request

Curt:

At the time of my request, I did not have a specific story in mind – as mentioned I was trying to get updates on various developments.

Also, they cover similar topics much of the information I used was based off congressional hearings and specific statements made by Sec Shulkin.

The only piece of information I used specifically from you was re: hiring of mental health professionals. For that, even your data was a bit questionable since you provided an inexplicable timeframe of June to Nov without explaining what it means, whereas Sec Shulkin last October specifically said VA had no net hires at that point. But I gave your info the benefit of the doubt.

I always do keep you informed of my intentions when they are known, and if I'm using the specific information you provided rather than from other sources.

Re the below, I have written on this topic before. I covered a Senate hearing in which Sec Shulkin specifically said he would need $800M to clear the present backlog, because the law for the most part doesn't address it. I reported on this last November. What you refer to will affect only a tiny portion of current appeals. In fact Sen Isakson offered congressional efforts to find that money so VA can clear the backlog so millions of elderly veterans aren't kept waiting for another 10 years, but Sec Shulkin declined at the time.

I will update the story to reflect the above information.

Hope

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]
Sent: Saturday, January 06, 2018 4:01 PM
To: Yen, Hope <HYen@ap.org>
Subject: correction request

Hi, Hope. I was surprised by this piece because you didn't tell me that this was your angle when I had asked you specifically for the angle of your piece.

As you might recall, this is what you said your angle was: "the status of the Choice 2.0 bills, when VA is

AMERICAN OVERSIGHT

seeking to get the bills passed, and what the VA is missing out on because Congress is not acting immediately."

Moving forward, can you please be up front about the specific angle of your stories so we can provide proper info and context in our responses to you?

Also, your article contains an inaccuracy outlined below. Can you please issue a correction? Thanks - Curt

The article states: "A sixth claim refers to legislation that streamlines the appeals process for disability compensation claims within the VA. This step has had limited impact so far because it applies to new disability claims, not the 470,000 pending claims."

That is not true: VA worked with VSOs and congressional staff to design opt-in opportunities in the law for Veterans with existing pending appeals at two points: when VA issues a statement of the case or when VA issues a supplemental statement of the case.

Also, the law authorizes VA to test aspects of the new appeals system before the law takes full effect in February 2019, so we have implemented our Rapid Appeals Modernization Program (RAMP). Most Veterans who have a pending appeal will have the opportunity to opt-in to the new appeals system through RAMP.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Thursday, January 04, 2018 4:32 PM

To: Cashour, Curtis

AMERICAN OVERSIGHT

Subject: [EXTERNAL] RE: follow up on this Thursday...suicide prevention, Choice, telehealth

Thanks.

_Re the 258, can you tell me what the net was for the entire year 2017, not just partial months? Sec Shulkin's comments in late Sept suggest there was no net hires for the year. As mentioned I'm curious because he had asked for recruitment and retention dollars, which the Isakson/Tester bill provides.

_Is there a timeframe for the fraud task force releasing its recommendations? That seems like it would be an interesting news item.

Please keep me posted re the suicide prevention initiative – I'll circle back as well next week.

Hope

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Thursday, January 04, 2018 4:27 PM

To: Yen, Hope <HYen@ap.org>

Subject: RE: follow up on this Thursday...suicide prevention, Choice, telehealth

Q: Can you confirm if the 258 number below represents net hiring for 2017?

A: The 258 number cited below is net hiring for mental-health specific positions for the timeframe listed, June 1 – November 20, 2017.

Q: In light of this development, can you tell me if the VA intends to proceed with its proposed fed regulation?

A: Yes. While VA is finalizing the new regulation, we continue to support Congress' efforts to provide additional, specific statutory authority for the Telehealth program. This includes the bipartisan and bicameral Veterans E-Health and Telemedicine Support (VETS) Act of 2017, sponsored by Senators Joni Ernst (IA) and Mazie Hirono (HI), as well as Representatives Glenn Thompson (PA-5), Julia Brownley (CA-26), Frank LoBiondo (NJ-2), and Adriano Espiaillat (NY-13).

Q: Any updates for me re: timing for announcing the suicide prevention initiative

A: Should have an update next week.

Fraud, Waste and Abuse

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The Department of Veterans Affairs (VA) Prevention of Fraud Waste and Abuse Advisory Committee is initially focusing on making recommendations to prevent fraud, waste, and abuse in VA Community Care programs. The next committee meeting will be held on January 18, 2018.

In addition, VA and the Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) are creating a partnership to share data, data analytics tools and best practices for identifying and preventing fraud, waste and abuse. This partnership enhances ongoing efforts between the country's two largest public-private health-care payment organizations by leveraging the gains made by CMS since 2010, which have focused on reducing and eliminating fraud, waste and abuse in Medicare payments.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Thursday, January 04, 2018 11:35 AM

To: Cashour, Curtis

Subject: [EXTERNAL] follow up on this Thursday...suicide prevention, Choice, telehealth

Curt:

3 quick followups re: below:

_At a Sept 27 hearing Sec Shulkin indicated that VA was 'breakeven' in hiring mental health professionals – can you confirm if the 258 number below represents net hiring for 2017? A tad bit confused by the June to Nov. timeframe listed below. Shulkin mentioned in March the VA's goal of hiring 1,000 net professionals.

_I saw that the Senate passed a telehealth bill yesterday. The House also had passed a telehealth bill, though I'm not sure at the moment if it's the same. In light of this development, can you tell me if the VA intends to proceed with its proposed fed regulation?

AMERICAN OVERSIGHT

Any updates for me re: timing for announcing the suicide prevention initiative and status of the waste, fraud and abuse task force?

Please advise and my thanks.

Hope

Cell 202 365 4373

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Wednesday, January 03, 2018 6:09 PM

To: Yen, Hope <HYen@ap.org>

Subject: RE: AP check-in Wed...suicide prevention, Choice, telehealth

We have no further announcements regarding Choice at this time.

Regarding hiring

VA has seen a net increase of 258 mental-health specific positions from June 1, 2017, to Nov. 30, 2017.

Regarding telehealth

The rule is in the process of being finalized.

Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

AMERICAN OVERSIGHT

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Wednesday, January 03, 2018 5:23 PM

To: Cashour, Curtis

Subject: [EXTERNAL] RE: AP check-in Wed...suicide prevention, Choice, telehealth

Thanks. Re: Choice- these are all Sec Shulkin's months-old statements. I guess I'm wondering, now that emergency funding was approved (which presumably will last through fy2018) – is the VA expressing a preferred timeframe for passing the long-term fix? I know everyone would like sooner rather than later, but I didn't know if VA had a harder deadline in mind for whatever reason.

Any feedback on my other questions?

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Wednesday, January 03, 2018 3:18 PM

To: Yen, Hope <HYen@ap.org>

Subject: FW: AP check-in Wed...suicide prevention, Choice, telehealth

Regarding Helman

Helman filed a petition for review with the Merit Systems Protection Board on December 26, 2017, asking that the Board overturn her removal from the Federal service. Currently, however, the MSPB lacks a quorum and cannot hear any cases until a quorum is achieved.

In the meantime, Helman, who pled guilty to a federal felony of making false financial disclosures during her VA employment, will remain off the job.

Regarding Choice

See here: https://www.va.gov/opa/pressrel/pressrelease.cfm?id=3983

Secretary Shulkin released his vision for the future of VA community care – the Veterans Coordinated Access & Rewarding Experiences ('CARE') Act – in October.

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Secretary Shulkin testified about the proposal during an Oct. 24, 2017, House Committee on Veterans' Affairs hearing. Video of his testimony is here.

Also, please see the following op-ed on the importance of community care at VA: https://www.usatoday.com/story/opinion/2017/07/24/veterans-health-care-will-not-be-privatized-david-shulkin-column/499417001/

Working on your other questions.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Wednesday, January 03, 2018 3:04 PM

To: Cashour, Curtis

Subject: [EXTERNAL] RE: AP check-in Wed...suicide prevention, Choice, telehealth

Thank you Curt.

The suicide prevention one is so I can plan for the announcement.

Items 2-4 is so I can have context to write re: the status of the Choice 2.0 bills, when VA is seeking to get the bills passed, and what the VA is missing out on because Congress is not acting immediately.

Item 5 is in light of the budget environment, if/when VA budget and spending issues come up.

Sharon Helman because she was a poster child for VA malfeasance. Is she back on VA payroll since her case arose prior to the accountability law?

Let me know soonest if you can and thank you.

AMERICAN OVERSIGHT

Hope

202 365 4373

From: Cashour, Curtis [mailto:Curt.Cashour@va.gov]

Sent: Wednesday, January 03, 2018 2:59 PM

To: Yen, Hope <HYen@ap.org>

Subject: RE: AP check-in Wed...suicide prevention, Choice, telehealth

I will check on all of these.

What is the specific angle of your piece(s) and what is your deadline?

Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Wednesday, January 03, 2018 11:55 AM

To: Cashour, Curtis

Subject: [EXTERNAL] AP check-in Wed...suicide prevention, Choice, telehealth

Curt-

Greetings and happy new year. Hope you had a good break.

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I'm back in the office today and trying to get up to speed re: things to come re: VA.

Can you give me the updates re: the following items soonest?

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Please advise soonest when you're able – mostly trying to catch up and gauge next steps in 2018...

Hope

Cell 202 365 4373

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Document ID: 0.7.10678.1748537

From: Ullyot, John [redacted]
[redacted]>
To: Cashour, Curtis [redacted] Hutton, James
[redacted]
Cc:
Bcc:
Subject: RE: [EXTERNAL] RE: correction request
Date: Sat Jan 06 2018 18:14:22 EST
Attachments:

Roger — thanks Curt — let's talk late am tomorrow

John U.

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Saturday, January 06, 2018 1:23:31 PM
To: Ullyot, John; Hutton, James
Subject: FW: [EXTERNAL] RE: correction request

FYI below. As expected.

Sent with Good (www.good.com)

From: Yen, Hope
Sent: Saturday, January 06, 2018 1:14:09 PM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: correction request

Curt:

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Also, they cover similar topics much of the information I used was based off congressional hearings and specific statements made by Sec Shulkin.

The only piece of information I used specifically from you was re: hiring of mental health professionals. For that, even your data was a bit questionable since you provided an inexplicable timeframe of June to Nov without explaining what it means, whereas Sec Shulkin last October specifically said VA had no net hires at that point. But I gave your info the benefit of the doubt.

I always do keep you informed of my intentions when they are known, and if I'm using the specific information you provided rather than from other sources.

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I will update the story to reflect the above information.

Hope

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]
Sent: Saturday, January 06, 2018 4:01 PM
To: Yen, Hope <HYen@ap.org>
Subject: correction request

Hi, Hope. I was surprised by this piece because you didn't tell me that this was your angle when I had asked you specifically for the angle of your piece.

As you might recall, this is what you said your angle was: "the status of the Choice 2.0 bills, when VA is seeking to get the bills passed, and what the VA is missing out on because Congress is not acting immediately."

Moving forward, can you please be up front about the specific angle of your stories so we can provide proper info and context in our responses to you?

Also, your article contains an inaccuracy outlined below. Can you please issue a correction? Thanks - Curt

AMERICAN OVERSIGHT

The article states: “A sixth claim refers to legislation that streamlines the appeals process for disability compensation claims within the VA. This step has had limited impact so far because it applies to new disability claims, not the 470,000 pending claims.”

That is not true: VA worked with VSOs and congressional staff to design opt-in opportunities in the law for Veterans with existing pending appeals at two points: when VA issues a statement of the case or when VA issues a supplemental statement of the case.

Also, the law authorizes VA to test aspects of the new appeals system before the law takes full effect in February 2019, so we have implemented our Rapid Appeals Modernization Program (RAMP). Most Veterans who have a pending appeal will have the opportunity to opt-in to the new appeals system through RAMP.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Thursday, January 04, 2018 4:32 PM

To: Cashour, Curtis

Subject: [EXTERNAL] RE: follow up on this Thursday...suicide prevention, Choice, telehealth

Thanks.

_Re the 258, can you tell me what the net was for the entire year 2017, not just partial months? Sec Shulkin’s comments in late Sept suggest there was no net hires for the year. As mentioned I’m curious because he had asked for recruitment and retention dollars, which the Isakson/Tester bill provides.

_Is there a timeframe for the fraud task force releasing its recommendations? That seems like it would be an interesting news item.

Please keep me posted re the suicide prevention initiative – I’ll circle back as well next week.

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Hope

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Thursday, January 04, 2018 4:27 PM

To: Yen, Hope <HYen@ap.org>

Subject: RE: follow up on this Thursday...suicide prevention, Choice, telehealth

Q: Can you confirm if the 258 number below represents net hiring for 2017?

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A: Yes. While VA is finalizing the new regulation, we continue to support Congress' efforts to provide additional, specific statutory authority for the Telehealth program. This includes the bipartisan and bicameral Veterans E-Health and Telemedicine Support (VETS) Act of 2017, sponsored by Senators Joni Ernst (IA) and Mazie Hirono (HI), as well as Representatives Glenn Thompson (PA-5), Julia Brownley (CA-26), Frank LoBiondo (NJ-2), and Adriano Espiaillat (NY-13).

Q: Any updates for me re: timing for announcing the suicide prevention initiative

A: Should have an update next week.

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Yen, Hope [mailto:HYen[redacted]

Sent: Thursday, January 04, 2018 11:35 AM

To: Cashour, Curtis

Subject: [EXTERNAL] follow up on this Thursday...suicide prevention, Choice, telehealth

Curt:

3 quick followups re: below:

_At a Sept 27 hearing Sec Shulkin indicated that VA was 'breakeven' in hiring mental health professionals – can you confirm if the 258 number below represents net hiring for 2017? A tad bit confused by the June to Nov. timeframe listed below. Shulkin mentioned in March the VA's goal of hiring 1,000 net professionals.

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Any updates for me re: timing for announcing the suicide prevention initiative and status of the waste, fraud and abuse task force?

Please advise and my thanks.

Hope

Cell 202 365 4373

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Wednesday, January 03, 2018 6:09 PM

AMERICAN OVERSIGHT

To: Yen, Hope <HYen@ap.org>

Subject: RE: AP check-in Wed...suicide prevention, Choice, telehealth

We have no further announcements regarding Choice at this time.

Regarding hiring

VA has seen a net increase of 258 mental-health specific positions from June 1, 2017, to Nov. 30, 2017.

Regarding telehealth

The rule is in the process of being finalized.

Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

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[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Wednesday, January 03, 2018 5:23 PM

To: Cashour, Curtis

Subject: [EXTERNAL] RE: AP check-in Wed...suicide prevention, Choice, telehealth

Thanks. Re: Choice- these are all Sec Shulkin's months-old statements. I guess I'm wondering, now that emergency funding was approved (which presumably will last through fy2018) – is the VA expressing a preferred timeframe for passing the long-term fix? I know everyone would like sooner rather than later, but I didn't know if VA had a harder deadline in mind for whatever reason.

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Any feedback on my other questions?

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Wednesday, January 03, 2018 3:18 PM

To: Yen, Hope <HYen@ap.org>

Subject: FW: AP check-in Wed...suicide prevention, Choice, telehealth

Regarding Helman

Helman filed a petition for review with the Merit Systems Protection Board on December 26, 2017, asking that the Board overturn her removal from the Federal service. Currently, however, the MSPB lacks a quorum and cannot hear any cases until a quorum is achieved.

In the meantime, Helman, who pled guilty to a federal felony of making false financial disclosures during her VA employment, will remain off the job.

Regarding Choice

See here: https://www.va.gov/opa/pressrel/pressrelease.cfm?id=3983

Secretary Shulkin released his vision for the future of VA community care – the Veterans Coordinated Access & Rewarding Experiences ('CARE') Act – in October.

Secretary Shulkin testified about the proposal during an Oct. 24, 2017, House Committee on Veterans' Affairs hearing. Video of his testimony is here.

Also, please see the following op-ed on the importance of community care at VA: https://www.usatoday.com/story/opinion/2017/07/24/veterans-health-care-will-not-be-privatized-david-shulkin-column/499417001/

Working on your other questions.

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Wednesday, January 03, 2018 3:04 PM

To: Cashour, Curtis

Subject: [EXTERNAL] RE: AP check-in Wed...suicide prevention, Choice, telehealth

Thank you Curt.

The suicide prevention one is so I can plan for the announcement.

Items 2-4 is so I can have context to write re: the status of the Choice 2.0 bills, when VA is seeking to get the bills passed, and what the VA is missing out on because Congress is not acting immediately.

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Sharon Helman because she was a poster child for VA malfeasance. Is she back on VA payroll since her case arose prior to the accountability law?

Let me know soonest if you can and thank you.

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202 365 4373

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Wednesday, January 03, 2018 2:59 PM

To: Yen, Hope <HYen@ap.org>

Subject: RE: AP check-in Wed...suicide prevention, Choice, telehealth

AMERICAN OVERSIGHT

I will check on all of these.

What is the specific angle of your piece(s) and what is your deadline?

Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Wednesday, January 03, 2018 11:55 AM

To: Cashour, Curtis

Subject: [EXTERNAL] AP check-in Wed...suicide prevention, Choice, telehealth

Curt-

Greetings and happy new year. Hope you had a good break.

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Can you give me the updates re: the following items soonest?

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Document ID: 0.7.10678.1748536

From: Cashour, Curtis [redacted]

[redacted] Hutton, James

Cc:
Bcc:
Subject: FW: [EXTERNAL] RE: correction request
Date: Sat Jan 06 2018 16:23:31 EST
Attachments:

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From: Yen, Hope
Sent: Saturday, January 06, 2018 1:14:09 PM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: correction request

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Thursday, January 04, 2018 4:32 PM

To: Cashour, Curtis

Subject: [EXTERNAL] RE: follow up on this Thursday...suicide prevention, Choice, telehealth

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Press Secretary

Department of Veterans Affairs

[redacted]

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AMERICAN OVERSIGHT

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To: Cashour, Curtis

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Cell 202 365 4373

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Sent: Wednesday, January 03, 2018 6:09 PM

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AMERICAN OVERSIGHT

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Press Secretary

Department of Veterans Affairs

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AMERICAN OVERSIGHT

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Curt Cashour

Press Secretary

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Hope

202 365 4373

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Wednesday, January 03, 2018 2:59 PM

To: Yen, Hope <HYen@ap.org>

Subject: RE: AP check-in Wed...suicide prevention, Choice, telehealth

I will check on all of these.

What is the specific angle of your piece(s) and what is your deadline?

Thanks,

Curt Cashour

Press Secretary

AMERICAN OVERSIGHT

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Wednesday, January 03, 2018 11:55 AM

To: Cashour, Curtis

Subject: [EXTERNAL] AP check-in Wed...suicide prevention, Choice, telehealth

Curt-

Greetings and happy new year. Hope you had a good break.

I'm back in the office today and trying to get up to speed re: things to come re: VA.

Can you give me the updates re: the following items soonest?

_VA's suicide prevention initiative with DoD, involving transitioning service members. It was initially planned for Nov, but last we talked, you mentioned it had been delayed to early this year. Can you give me the status and likely timing for an announcement? Sec Shulkin all but said what the initiative is during the late Oct House hearing.

_Choice 2.0 legislation. I know Congress approved the $2.1B in emergency funding. Can you tell me in light of that what is VA's timeframe for passing Choice 2.0 legislation – e.g. how long is the emergency money expected to last? Does Sec Shulkin/VA expect to endorse one of the Choice 2.0 bills in Congress, or is it fine with any of the 3?

_Telehealth. Relatedly, I was reviewing the choice 2.0 legislation and saw there were provisions in both the House bill and the McCain/Moran version that would authorize telehealth across state lines. This reminded me of VA's proposed reg – I know it had proposed in October and the comment period expired Nov. 1. Can you tell me the status of that reg and when VA expects the reg to be finalized?

_Recruitment and retention budget. Meanwhile, I see the Isakson/Tester Choice 2.0 bill provides $1 million for recruitment and retention of VA personnel. I know that Sec Shulkin has testified that he hasn't been able to hire the needed mental health professionals in part because of that slashed budget. The last figures he gave was that VA was looking to add 1,000 new mental health professionals, but due to

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attrition, it only had replaced those who left with a net addition of basically 0. Is that still the case?

_Fraud waste and abuse task force. I know that VA had created such a task force last fall, but it seems like radio silence since then. What's the status – has it identified areas of waste? I am reminded of this in light of a tightening budget environment.

_Sharon Helman. On a side note, I was going through old articles and was reminded how Sharon Helman's firing was overturned, shortly before Congress approved the new accountability bill. Can you tell me her current status ?

Please advise soonest when you're able – mostly trying to catch up and gauge next steps in 2018...

Hope

Cell 202 365 4373

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Document ID: 0.7.10678.1748535

From: Cashour, Curtis [redacted]

To: Yen, Hope <hyen@ap.org>
Cc:
Bcc:
Subject: correction request
Date: Sat Jan 06 2018 16:01:13 EST
Attachments:

Hi, Hope. I was surprised by this piece because you didn't tell me that this was your angle when I had asked you specifically for the angle of your piece.

As you might recall, this is what you said your angle was: "the status of the Choice 2.0 bills, when VA is seeking to get the bills passed, and what the VA is missing out on because Congress is not acting immediately."

Moving forward, can you please be up front about the specific angle of your stories so we can provide proper info and context in our responses to you?

Also, your article contains an inaccuracy outlined below. Can you please issue a correction? Thanks - Curt

The article states: "A sixth claim refers to legislation that streamlines the appeals process for disability compensation claims within the VA. This step has had limited impact so far because it applies to new disability claims, not the 470,000 pending claims."

That is not true: VA worked with VSOs and congressional staff to design opt-in opportunities in the law for Veterans with existing pending appeals at two points: when VA issues a statement of the case or when VA issues a supplemental statement of the case.

Also, the law authorizes VA to test aspects of the new appeals system before the law takes full effect in February 2019, so we have implemented our Rapid Appeals Modernization Program (RAMP). Most Veterans who have a pending appeal will have the opportunity to opt-in to the new appeals system through RAMP.

AMERICAN OVERSIGHT

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Thursday, January 04, 2018 4:32 PM

To: Cashour, Curtis

Subject: [EXTERNAL] RE: follow up on this Thursday...suicide prevention, Choice, telehealth

Thanks.

_Re the 258, can you tell me what the net was for the entire year 2017, not just partial months? Sec Shulkin's comments in late Sept suggest there was no net hires for the year. As mentioned I'm curious because he had asked for recruitment and retention dollars, which the Isakson/Tester bill provides.

_Is there a timeframe for the fraud task force releasing its recommendations? That seems like it would be an interesting news item.

Please keep me posted re the suicide prevention initiative – I'll circle back as well next week.

Hope

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Thursday, January 04, 2018 4:27 PM

To: Yen, Hope <HYen@ap.org>

Subject: RE: follow up on this Thursday...suicide prevention, Choice, telehealth

Q: Can you confirm if the 258 number below represents net hiring for 2017?

A: The 258 number cited below is net hiring for mental-health specific positions for the timeframe listed, June 1 – November 20, 2017.

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Q: In light of this development, can you tell me if the VA intends to proceed with its proposed fed regulation?

A: Yes. While VA is finalizing the new regulation, we continue to support Congress' efforts to provide additional, specific statutory authority for the Telehealth program. This includes the bipartisan and bicameral Veterans E-Health and Telemedicine Support (VETS) Act of 2017, sponsored by Senators Joni Ernst (IA) and Mazie Hirono (HI), as well as Representatives Glenn Thompson (PA-5), Julia Brownley (CA-26), Frank LoBiondo (NJ-2), and Adriano Espiaillat (NY-13).

Q: Any updates for me re: timing for announcing the suicide prevention initiative

A: Should have an update next week.

Fraud, Waste and Abuse

The Department of Veterans Affairs (VA) Prevention of Fraud Waste and Abuse Advisory Committee is initially focusing on making recommendations to prevent fraud, waste, and abuse in VA Community Care programs. The next committee meeting will be held on January 18, 2018.

In addition, VA and the Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) are creating a partnership to share data, data analytics tools and best practices for identifying and preventing fraud, waste and abuse. This partnership enhances ongoing efforts between the country's two largest public-private health-care payment organizations by leveraging the gains made by CMS since 2010, which have focused on reducing and eliminating fraud, waste and abuse in Medicare payments.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Thursday, January 04, 2018 11:35 AM

AMERICAN OVERSIGHT

To: Cashour, Curtis

Subject: [EXTERNAL] follow up on this Thursday...suicide prevention, Choice, telehealth

Curt:

3 quick followups re: below:

_At a Sept 27 hearing Sec Shulkin indicated that VA was 'breakeven' in hiring mental health professionals – can you confirm if the 258 number below represents net hiring for 2017? A tad bit confused by the June to Nov. timeframe listed below. Shulkin mentioned in March the VA's goal of hiring 1,000 net professionals.

_I saw that the Senate passed a telehealth bill yesterday. The House also had passed a telehealth bill, though I'm not sure at the moment if it's the same. In light of this development, can you tell me if the VA intends to proceed with its proposed fed regulation?

Any updates for me re: timing for announcing the suicide prevention initiative and status of the waste, fraud and abuse task force?

Please advise and my thanks.

Hope

Cell 202 365 4373

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Wednesday, January 03, 2018 6:09 PM

To: Yen, Hope <HYen@ap.org>

Subject: RE: AP check-in Wed...suicide prevention, Choice, telehealth

We have no further announcements regarding Choice at this time.

Regarding hiring

VA has seen a net increase of 258 mental-health specific positions from June 1, 2017, to Nov. 30, 2017.

Regarding telehealth

The rule is in the process of being finalized.

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Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Wednesday, January 03, 2018 5:23 PM

To: Cashour, Curtis

Subject: [EXTERNAL] RE: AP check-in Wed...suicide prevention, Choice, telehealth

Thanks. Re: Choice- these are all Sec Shulkin's months-old statements. I guess I'm wondering, now that emergency funding was approved (which presumably will last through fy2018) – is the VA expressing a preferred timeframe for passing the long-term fix? I know everyone would like sooner rather than later, but I didn't know if VA had a harder deadline in mind for whatever reason.

Any feedback on my other questions?

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]]

Sent: Wednesday, January 03, 2018 3:18 PM

To: Yen, Hope <HYen@ap.org>

Subject: FW: AP check-in Wed...suicide prevention, Choice, telehealth

Regarding Helman

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Helman filed a petition for review with the Merit Systems Protection Board on December 26, 2017, asking that the Board overturn her removal from the Federal service. Currently, however, the MSPB lacks a quorum and cannot hear any cases until a quorum is achieved.

In the meantime, Helman, who pled guilty to a federal felony of making false financial disclosures during her VA employment, will remain off the job.

Regarding Choice

See here: https://www.va.gov/opa/pressrel/pressrelease.cfm?id=3983

Secretary Shulkin released his vision for the future of VA community care – the Veterans Coordinated Access & Rewarding Experiences ('CARE') Act – in October.

Secretary Shulkin testified about the proposal during an Oct. 24, 2017, House Committee on Veterans' Affairs hearing. Video of his testimony is here.

Also, please see the following op-ed on the importance of community care at VA: https://www.usatoday.com/story/opinion/2017/07/24/veterans-health-care-will-not-be-privatized-david-shulkin-column/499417001/

Working on your other questions.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Yen, Hope [mailto:HYen@ap.org]

Sent: Wednesday, January 03, 2018 3:04 PM

To: Cashour, Curtis

AMERICAN OVERSIGHT

Subject: [EXTERNAL] RE: AP check-in Wed...suicide prevention, Choice, telehealth

Thank you Curt.

The suicide prevention one is so I can plan for the announcement.

Items 2-4 is so I can have context to write re: the status of the Choice 2.0 bills, when VA is seeking to get the bills passed, and what the VA is missing out on because Congress is not acting immediately.

Item 5 is in light of the budget environment, if/when VA budget and spending issues come up.

Sharon Helman because she was a poster child for VA malfeasance. Is she back on VA payroll since her case arose prior to the accountability law?

Let me know soonest if you can and thank you.

Hope

202 365 4373

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]

Sent: Wednesday, January 03, 2018 2:59 PM

To: Yen, Hope <HYen@ap.org>

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Press Secretary

Department of Veterans Affairs

[redacted]

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Document ID: 0.7.10678.1746581

From: Wright, Vivieca (Simpson) [redacted]

Cc: Ullyot, John [redacted] Hutton, James [redacted]

Bcc:

Subject: RE: OIG draft report on Choice payments - could publish at any time

Date: Tue Dec 26 2017 19:18:37 EST

Attachments:

Thanks

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Tuesday, December 26, 2017 7:17:28 PM
To: Wright, Vivieca (Simpson)
Cc: Ullyot, John; Hutton, James
Subject: RE: OIG draft report on Choice payments - could publish at any time

+ John and James. Below is the statement we provided the Wall Street Journal. Let me know if you have any questions. Thanks.

This report is focused on an outdated form of processing claims that VA hasn't used for some time.

That being said, ensuring that third party administrators and community providers are paid accurately and in a timely fashion is a priority, as is ensuring that overpayments made under the Choice program are recovered.

VA is working collaboratively with the Office of Inspector General and relevant government authorities to ensure that overpayments made under the Choice program are identified and that appropriate reimbursement processes are put into place.

VA has incorporated many of the lessons learned from the Choice program into the new Community Care Network contract.

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

From: Wright, Vivieca (Simpson)
Sent: Tuesday, December 26, 2017 4:11:04 PM
To: Cashour, Curtis
Subject: RE: OIG draft report on Choice payments - could publish at any time

What did you all decide?

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Thursday, December 21, 2017 2:57:28 PM
To: [redacted] Hutton, James; [redacted]
Cc: [redacted]; Ullyot, John
Subject: RE: OIG draft report on Choice payments - could publish at any time

+Vivieca, [redacted] John, [redacted]

[redacted] – We received a media inquiry today from the Wall Street Journal regarding this IG report: https://www.va.gov/oig/pubs/VAOIG-15-03036-47.pdf

This appears to relate to the timely payments release that was approved today – I understand from John that you are holding that release until January, but it seems it could really add to our response to this particular media inquiry.

In light of that, do we want to issue the release today? Please advise ASAP.

Otherwise, we will go with the following statement approved by VHA.

Ensuring that third party administrators (TPAs) and community providers are paid accurately and in a timely fashion is a priority, as well as ensuring that overpayments made under the Choice program are recovered. VA is working collaboratively with the Office of Inspector General and relevant government authorities to ensure that overpayments made under the Choice program are identified and that appropriate reimbursement processes are put into place. VA has incorporated many of the lessons learned from the Choice program into the new Community Care Network contract.

AMERICAN OVERSIGHT

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 2:44 PM
To: Cashour, Curtis; [redacted] Hutton, James; [redacted]
Cc: [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

Hi Curt – does the RTQ at the bottom of this email work? also reattaching the comms summary.

Thanks,

[redacted]

Statement (Response to Query)

Ensuring that third party administrators (TPAs) and community providers are paid timely and accurately is a priority, as well as ensuring that over payments made under the Choice program are recovered. VA is working collaboratively with OIG and relevant government authorities to ensure that overpayments made under the Choice program are identified and that appropriate reimbursement processes are put into place. VA has incorporated many of the lessons learned from the Choice program into the new Community Care Network (CCN) contract.

From: Cashour, Curtis
Sent: Thursday, December 21, 2017 2:32 PM
To: [redacted]; Hutton, James; [redacted]
Cc: [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

AMERICAN OVERSIGHT

What is VHA's proposed response?

We have a media inquiry from the Wall Street Journal.

Thanks,

[redacted]

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 10:19 AM
To: Cashour, Curtis; Hutton, James; [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

Report has just published –

The Department of Veterans Affairs, Office of Inspector General (OIG), issued the Audit of VHA's Timeliness and Accuracy of Choice Payments Processed Through the Fee Basis Claims System (Report No. 15-03036-47). You may view and download this report by clicking on the report title above.

Report Summary: Congress required that the OIG report on the accuracy and timeliness of VA payments for medical care provided under Choice. This report addresses payments processed through VA's Fee Basis Claims System from November 2014 through September 2016. The Veterans Health Administration's (VHA's) Office of Community Care (OCC) contracted with Third Party Administrators (TPAs) to process claims and pay Choice medical providers. During the 23-month audit period, OIG sampled from a population of 2 million Choice claims. Of those claims, an estimated 224,000 were paid in error, and 1 million were processed in excess of the 30-day Prompt Payment Standard. The OIG determined weak internal controls over the payment process contributed to these errors. Also, the OCC did not establish clear written policies for Choice claim payments, ensure quality information was available to payment staff, use an information system that could adequately address overpayment of medical claims, establish monitoring activities to determine if payment controls worked, or accurately estimate staffing needs for claims processing. The OIG estimated OCC made $39 million in overpayments to TPAs. The OIG recommended that VHA management ensure systems used for

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processing medical claims from TPAs have the ability to adjudicate reimbursement rates accurately and issue written payment policies to claims-processing staff. The OIG also recommended that OCC establish expectations and obligations for TPAs that submit invoices for payment, develop sufficient claims-processing capacity to meet expected TPA claim volume, and ensure future TPA contracts contain timeliness standards for processing payments. The Executive in Charge, VHA, concurred and agreed that a full review of Choice payments and recovery of all identified overpayments is essential.

From: Poff, Susan
Sent: Thursday, December 21, 2017 7:57 AM
To: Cashour, Curtis <Curt.Cashour[redacted] Hutton, James <James.Hutton[redacted]; Ballesteros, Mark <Mark.Ballesteros[redacted]
Cc: [redacted]
Subject: FW: OIG draft report on Choice payments - could publish at any time

Good morning

We're hearing that this OIG report on Timeliness of Choice Payments Processed Through Fee Basis Claims Systems will publish today or tomorrow. VHA draft RTQ for your review/approval is below. The attached communications summary also includes additional background, messaging and FAQ should they be needed.

Thank you

Susan

From: Poff, Susan
Sent: Monday, December 18, 2017 4:21 PM
To: Cashour, Curtis <Curt.Cashour[redacted]; Hutton, James <James.Hutton[redacted]; Ballesteros, Mark <Mark.Ballesteros[redacted]
Cc: [redacted]
Subject: OIG draft report on Choice payments - could publish at any time

The attached draft OIG report - Timeliness and Accuracy of Choice Payments Processed Through the Fee Basis Claims System could publish at any time (in fact were expecting that it might publish last Friday but nothing has shown up yet on OIG's website.) The draft RTQ is below for your review and approval. The attached communications summary also includes background, messaging and FAQ.

AMERICAN OVERSIGHT

Statement (Response to Query)

Ensuring that third party administrators (TPAs) and community providers are paid timely and accurately is a priority, as well as ensuring that over payments made under the Choice program are recovered. VA is working collaboratively with OIG and relevant government authorities to ensure that overpayments made under the Choice program are identified and that appropriate reimbursement processes are put into place. VA has incorporated many of the lessons learned from the Choice program into the new Community Care Network (CCN) contract.

Thank you

Susan

Susan Poff

Office of Communications (10B2B)

Veterans Health Administration (VHA)

Department of Veterans Affairs (VA)

[redacted]

www.va.gov/health

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1156207

From: Cashour, Curtis [redacted]

To: Wright, Vivieca (Simpson) [redacted]

Cc: Ullyot, John [redacted] Hutton, James <[redacted]

Bcc:

Subject: RE: OIG draft report on Choice payments - could publish at any time

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Sent with Good (www.good.com)

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Cc: [redacted] Wright, Vivieca (Simpson); [redacted] Ullyot, John
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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

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AMERICAN OVERSIGHT

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Jill

Statement (Response to Query)

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[redacted]f
Subject: RE: OIG draft report on Choice payments - could publish at any time

What is VHA's proposed response?

We have a media inquiry from the Wall Street Journal.

Thanks,

Curt Cashour

Press Secretary

AMERICAN OVERSIGHT

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: Poff, Susan
Sent: Thursday, December 21, 2017 10:19 AM
To: Cashour, Curtis; Hutton, James; [redacted]
Cc: [redacted]ff
Subject: RE: OIG draft report on Choice payments - could publish at any time

Report has just published –

The Department of Veterans Affairs, Office of Inspector General (OIG), issued the Audit of VHA's Timeliness and Accuracy of Choice Payments Processed Through the Fee Basis Claims System (Report No. 15-03036-47). You may view and download this report by clicking on the report title above.

Report Summary: Congress required that the OIG report on the accuracy and timeliness of VA payments for medical care provided under Choice. This report addresses payments processed through VA's Fee Basis Claims System from November 2014 through September 2016. The Veterans Health Administration's (VHA's) Office of Community Care (OCC) contracted with Third Party Administrators (TPAs) to process claims and pay Choice medical providers. During the 23-month audit period, OIG sampled from a population of 2 million Choice claims. Of those claims, an estimated 224,000 were paid in error, and 1 million were processed in excess of the 30-day Prompt Payment Standard. The OIG determined weak internal controls over the payment process contributed to these errors. Also, the OCC did not establish clear written policies for Choice claim payments, ensure quality information was available to payment staff, use an information system that could adequately address overpayment of medical claims, establish monitoring activities to determine if payment controls worked, or accurately estimate staffing needs for claims processing. The OIG estimated OCC made $39 million in overpayments to TPAs. The OIG recommended that VHA management ensure systems used for processing medical claims from TPAs have the ability to adjudicate reimbursement rates accurately and issue written payment policies to claims-processing staff. The OIG also recommended that OCC establish expectations and obligations for TPAs that submit invoices for payment, develop sufficient claims-processing capacity to meet expected TPA claim volume, and ensure future TPA contracts contain timeliness standards for processing payments. The Executive in Charge, VHA, concurred and agreed that a full review of Choice payments and recovery of all identified overpayments is essential.

From: [redacted]
Sent: Thursday, December 21, 2017 7:57 AM
To: Cashour, Curtis <Curt.Cashour[redacted] Hutton, James <James.Hutton[redacted]; Ballesteros,

AMERICAN OVERSIGHT

Mark <Mark.Ballesteros[redacted]
Cc: [redacted]
Subject: FW: OIG draft report on Choice payments - could publish at any time

Good morning

We're hearing that this OIG report on Timeliness of Choice Payments Processed Through Fee Basis Claims Systems will publish today or tomorrow. VHA draft RTQ for your review/approval is below. The attached communications summary also includes additional background, messaging and FAQ should they be needed.

Thank you

[redacted]

From: [redacted]
Sent: Monday, December 18, 2017 4:21 PM
To: Cashour, Curtis <Curt.Cashour[redacted]>; Hutton, James <James.Hutton[redacted]>; [redacted]
Subject: OIG draft report on Choice payments - could publish at any time

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Statement (Response to Query)

Ensuring that third party administrators (TPAs) and community providers are paid timely and accurately is a priority, as well as ensuring that over payments made under the Choice program are recovered. VA is working collaboratively with OIG and relevant government authorities to ensure that overpayments made under the Choice program are identified and that appropriate reimbursement processes are put into place. VA has incorporated many of the lessons learned from the Choice program into the new Community Care Network (CCN) contract.

Thank you

[redacted]

AMERICAN OVERSIGHT

[redacted]

Office of Communications (10B2B)

Veterans Health Administration (VHA)

Department of Veterans Affairs (VA)

[redacted]

www.va.gov/health

AMERICAN OVERSIGHT

Document ID: 0.7.10678.834985

From: Cashour, Curtis [redacted]

[redacted] Ullyot, John

Bcc:
Subject: RE: OIG draft report on Choice payments - could publish at any time
Date: Thu Dec 21 2017 15:13:37 EST
Attachments:

Thanks. I will provide it to the reporter.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

From: Fahrenkopf, Amy
Sent: Thursday, December 21, 2017 3:12 PM
To: Cashour, Curtis; Snyder, [redacted] Hutton, James; [redacted]
Cc: [redacted] ; Ullyot, John
Subject: RE: OIG draft report on Choice payments - could publish at any time

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This looks good to OCC

From: Cashour, Curtis
Sent: Thursday, December 21, 2017 3:11 PM
To: [redacted] Hutton, James; [redacted]
Cc: [redacted]; Wright, Vivieca (Simpson); [redacted] Ullyot, John
Subject: RE: OIG draft report on Choice payments - could publish at any time

Understood. How about we issue the following statement (same as we sent before with one new sentence at the beginning, which is taken from your email below):

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

AMERICAN OVERSIGHT

From: [redacted]
Sent: Thursday, December 21, 2017 3:07 PM
To: Cashour, Curtis; [redacted] Hutton, James; [redacted]
Cc: [redacted] Wright, Vivieca (Simpson); [redacted]; Ullyot, John
Subject: RE: OIG draft report on Choice payments - could publish at any time

I know it appears to be related, but in reality it is different. This report is focused on an outdated form of processing claims that we haven't used for some time. In addition, much of the report looks at our TPA's overbilling of VA, which has led to criminal investigations.

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From: Cashour, Curtis
Sent: Thursday, December 21, 2017 2:57 PM
To: [redacted]; Hutton, James; [redacted]
Cc: [redacted] Wright, Vivieca (Simpson); [redacted] Ullyot, John
Subject: RE: OIG draft report on Choice payments - could publish at any time

+Vivieca, [redacted] John, [redacted]

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learned from the Choice program into the new Community Care Network contract.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 2:44 PM
To: Cashour, Curtis; [redacted]; Hutton, James; [redacted]
Cc: [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

Hi Curt – does the RTQ at the bottom of this email work? also reattaching the comms summary.

Thanks,

[redacted]

Statement (Response to Query)

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From: Cashour, Curtis
Sent: Thursday, December 21, 2017 2:32 PM
To: [redacted] Hutton, James; [redacted]
Cc: [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

AMERICAN OVERSIGHT

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 10:19 AM
To: Cashour, Curtis; Hutton, James; [redacted]
Cc: [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

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From: [redacted]
Sent: Thursday, December 21, 2017 7:57 AM
To: Cashour, Curtis <Curt.Cashour[redacted]>; Hutton, James <James.Hutton[redacted]; Ballesteros, Mark <Mark.Ballesteros[redacted]
Cc: Screen, Gina <Gina.Screen[redacted] Snyder, Jill <Jill.Snyder[redacted]; VHA CO 10B2B Staff <VHACO10B2BStaff[redacted]
Subject: FW: OIG draft report on Choice payments - could publish at any time

Good morning

We're hearing that this OIG report on Timeliness of Choice Payments Processed Through Fee Basis Claims Systems will publish today or tomorrow. VHA draft RTQ for your review/approval is below. The attached communications summary also includes additional background, messaging and FAQ should they be needed.

Thank you

Susan

From: Poff, Susan
Sent: Monday, December 18, 2017 4:21 PM
To: Cashour, Curtis <Curt.Cashour[redacted]; Hutton, James <James.Hutton[redacted]v>; [redacted]
Cc: [redacted]
Subject: OIG draft report on Choice payments - could publish at any time

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Thank you

[redacted]

[redacted]

Office of Communications (10B2B)

Veterans Health Administration (VHA)

Department of Veterans Affairs (VA)

[redacted]

www.va.gov/health

AMERICAN OVERSIGHT

Document ID: 0.7.10678.834981

From: [redacted]

To: Cashour, Curtis [redacted] Hutton, James [redacted] Ullyot, John [redacted]

Bcc:

Subject: RE: OIG draft report on Choice payments - could publish at any time

Date: Thu Dec 21 2017 15:11:45 EST

Attachments:

This looks good to OCC

From: Cashour, Curtis
Sent: Thursday, December 21, 2017 3:11 PM
To: [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

Understood. How about we issue the following statement (same as we sent before with one new sentence at the beginning, which is taken from your email below):

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 3:07 PM
To: [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

I know it appears to be related, but in reality it is different. This report is focused on an outdated form of processing claims that we haven't used for some time. In addition, much of the report looks at our TPA's overbilling of VA, which has led to criminal investigations.

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From: [redacted]
Sent: Thursday, December 21, 2017 2:57 PM
To: [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

AMERICAN OVERSIGHT

+[redacted] John, [redacted]

[redacted] – We received a media inquiry today from the Wall Street Journal regarding this IG report: https://www.va.gov/oig/pubs/VAOIG-15-03036-47.pdf

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 2:44 PM
To: [redacted]; Hutton, James; [redacted]
Cc: [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

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Hi Curt – does the RTQ at the bottom of this email work? also reattaching the comms summary.

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From: Cashour, Curtis
Sent: Thursday, December 21, 2017 2:32 PM
To: [redacted] Hutton, James; [redacted]
[redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

What is VHA's proposed response?

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

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From: [redacted]
Sent: Thursday, December 21, 2017 10:19 AM
To: Cashour, Curtis; Hutton, James; [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

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From: [redacted]
Sent: Thursday, December 21, 2017 7:57 AM
To: Cashour, Curtis <Curt.Cashour[redacted]; Hutton, James <James.Hutton[redacted]; B[redacted]
Subject: FW: OIG draft report on Choice payments - could publish at any time

Good morning

AMERICAN OVERSIGHT

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[redacted]

From: [redacted]
Sent: Monday, December 18, 2017 4:21 PM
To: Cashour, Curtis <Curt.Cashour[redacted] Hutton, James <James.Hutton[redacted]; Ballesteros, [redacted]
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[redacted]

[redacted]

Office of Communications (10B2B)

AMERICAN OVERSIGHT

Veterans Health Administration (VHA)

Department of Veterans Affairs (VA)

[redacted]

www.va.gov/health

AMERICAN OVERSIGHT

Document ID: 0.7.10678.834980

From: Cashour, Curtis [redacted]

[redacted]

[redacted]; Ullyot, John

Bcc:

Subject: RE: OIG draft report on Choice payments - could publish at any time

Date: Thu Dec 21 2017 15:10:30 EST

Attachments:

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 3:07 PM
To: Cashour, Curtis; [redacted] Hutton, James; [redacted] Ullyot, John
Subject: RE: OIG draft report on Choice payments - could publish at any time

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From: Cashour, Curtis
Sent: Thursday, December 21, 2017 2:57 PM
To: [redacted] Hutton, James; [redacted] Ullyot, John
Subject: RE: OIG draft report on Choice payments - could publish at any time

+[redacted] John, [redacted]

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AMERICAN OVERSIGHT

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 2:44 PM
To: Cashour, Curtis; [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

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AMERICAN OVERSIGHT

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From: Cashour, Curtis
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Subject: RE: OIG draft report on Choice payments - could publish at any time

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Curt Cashour

Press Secretary

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From: [redacted]
Sent: Thursday, December 21, 2017 7:57 AM
To: Cashour, Curtis <Curt.Cashour[redacted]; Hutton, James <James.Hutton[redacted]
<VHACO10B2BStaff@va.gov>
Subject: FW: OIG draft report on Choice payments - could publish at any time

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AMERICAN OVERSIGHT

From: [redacted]
Sent: Monday, December 18, 2017 4:21 PM
To: Cashour, Curtis <Curt.Cashour@[redacted]; Hutton, James <James.Hutton[redacted]; [redacted]
Subject: OIG draft report on Choice payments - could publish at any time

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Office of Communications (10B2B)

Veterans Health Administration (VHA)

Department of Veterans Affairs (VA)

[redacted]

www.va.gov/health

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Document ID: 0.7.10678.834976

From: [redacted]

To: Cashour, Curtis [redacted] Ullyot, John

Bcc:

Subject: RE: OIG draft report on Choice payments - could publish at any time

Date: Thu Dec 21 2017 15:06:36 EST

Attachments:

I know it appears to be related, but in reality it is different. This report is focused on an outdated form of processing claims that we haven't used for some time. In addition, much of the report looks at our TPA's overbilling of VA, which has led to criminal investigations.

I do not think it is wise to connect our prompt provider payments to this report, which could be misread as being connected to the investigations themselves. And again, we cannot release the statement from this morning until we are prepared to carry through the actions described

From: Cashour, Curtis
Sent: Thursday, December 21, 2017 2:57 PM
To: [redacted] Hutton, James; [redacted] Ullyot, John
Subject: RE: OIG draft report on Choice payments - could publish at any time

[redacted] John, [redacted]

AMERICAN OVERSIGHT

[redacted] We received a media inquiry today from the Wall Street Journal regarding this IG report: https://www.va.gov/oig/pubs/VAOIG-15-03036-47.pdf

This appears to relate to the timely payments release that was approved today – I understand from John that you are holding that release until January, but it seems it could really add to our response to this particular media inquiry.

In light of that, do we want to issue the release today? Please advise ASAP.

Otherwise, we will go with the following statement approved by VHA.

Ensuring that third party administrators (TPAs) and community providers are paid accurately and in a timely fashion is a priority, as well as ensuring that overpayments made under the Choice program are recovered. VA is working collaboratively with the Office of Inspector General and relevant government authorities to ensure that overpayments made under the Choice program are identified and that appropriate reimbursement processes are put into place. VA has incorporated many of the lessons learned from the Choice program into the new Community Care Network contract.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 2:44 PM
To: Cashour, Curtis; [redacted] Hutton, James; [redacted]
[redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

Hi Curt – does the RTQ at the bottom of this email work? also reattaching the comms summary.

AMERICAN OVERSIGHT

Thanks,

[redacted]

Statement (Response to Query)

Ensuring that third party administrators (TPAs) and community providers are paid timely and accurately is a priority, as well as ensuring that over payments made under the Choice program are recovered. VA is working collaboratively with OIG and relevant government authorities to ensure that overpayments made under the Choice program are identified and that appropriate reimbursement processes are put into place. VA has incorporated many of the lessons learned from the Choice program into the new Community Care Network (CCN) contract.

From: Cashour, Curtis
Sent: Thursday, December 21, 2017 2:32 PM
To: [redacted]; Hutton, James; [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

What is VHA's proposed response?

We have a media inquiry from the Wall Street Journal.

Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 10:19 AM
To: Cashour, Curtis; Hutton, James; [redacted]

AMERICAN OVERSIGHT

Cc: [redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

Report has just published –

The Department of Veterans Affairs, Office of Inspector General (OIG), issued the Audit of VHA's Timeliness and Accuracy of Choice Payments Processed Through the Fee Basis Claims System (Report No. 15-03036-47). You may view and download this report by clicking on the report title above.

Report Summary: Congress required that the OIG report on the accuracy and timeliness of VA payments for medical care provided under Choice. This report addresses payments processed through VA's Fee Basis Claims System from November 2014 through September 2016. The Veterans Health Administration's (VHA's) Office of Community Care (OCC) contracted with Third Party Administrators (TPAs) to process claims and pay Choice medical providers. During the 23-month audit period, OIG sampled from a population of 2 million Choice claims. Of those claims, an estimated 224,000 were paid in error, and 1 million were processed in excess of the 30-day Prompt Payment Standard. The OIG determined weak internal controls over the payment process contributed to these errors. Also, the OCC did not establish clear written policies for Choice claim payments, ensure quality information was available to payment staff, use an information system that could adequately address overpayment of medical claims, establish monitoring activities to determine if payment controls worked, or accurately estimate staffing needs for claims processing. The OIG estimated OCC made $39 million in overpayments to TPAs. The OIG recommended that VHA management ensure systems used for processing medical claims from TPAs have the ability to adjudicate reimbursement rates accurately and issue written payment policies to claims-processing staff. The OIG also recommended that OCC establish expectations and obligations for TPAs that submit invoices for payment, develop sufficient claims-processing capacity to meet expected TPA claim volume, and ensure future TPA contracts contain timeliness standards for processing payments. The Executive in Charge, VHA, concurred and agreed that a full review of Choice payments and recovery of all identified overpayments is essential.

From: [redacted]
Sent: Thursday, December 21, 2017 7:57 AM
To: Cashour, Curtis <Curt.Cashour[redacted]>; Hutton, James <James.Hutton[redacted]; [redacted]
Subject: FW: OIG draft report on Choice payments - could publish at any time

Good morning

We're hearing that this OIG report on Timeliness of Choice Payments Processed Through Fee Basis Claims Systems will publish today or tomorrow. VHA draft RTQ for your review/approval is below. The attached communications summary also includes additional background, messaging and FAQ should they be needed.

AMERICAN OVERSIGHT

Thank you

[redacted]

From: [redacted]
Sent: Monday, December 18, 2017 4:21 PM
To: Cashour, Curtis <Curt.Cashour[redacted]; Hutton, James <James.Hutton[redacted]>; [redacted]
Subject: OIG draft report on Choice payments - could publish at any time

The attached draft OIG report - Timeliness and Accuracy of Choice Payments Processed Through the Fee Basis Claims System could publish at any time (in fact were expecting that it might publish last Friday but nothing has shown up yet on OIG's website.) The draft RTQ is below for your review and approval. The attached communications summary also includes background, messaging and FAQ.

Statement (Response to Query)

Ensuring that third party administrators (TPAs) and community providers are paid timely and accurately is a priority, as well as ensuring that over payments made under the Choice program are recovered. VA is working collaboratively with OIG and relevant government authorities to ensure that overpayments made under the Choice program are identified and that appropriate reimbursement processes are put into place. VA has incorporated many of the lessons learned from the Choice program into the new Community Care Network (CCN) contract.

Thank you

[redacted]

[redacted]

Office of Communications (10B2B)

Veterans Health Administration (VHA)

Department of Veterans Affairs (VA)

[redacted]

AMERICAN OVERSIGHT

www.va.gov/health

AMERICAN OVERSIGHT

Document ID: 0.7.10678.834971

From: Cashour, Curtis [redacted]

[redacted] Hutton, James

[redacted] Ullyot, John

Bcc:
Subject: RE: OIG draft report on Choice payments - could publish at any time
Date: Thu Dec 21 2017 14:57:28 EST
Attachments:

+Vivieca, Jake, John, Amy and Kristin

[redacted] – We received a media inquiry today from the Wall Street Journal regarding this IG report: https://www.va.gov/oig/pubs/VAOIG-15-03036-47.pdf

This appears to relate to the timely payments release that was approved today – I understand from John that you are holding that release until January, but it seems it could really add to our response to this particular media inquiry.

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AMERICAN OVERSIGHT

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Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Thursday, December 21, 2017 2:44 PM
To: Cashour, Curtis; [redacted]; Hutton, James; [redacted]
[redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

Hi Curt – does the RTQ at the bottom of this email work? also reattaching the comms summary.

Thanks,

Jill

Statement (Response to Query)

Ensuring that third party administrators (TPAs) and community providers are paid timely and accurately is a priority, as well as ensuring that over payments made under the Choice program are recovered. VA is working collaboratively with OIG and relevant government authorities to ensure that overpayments made under the Choice program are identified and that appropriate reimbursement processes are put into place. VA has incorporated many of the lessons learned from the Choice program into the new Community Care Network (CCN) contract.

From: Cashour, Curtis

AMERICAN OVERSIGHT

Sent: Thursday, December 21, 2017 2:32 PM
To: [redacted] Hutton, James; [redacted]
[redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

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Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

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Sent: Thursday, December 21, 2017 10:19 AM
To: Cashour, Curtis; Hutton, James; [redacted]
[redacted]
Subject: RE: OIG draft report on Choice payments - could publish at any time

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From: [redacted]
Sent: Thursday, December 21, 2017 7:57 AM
To: Cashour, Curtis <Curt.Cashour[redacted]; Hutton, James <James.Hutton[redacted]>; [redacted]
<VHACO10B2BStaff@va.gov>
Subject: FW: OIG draft report on Choice payments - could publish at any time

Good morning

We're hearing that this OIG report on Timeliness of Choice Payments Processed Through Fee Basis Claims Systems will publish today or tomorrow. VHA draft RTQ for your review/approval is below. The attached communications summary also includes additional background, messaging and FAQ should they be needed.

Thank you

Susan

From: Poff, Susan
Sent: Monday, December 18, 2017 4:21 PM
To: Cashour, Curtis <Curt.Cashour[redacted] Hutton, James <James.Hutton[redacted]; [redacted]
Subject: OIG draft report on Choice payments - could publish at any time

The attached draft OIG report - Timeliness and Accuracy of Choice Payments Processed Through the

AMERICAN OVERSIGHT

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Statement (Response to Query)

Ensuring that third party administrators (TPAs) and community providers are paid timely and accurately is a priority, as well as ensuring that over payments made under the Choice program are recovered. VA is working collaboratively with OIG and relevant government authorities to ensure that overpayments made under the Choice program are identified and that appropriate reimbursement processes are put into place. VA has incorporated many of the lessons learned from the Choice program into the new Community Care Network (CCN) contract.

Thank you

Susan

[redacted]

Office of Communications (10B2B)

Veterans Health Administration (VHA)

Department of Veterans Affairs (VA)

[redacted]

www.va.gov/health

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1743215

From: Ullyot, John [redacted]

Cc: Bowman, Thomas [redacted]; Wright, Vivieca (Simpson) [redacted]

Bcc:

Subject: Re: WH Choice Statement

Date: Wed Dec 13 2017 07:47:35 EST

Attachments:

Great thanks Amy

John U.

From: "[redacted]>

Date: Wednesday, December 13, 2017 at 7:45 AM

To: John Ullyot <john.ullyot[redacted], [redacted]

Cc: "Bowman, Thomas" <Thomas.Bowman[redacted], "[redacted] "Wright, Vivieca (Simpson)" <Vivieca.Wright[redacted]

Subject: RE: WH Choice Statement

The language was sent to Bremberg last night

Sent with Good (www.good.com)

From: Ullyot, John

Sent: Wednesday, December 13, 2017 4:43:56 AM

To: [redacted]

Cc: Bowman, Thomas; [redacted]; Wright, Vivieca (Simpson); [redacted]

Subject: WH Choice Statement

Mr. Secretary:

AMERICAN OVERSIGHT

WH Comms informed us yesterday evening that they will approve no statement on Choice until:

1.VA delivers to DPC/Andrew Bremberg the outlines of the new proposed language,
2.DPC/WH edits/approves the language, and
3.The new language is sent over to SVAC and HVAC.

Only then will they consider a draft press statement on Choice — until that time, our statement from December 6 remains the only WH-approved statement, notably:

"While a limited number of legislative days remain on the calendar, we are hopeful that both the Senate and House can reach agreement on a bill before the end of the session…"

https://www.va.gov/opa/pressrel/pressrelease.cfm?id=3983

Please let us know if you have any questions.

Thanks,

John U.

AMERICAN OVERSIGHT

Document ID: 0.7.10678.822134

From: [redacted]

To: Ullyot, John [redacted]

Cc: Bowman, Thomas [redacted] Wright, Vivieca (Simpson) </o=va/ou=va [redacted]

Bcc:

Subject: RE: WH Choice Statement

Date: Wed Dec 13 2017 07:45:22 EST

Attachments:

The language was sent to [redacted] ast night

Sent with Good (www.good.com)

From: Ullyot, John
Sent: Wednesday, December 13, 2017 4:43:56 AM
To: [redacted]
Cc: Bowman, Thomas; [redacted]; Wright, Vivieca (Simpson); [redacted]
Subject: WH Choice Statement

Mr. Secretary:

WH Comms informed us yesterday evening that they will approve no statement on Choice until:

1.VA delivers to DPC/Andrew Bremberg the outlines of the new proposed language,
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"While a limited number of legislative days remain on the calendar, we are hopeful that both the Senate and House can reach agreement on a bill before the end of the session…"

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https://www.va.gov/opa/pressrel/pressrelease.cfm?id=3983

Please let us know if you have any questions.

Thanks,

John U.

AMERICAN OVERSIGHT

Document ID: 0.7.10678.822130

From: Ullyot, John [redacted]

Cc: Bowman, Thomas [redacted] Wright, Vivieca (Simpson) [redacted]

Bcc:

Subject: WH Choice Statement

Date: Wed Dec 13 2017 07:43:56 EST

Attachments:

Mr. Secretary:

WH Comms informed us yesterday evening that they will approve no statement on Choice until:

1.VA delivers to DPC/Andrew Bremberg the outlines of the new proposed language,
2.DPC/WH edits/approves the language, and
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"While a limited number of legislative days remain on the calendar, we are hopeful that both the Senate and House can reach agreement on a bill before the end of the session…"

https://www.va.gov/opa/pressrel/pressrelease.cfm?id=3983

Please let us know if you have any questions.

Thanks,

John U.

AMERICAN OVERSIGHT

Document ID: 0.7.10678.822009

From: Ullyot, John [redacted]

[redacted]

Bcc:

Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Tue Dec 12 2017 18:33:34 EST

Attachments:

Understood Kaelan — thanks for the prompt reply — we will stand down until you give us the word to move forward.

John U.

Sent with Good (www.good.com)

From: [redacted]
Sent: Tuesday, December 12, 2017 2:39:53 PM
To: [redacted] Ullyot, John; [redacted]
Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Thanks Darin,

[redacted] we're in a holding pattern on this until the deliverables are complete as outlined by [redacted] below.

-----Original Message-----
From: [redacted]
Sent: Tuesday, December 12, 2017 4:58 PM
To: Ullyot, John <John.Ullyot [redacted] ; [redacted]
Subject: RE: Secretary Shulkin request for approval of additional statement on Choice bill

Hi [redacted]

AMERICAN OVERSIGHT

The agreement Andrew DPC has with SECVA, is no new press statement goes out until VA sends the deliverable they owe, DPC approves it, and it is sent to HVAC and SVAC. Once that has happened, I will let you know so we can move forward on a press statement.

Thanks

[redacted]

[redacted]
Veteran Affairs Advisor
White House Domestic Policy Council
[redacted]

-----Original Message-----
From: Ullyot, John [mailto:John.Ullyot[redacted]
Sent: Tuesday, December 12, 2017 4:47 PM
To: [redacted]
Subject: Re: Secretary Shulkin request for approval of additional statement on Choice bill

[redacted]- following the WH meeting today with POTUS, SecVA and Andrew Bremberg/DPC, here is a draft statement that the Secretary would like to send out, subject to WH edits/approval.

The Secretary understands we will not send out a statement without WH approval.

Please advise.

Thanks,

John U.

Statement by VA Secretary David Shulkin
Veterans Choice Legislation
December 12, 2017

We are working with the White House and the Senate Veterans' Affairs Committee leadership on final modifications to legislative language on the Choice program aimed at strengthening and improving the bill to ensure it will provide Veterans access to health care options in the private sector when needed.

I urge Senate Veterans' Affairs leaders and other Senators to come to agreement on these modifications in short order, and to work with the House Veterans Affairs Committee to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

From: John Ullyot <john.ullyot[redacted]<mailto:john.ullyot[redacted]
Date: Thursday, December 7, 2017 at 2:51 PM
To: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on

AMERICAN OVERSIGHT

Choice bill

Understood - thanks Ninio - I will let the Secretary know.

Thanks again for the quick answer on this.

John U.

Sent with Good (>www.good.com<)

From: [redacted]
Sent: Thursday, December 07, 2017 11:38:08 AM
To: Ullyot, John; [redacted]s
Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

John -

Please hold. This bill has not cleared the interagency process, therefore the Administration cannot take a position.

Thank you.

-----Original Message-----
From: Ullyot, John [mailto:John.Ullyot[redacted]
Sent: Thursday, December 7, 2017 1:12 PM
To: [redacted]
Subject: Secretary Shulkin request for approval of additional statement on Choice bill

[redacted]- as discussed, below is a draft statement that Secretary Shulkin would like to send out this afternoon declaring his support for the Senate Veterans Affairs Committee bill on Choice, and reiterating the need to move forward on approving a bill this session.

The Secretary said he spoke yesterday evening on this with Marc Short - and briefly with General Kelly - and, while he understands the general strong inadvisability of sending out multiple statements on the same issue, he would like to do so in this case for two reasons:

1. The Senate bill language came out yesterday, and his reading of that language has satisfied what he was looking for in terms of "build[ing] into permanent legislative language provisions that will ensure the Choice program will meet the central need of providing Veterans access to health care options in the private sector when needed."

2. The Secretary has spoken with Chairman Isakson and feels that - now that he is satisfied with the bill's language on Choice - a statement of support for the Senate bill along these lines can go a long way to refreshing a spirit of cooperation with the Committee that appears for some reason (rightly or wrongly) to have eroded over the past day.

The Secretary is meeting with Senator Isakson, along with Senator Tester, Chairman Roe and Ranking Member Walz at 4 p.m. today, and has asked me to send this statement for approval ideally before then

AMERICAN OVERSIGHT

if possible.

Please advise and let me know if you have any questions. Darin Selnick (copied above) is well aware of Secretary Shulkin's request on this, and can answer any questions directly from the WH staff perspective as well.

Thanks very much,

John U.

[redacted]
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
[redacted]
john.ullyot[redacted]v<mailto:john.ullyot[redacted]<mailto:john.[redacted]

Statement by VA Secretary Shulkin
On Senate Veterans Affairs Committee
Caring for Our Veterans Act<>>https://www.veterans.senate.gov/download/caring-for-our-veterans-act-of-2017<<> Legislation

After a thorough and complete analysis of the Caring for Our Veterans Act bill, passed by the Senate Veterans Affairs Committee, it is clear to me that it builds into permanent legislative language provisions that will ensure the Choice program will meet the central need of providing Veterans access to health care options in the private sector when needed.

I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

###

AMERICAN OVERSIGHT

Document ID: 0.7.10678.822008

From: [redacted] Ullyot, John <[redacted]

Bcc:

Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Tue Dec 12 2017 17:39:53 EST

Attachments:

Thanks Darin,

[redacted] we're in a holding pattern on this until the deliverables are complete as outlined by Darin below.

-----Original Message-----
From: [redacted]
Sent: Tuesday, December 12, 2017 4:58 PM
To: Ullyot, John <John.Ullyot[redacted]
Subject: RE: Secretary Shulkin request for approval of additional statement on Choice bill

Hi [redacted]

The agreement Andrew DPC has with SECVA, is no new press statement goes out until VA sends the deliverable they owe, DPC approves it, and it is sent to HVAC and SVAC. Once that has happened, I will let you know so we can move forward on a press statement.

Thanks

[redacted]

Veteran Affairs Advisor
White House Domestic Policy Council
[redacted]

-----Original Message-----
From: Ullyot, John [mailto:John.Ullyot[redacted]
Sent: Tuesday, December 12, 2017 4:47 PM
To: [redacted]

AMERICAN OVERSIGHT

[redacted]
Subject: Re: Secretary Shulkin request for approval of additional statement on Choice bill

Hi [redacted] - following the WH meeting today with POTUS, SecVA and Andrew Bremberg/DPC, here is a draft statement that the Secretary would like to send out, subject to WH edits/approval.

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Please advise.

Thanks,

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From: John Ullyot <john.ullyot[redacted]<mailto:john.ullyot[redacted]
Date: Thursday, December 7, 2017 at 2:51 PM
To: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Understood - thanks Ninio - I will let the Secretary know.

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From: [redacted]
Sent: Thursday, December 07, 2017 11:38:08 AM
To: Ullyot, John; [redacted]
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AMERICAN OVERSIGHT

John -

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To: [redacted]
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Please advise and let me know if you have any questions. Darin Selnick (copied above) is well aware of Secretary Shulkin's request on this, and can answer any questions directly from the WH staff perspective as well.

Thanks very much,

John U.

John Ullyot
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
[redacted]
john.ullyot[redacted]<mailto:john.ullyot[redacted]<mailto:john.ullyot[redacted]

AMERICAN OVERSIGHT

Statement by VA Secretary Shulkin
On Senate Veterans Affairs Committee
Caring for Our Veterans Act<>>https://www.veterans.senate.gov/download/caring-for-our-veterans-act-of-2017<<> Legislation

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I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

###

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1743188

From: [redacted]

To: Ullyot, John [redacted]

Cc:

Bcc:

Subject: [EXTERNAL] FW: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Tue Dec 12 2017 17:11:15 EST

Attachments:

Hi John

Thanks for sending the Isakson press release, but we are going to stay with our position and not go forward with the press release.

[redacted]

[redacted]
Veteran Affairs Advisor
White House Domestic Policy Council
[redacted]

-----Original Message-----
From: [redacted]
Sent: Tuesday, December 12, 2017 4:58 PM
To: 'Ullyot, John' <John.[redacted]>; [redacted]
Subject: RE: Secretary Shulkin request for approval of additional statement on Choice bill

Hi [redacted]

The agreement Andrew DPC has with SECVA, is no new press statement goes out until VA sends the deliverable they owe, DPC approves it, and it is sent to HVAC and SVAC. Once that has happened, I will let you know so we can move forward on a press statement.

Thanks

[redacted]

[redacted]
Veteran Affairs Advisor
White House Domestic Policy Council
[redacted]

-----Original Message-----
From: Ullyot, John [mailto:John.Ullyot[redacted]

AMERICAN OVERSIGHT

Sent: Tuesday, December 12, 2017 4:47 PM
To: [redacted]
Subject: Re: Secretary Shulkin request for approval of additional statement on Choice bill

Hi Ninio/Kaelan - following the WH meeting today with POTUS, SecVA and Andrew Bremberg/DPC, here is a draft statement that the Secretary would like to send out, subject to WH edits/approval.

The Secretary understands we will not send out a statement without WH approval.

Please advise.

Thanks,

John U.

Statement by VA Secretary David Shulkin
Veterans Choice Legislation
December 12, 2017

We are working with the White House and the Senate Veterans' Affairs Committee leadership on final modifications to legislative language on the Choice program aimed at strengthening and improving the bill to ensure it will provide Veterans access to health care options in the private sector when needed.

I urge Senate Veterans' Affairs leaders and other Senators to come to agreement on these modifications in short order, and to work with the House Veterans Affairs Committee to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

From: [redacted]ov>>
Date: Thursday, December 7, 2017 at 2:51 PM
To: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Understood - thanks Ninio - I will let the Secretary know.

Thanks again for the quick answer on this.

John U.

Sent with Good (>www.good.com<)

From: [redacted]
Sent: Thursday, December 07, 2017 11:38:08 AM
To: Ullyot, John; [redacted]
Cc: [redacted]

AMERICAN OVERSIGHT

Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

John -

Please hold. This bill has not cleared the interagency process, therefore the Administration cannot take a position.

Thank you.

-----Original Message-----
From: Ullyot, John [mailto:John.Ullyot[redacted]
Sent: Thursday, December 7, 2017 1:12 PM
To: [redacted]
Subject: Secretary Shulkin request for approval of additional statement on Choice bill

Kaelan/Ninio - as discussed, below is a draft statement that Secretary Shulkin would like to send out this afternoon declaring his support for the Senate Veterans Affairs Committee bill on Choice, and reiterating the need to move forward on approving a bill this session.

The Secretary said he spoke yesterday evening on this with Marc Short - and briefly with General Kelly - and, while he understands the general strong inadvisability of sending out multiple statements on the same issue, he would like to do so in this case for two reasons:

1. The Senate bill language came out yesterday, and his reading of that language has satisfied what he was looking for in terms of "build[ing] into permanent legislative language provisions that will ensure the Choice program will meet the central need of providing Veterans access to health care options in the private sector when needed."

2. The Secretary has spoken with Chairman Isakson and feels that - now that he is satisfied with the bill's language on Choice - a statement of support for the Senate bill along these lines can go a long way to refreshing a spirit of cooperation with the Committee that appears for some reason (rightly or wrongly) to have eroded over the past day.

The Secretary is meeting with Senator Isakson, along with Senator Tester, Chairman Roe and Ranking Member Walz at 4 p.m. today, and has asked me to send this statement for approval ideally before then if possible.

Please advise and let me know if you have any questions. Darin Selnick (copied above) is well aware of Secretary Shulkin's request on this, and can answer any questions directly from the WH staff perspective as well.

Thanks very much,

John U.

John Ullyot
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
[redacted]
john.ullyot[redacted]<mailto:john.ullyot[redacted]><mailto:john.ullyot[redacted]

AMERICAN OVERSIGHT

Statement by VA Secretary Shulkin
On Senate Veterans Affairs Committee
Caring for Our Veterans Act<>>https://www.veterans.senate.gov/download/caring-for-our-veterans-act-of-2017<<> Legislation

After a thorough and complete analysis of the Caring for Our Veterans Act bill, passed by the Senate Veterans Affairs Committee, it is clear to me that it builds into permanent legislative language provisions that will ensure the Choice program will meet the central need of providing Veterans access to health care options in the private sector when needed.

I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

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AMERICAN OVERSIGHT

Document ID: 0.7.10678.822006

From: [redacted]

To: Ullyot, John [redacted]

Bcc:

Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Tue Dec 12 2017 16:58:14 EST

Attachments:

Hi Nino/Kaelan

The agreement Andrew DPC has with SECVA, is no new press statement goes out until VA sends the deliverable they owe, DPC approves it, and it is sent to HVAC and SVAC. Once that has happened, I will let you know so we can move forward on a press statement.

Thanks

[redacted]

Veteran Affairs Advisor
White House Domestic Policy Council
[redacted]

-----Original Message-----
From: Ullyot, John [mailto:John.Ullyot[redacted]
Sent: Tuesday, December 12, 2017 4:47 PM
To: [redacted]
Subject: Re: Secretary Shulkin request for approval of additional statement on Choice bill

Hi [redacted] following the WH meeting today with POTUS, SecVA and Andrew Bremberg/DPC, here is a draft statement that the Secretary would like to send out, subject to WH edits/approval.

The Secretary understands we will not send out a statement without WH approval.

Please advise.

Thanks,

AMERICAN OVERSIGHT

John U.

Statement by VA Secretary David Shulkin
Veterans Choice Legislation
December 12, 2017

We are working with the White House and the Senate Veterans' Affairs Committee leadership on final modifications to legislative language on the Choice program aimed at strengthening and improving the bill to ensure it will provide Veterans access to health care options in the private sector when needed.

I urge Senate Veterans' Affairs leaders and other Senators to come to agreement on these modifications in short order, and to work with the House Veterans Affairs Committee to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

From: John Ullyot <john.ullyot [redacted] <mailto:john.ullyot [redacted]
Date: Thursday, December 7, 2017 at 2:51 PM
To: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Understood - thanks Ninio - I will let the Secretary know.

Thanks again for the quick answer on this.

John U.

Sent with Good (>www.good.com<)

From: [redacted]
Sent: Thursday, December 07, 2017 11:38:08 AM
To: Ullyot, John; [redacted]
Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

John -

Please hold. This bill has not cleared the interagency process, therefore the Administration cannot take a position.

Thank you.

-----Original Message-----
From: Ullyot, John [mailto:John.Ullyot [redacted]
Sent: Thursday, December 7, 2017 1:12 PM
To: [redacted].

AMERICAN OVERSIGHT

[redacted]
Subject: Secretary Shulkin request for approval of additional statement on Choice bill

[redacted] - as discussed, below is a draft statement that Secretary Shulkin would like to send out this afternoon declaring his support for the Senate Veterans Affairs Committee bill on Choice, and reiterating the need to move forward on approving a bill this session.

The Secretary said he spoke yesterday evening on this with Marc Short - and briefly with General Kelly - and, while he understands the general strong inadvisability of sending out multiple statements on the same issue, he would like to do so in this case for two reasons:

1. The Senate bill language came out yesterday, and his reading of that language has satisfied what he was looking for in terms of "build[ing] into permanent legislative language provisions that will ensure the Choice program will meet the central need of providing Veterans access to health care options in the private sector when needed."

2. The Secretary has spoken with Chairman Isakson and feels that - now that he is satisfied with the bill's language on Choice - a statement of support for the Senate bill along these lines can go a long way to refreshing a spirit of cooperation with the Committee that appears for some reason (rightly or wrongly) to have eroded over the past day.

The Secretary is meeting with Senator Isakson, along with Senator Tester, Chairman Roe and Ranking Member Walz at 4 p.m. today, and has asked me to send this statement for approval ideally before then if possible.

Please advise and let me know if you have any questions. Darin Selnick (copied above) is well aware of Secretary Shulkin's request on this, and can answer any questions directly from the WH staff perspective as well.

Thanks very much,

John U.

John Ullyot
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
[redacted]
john.ullyot[redacted]<mailto:john.ullyot[redacted]<mailto:john.ullyot[redacted]

Statement by VA Secretary Shulkin
On Senate Veterans Affairs Committee
Caring for Our Veterans Act<>>https://www.veterans.senate.gov/download/caring-for-our-veterans-act-of-2017<<> Legislation

After a thorough and complete analysis of the Caring for Our Veterans Act bill, passed by the Senate Veterans Affairs Committee, it is clear to me that it builds into permanent legislative language provisions that will ensure the Choice program will meet the central need of providing Veterans access to health care options in the private sector when needed.

I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Document ID: 0.7.10678.1743181

From: Ullyot, John [redacted]

Bcc:
Subject: Re: Secretary Shulkin request for approval of additional statement on Choice bill
Date: Tue Dec 12 2017 16:47:16 EST
Attachments:

Hi [redacted] — following the WH meeting today with POTUS, SecVA and Andrew Bremberg/DPC, here is a draft statement that the Secretary would like to send out, subject to WH edits/approval.

The Secretary understands we will not send out a statement without WH approval.

Please advise.

Thanks,

John U.

Statement by VA Secretary David Shulkin
Veterans Choice Legislation
December 12, 2017

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From: John Ullyot <john.ullyot[redacted]
Date: Thursday, December 7, 2017 at 2:51 PM
To: [redacted]

AMERICAN OVERSIGHT

[redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Understood — thanks Ninio — I will let the Secretary know.

Thanks again for the quick answer on this.

John U.

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, December 07, 2017 11:38:08 AM
To: Ullyot, John; [redacted]
Cc: [redacted]
Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

John -

Please hold. This bill has not cleared the interagency process, therefore the Administration cannot take a position.

Thank you.

-----Original Message-----
From: Ullyot, John [mailto:John.Ullyot[redacted]
Sent: Thursday, December 7, 2017 1:12 PM
To: [redacted]
Subject: Secretary Shulkin request for approval of additional statement on Choice bill

[redacted] - as discussed, below is a draft statement that Secretary Shulkin would like to send out this afternoon declaring his support for the Senate Veterans Affairs Committee bill on Choice, and reiterating the need to move forward on approving a bill this session.

The Secretary said he spoke yesterday evening on this with Marc Short - and briefly with General Kelly - and, while he understands the general strong inadvisability of sending out multiple statements on the same issue, he would like to do so in this case for two reasons:

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AMERICAN OVERSIGHT

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Thanks very much,

John U.

John Ullyot
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
[redacted]
john.ullyot[redacted]<mailto:john.ullyot[redacted]

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On Senate Veterans Affairs Committee
Caring for Our Veterans Act<>https://www.veterans.senate.gov/download/caring-for-our-veterans-act-of-2017<> Legislation

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AMERICAN OVERSIGHT

Document ID: 0.7.10678.1743180

From: Ullyot, John [redacted]

Bcc:
Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
Date: Tue Dec 12 2017 16:45:18 EST
Attachments:

Hi [redacted] — following the WH meeting today with POTUS, SecVA and Andrew Bremberg/DPC, here is a draft statement that the Secretary would like to send out, subject to WH edits/approval.

The Secretary understands we will not send out a statement without WH approval.

Please advise.

Thanks,

John U.

Statement by VA Secretary David Shulkin
Veterans Choice Legislation
December 12, 2017

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From: John Ullyot <john.[redacted]
Date: Thursday, December 7, 2017 at 2:51 PM
To: [redacted]

AMERICAN OVERSIGHT

Cc: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Understood — thanks [redacted] — I will let the Secretary know.

Thanks again for the quick answer on this.

John U.

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, December 07, 2017 11:38:08 AM
To: Ullyot, John; [redacted]
Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

John -

Please hold. This bill has not cleared the interagency process, therefore the Administration cannot take a position.

Thank you.

-----Original Message-----
From: Ullyot, John [mailto:John.Ullyot[redacted]
Sent: Thursday, December 7, 2017 1:12 PM
To: [redacted]
Subject: Secretary Shulkin request for approval of additional statement on Choice bill

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AMERICAN OVERSIGHT

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Please advise and let me know if you have any questions. Darin Selnick (copied above) is well aware of Secretary Shulkin's request on this, and can answer any questions directly from the WH staff perspective as well.

Thanks very much,

John U.

John Ullyot
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
[redacted]
john.ullyot[redacted]<mailto:john.ullyot[redacted]

Statement by VA Secretary Shulkin
On Senate Veterans Affairs Committee
Caring for Our Veterans Act<>https://www.veterans.senate.gov/download/caring-for-our-veterans-act-of-2017<> Legislation

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I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

###

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1742915

From: Cashour, Curtis [redacted]

Cc: Hutton, James [redacted]

Bcc:

Subject: // for approval // Choice funding

Date: Mon Dec 11 2017 15:27:35 EST

Attachments:

Please see below from Stars and Stripes. Are you OK with the following response?

VA is required to notify Congress when Choice funding projections are estimated to be 30 days from depletion. We will let you know when that notification is sent.

Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

From: Wentling, Nikki [mailto:Wentling.Nikki@stripes.com]
Sent: Monday, December 11, 2017 10:10 AM
To: Cashour, Curtis
Subject: [EXTERNAL] Choice funding

Hey Curt, I saw the statement Secretary Shulkin put out last week about supporting short-term funding for the Choice program before the end of the year, if need be. I'm hoping to get an update on where the funding stands now and whether it's having an impact yet on veterans being able to schedule

AMERICAN OVERSIGHT

appointments through Choice in advance. Could you provide any information on that?

Thank you,

Nikki

Nikki Wentling

Veterans Reporter

Stars and Stripes | Washington, D.C.

Office: (202) 761-0865

Mobile: (620) 245-6423

@nikkiwentling

AMERICAN OVERSIGHT

Document ID: 0.7.10678.821746

From: [redacted]

To: Cashour, Curtis [redacted]

[redacted] Hutton, James [redacted]

Bcc:
Subject: [EXTERNAL] RE: // for approval // 30-Day Choice Letter Statement
Date: Mon Dec 11 2017 13:01:56 EST
Attachments:

Sounds good. thanks, Curt.

From: Cashour, Curtis [mailto:Curt.Cashour[redacted]
Sent: Monday, December 11, 2017 12:57 PM
To: [redacted] Ullyot, John <John.Ullyot[redacted]
Hutton, James <James.Hutton[redacted]; [redacted]
Subject: // for approval // 30-Day Choice Letter Statement

Folks – FYI: the mandatory 30-day notification on expiration of Choice Program funding is being sent to the Hill today, forecasting the estimated date for the expiration on Jan. 10, 2018.

This will likely prompt a number of inquiries from VA-beat reporters.

Rather than providing a new statement, we would like to refer them to the one we sent on Dec. 6, which has been approved by OMB/WH, and reads as shown below. Please advise. Thanks - Curt

Statement by VA Secretary Dr. David Shulkin - Permanent Community Care Legislation

President Donald J. Trump is working to ensure his Administration fulfills its commitment to America's

AMERICAN OVERSIGHT

veterans so they receive the care they deserve. Under the President's leadership, we have enacted major reform bills including Accountability and Whistleblower Protection, the Forever GI Bill, and Appeals Modernization, among others.

I am pleased that Congress is working on the last piece of business this year in considering proposals for permanent authorization of community care for Veterans. As we have made clear for many months, Congress needs to pass a bill this year to help our Veterans get the care they need and have earned through their service and sacrifice to our country.

We are pleased to see key provisions of the Administration's CARE proposal to expand Veterans' choice in their care — and improve VA's ability to deliver that care — included in multiple bills under consideration by Congress. We appreciate the Senate's recent progress under Senator Johnny Isakson's leadership in reporting a bill out of the Veterans' Affairs Committee, and the introduction of an additional CARE proposal by Sens. John McCain and Jerry Moran, and we look forward to working with Chairman Phil Roe in the House to help advance and improve their efforts.

While a limited number of legislative days remain on the calendar, we are hopeful that both the Senate and House can reach agreement on a bill before the end of the session. To ensure our Veterans receive uninterrupted care, we are open to a short term, very limited extension of funding for the existing program to allow sufficient time for a final agreement to come together.

One way or another, I remain confident that Veterans will soon see bipartisan legislation that will greatly improve their care by providing them with better choice in selecting their best possible healthcare options.

###

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

[redacted]

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.821749

From: Cashour, Curtis [redacted]

[redacted]; Hutton, James [redacted]

Bcc:
Subject: // for approval // 30-Day Choice Letter Statement
Date: Mon Dec 11 2017 12:57:14 EST
Attachments:

Folks – FYI: the mandatory 30-day notification on expiration of Choice Program funding is being sent to the Hill today, forecasting the estimated date for the expiration on Jan. 10, 2018.

This will likely prompt a number of inquiries from VA-beat reporters.

Rather than providing a new statement, we would like to refer them to the one we sent on Dec. 6, which has been approved by OMB/WH, and reads as shown below. Please advise. Thanks - Curt

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We are pleased to see key provisions of the Administration's CARE proposal to expand Veterans' choice in their care — and improve VA's ability to deliver that care — included in multiple bills under consideration by Congress. We appreciate the Senate's recent progress under Senator Johnny Isakson's leadership in reporting a bill out of the Veterans' Affairs Committee, and the introduction of an additional CARE proposal by Sens. John McCain and Jerry Moran, and we look forward to working with Chairman Phil Roe in the House to help advance and improve their efforts.

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One way or another, I remain confident that Veterans will soon see bipartisan legislation that will greatly improve their care by providing them with better choice in selecting their best possible healthcare options.

###

Curt Cashour

Press Secretary

Department of Veterans Affairs

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.821386

From: [redacted]

Bcc:

Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Fri Dec 08 2017 10:52:01 EST

Attachments:

It's my understanding from VA CoS that the SVAC called (Staff Dir?) CoS and said the "tone of the meeting" had changed and that the OCLA A/S was not required.

Sent with Good (www.good.com)

From: [redacted]
Sent: Friday, December 08, 2017 7:38:24 AM
To: [redacted] Ullyot, John; [redacted]
Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Perfect - thanks.

Sent from my iPhone

> On Dec 7, 2017, at 7:22 PM, [redacted] wrote:
>
> Request that WH Senior Leadership be made aware of this situation.
>
>
>
> Sent with Good (>www.good.com<)
>
> _____

AMERICAN OVERSIGHT

> From: [redacted]
> Sent: Thursday, December 07, 2017 12:28:53 PM
> To: [redacted] Ullyot, John; [redacted]
> Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> Sure, not expecting an answer but wanted you to know because peculiar goings on here lately. Our Senior WH Advisor is aware of the dynamics.
>
>
>
> Sent with Good (>www.good.com<)
>
> _____
> From: [redacted]
> Sent: Thursday, December 07, 2017 12:23:51 PM
> To: [redacted]
> Cc: [redacted]; Ullyot, John; [redacted]
> Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> Thank you for flagging, Brooks. I don't know the answer.
>
>
> Sent from my iPhone
>
> On Dec 7, 2017, at 3:19 PM, Tucker, Brooks <Brooks.Tucker@va.gov<mailto:Brooks.Tucker@va.gov>> wrote:
>
> It is with SECVA and 4 Corners. OCLA sent it up, It doesn't involve WH. I was told to stay at the office, someone told the VACoS that I wasn't to be included. Just letting you folks know that this is highly irregular. Open to a discussion on possible reasons driving this. The meeting was to discuss S 2193.
>
>
>
> Sent with Good (>>www.good.com<<>http://www.good.com<><)
>
> _____
> From: [redacted]
> Sent: Thursday, December 07, 2017 12:15:22 PM
> To: [redacted]; Ullyot, John; [redacted]
> Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> I am not tracking the Four Corners meeting on the Hill.
>
>
> Sent from my iPhone
>
> On Dec 7, 2017, at 3:09 PM, Tucker, Brooks <Brooks.Tucker@va.gov<mailto:Brooks.Tucker@va.

AMERICAN OVERSIGHT

gov><mailto:[redacted]> wrote:
>
> This is on the Hill.
>
>
>
> Sent with Good (>>>www.good.com<<>http://www.good.com<><<>>http://www.good.com<<><)
>
> _____
> From: [redacted]
> Sent: Thursday, December 07, 2017 12:06:56 PM
> To: [redacted]; Ullyot, John; [redacted]
> Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> + Amy - I'm not tracking attendance at the Big 4 meeting at the WH.
>
> -----Original Message-----
> From: [redacted]
> Sent: Thursday, December 7, 2017 3:04 PM
> To: Ullyot, John <John.Ullyot[redacted]<mailto:John.Ullyot[redacted]<mailto:John.Ullyot[redacted]
> Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> Adding Virginia Boney because I have been told that I am not invited to accompany the SECVA to the 4 Corners meeting at 3:45 today. This would be highly irregular if Committee Staff is driving this limitation. I asked SECVA and he was not aware of any reason.
>
>
>
> Sent with Good (>>>>www.good.com<<>http://www.good.com<><<>>http://www.good.com<<><<)
>
> _____
> From: Ullyot, John
> Sent: Thursday, December 07, 2017 11:51:08 AM
> To: [redacted]
> Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> Understood - thanks Ninio - I will let the Secretary know.
>
> Thanks again for the quick answer on this.
>
> John U.
>
>

AMERICAN OVERSIGHT

>
> Sent with Good (>>>>www.good.com<<>http://www.good.com<><<>>http://www.good.com<<><<)
>
> _____
> From: [redacted]
> Sent: Thursday, December 07, 2017 11:38:08 AM
> To: Ullyot, John; [redacted]
> Cc: [redacted]
> Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> John -
>
> Please hold. This bill has not cleared the interagency process, therefore the Administration cannot take a position.
>
> Thank you.
>
> -----Original Message-----
> From: Ullyot, John [mailto:John.Ullyot[redacted]
> Sent: Thursday, December 7, 2017 1:12 PM
> To: [redacted]
> Subject: Secretary Shulkin request for approval of additional statement on Choice bill
>
> [redacted]- as discussed, below is a draft statement that Secretary Shulkin would like to send out this afternoon declaring his support for the Senate Veterans Affairs Committee bill on Choice, and reiterating the need to move forward on approving a bill this session.
>
> The Secretary said he spoke yesterday evening on this with Marc Short - and briefly with General Kelly - and, while he understands the general strong inadvisability of sending out multiple statements on the same issue, he would like to do so in this case for two reasons:
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> 1. The Senate bill language came out yesterday, and his reading of that language has satisfied what he was looking for in terms of "build[ing] into permanent legislative language provisions that will ensure the Choice program will meet the central need of providing Veterans access to health care options in the private sector when needed."
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> 2. The Secretary has spoken with Chairman Isakson and feels that - now that he is satisfied with the bill's language on Choice - a statement of support for the Senate bill along these lines can go a long way to refreshing a spirit of cooperation with the Committee that appears for some reason (rightly or wrongly) to have eroded over the past day.
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> The Secretary is meeting with Senator Isakson, along with Senator Tester, Chairman Roe and Ranking Member Walz at 4 p.m. today, and has asked me to send this statement for approval ideally before then if possible.
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> Please advise and let me know if you have any questions. Darin Selnick (copied above) is well aware of Secretary Shulkin's request on this, and can answer any questions directly from the WH staff perspective as well.
>

AMERICAN OVERSIGHT

> Thanks very much,
>
> John U.
>
> John Ullyot
> Assistant Secretary for Public and Intergovernmental Affairs
> U.S. Department of Veterans Affairs
> [redacted]
> john.ullyot[redacted]<mailto:john.ullyot[redacted]<mailto:john.ullyot[redacted]<mailto:john.ullyot[redacted]
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> Statement by VA Secretary Shulkin
> On Senate Veterans Affairs Committee
> Caring for Our Veterans Act<>>>>>https://www.veterans.senate.gov/download/caring-for-our-veterans-act-of-2017<<<<<> Legislation
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> After a thorough and complete analysis of the Caring for Our Veterans Act bill, passed by the Senate Veterans Affairs Committee, it is clear to me that it builds into permanent legislative language provisions that will ensure the Choice program will meet the central need of providing Veterans access to health care options in the private sector when needed.
>
> I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.
>
> ###
>
>
>
>
>

Document ID: 0.7.10678.821384

From: [redacted] Ullyot, John [redacted]

Bcc:

Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Fri Dec 08 2017 10:38:24 EST

Attachments:

Perfect - thanks.

Sent from my iPhone

> On Dec 7, 2017, at 7:22 PM, Leinenkugel, Jake <Thomas.Leinenkugel@va.gov> wrote:
>
> Request that WH Senior Leadership be made aware of this situation.
>
>
>
> Sent with Good (>www.good.com<)
>
> _____
> From: [redacted]
> Sent: Thursday, December 07, 2017 12:28:53 PM
> To: [redacted] Ullyot, John; [redacted]
> Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> Sure, not expecting an answer but wanted you to know because peculiar goings on here lately. Our Senior WH Advisor is aware of the dynamics.
>
>
>
> Sent with Good (>www.good.com<)
>
> _____
> From: [redacted]
> Sent: Thursday, December 07, 2017 12:23:51 PM
> To: [redacted]

AMERICAN OVERSIGHT

> Cc: [redacted]
> Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> Thank you for flagging, Brooks. I don't know the answer.
>
>
> Sent from my iPhone
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> On Dec 7, 2017, at 3:19 PM, Tucker, Brooks <Brooks.Tucker@va.gov<mailto:Brooks.Tucker@va.gov>> wrote:
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> It is with SECVA and 4 Corners. OCLA sent it up, It doesn't involve WH. I was told to stay at the office, someone told the VACoS that I wasn't to be included. Just letting you folks know that this is highly irregular. Open to a discussion on possible reasons driving this. The meeting was to discuss S 2193.
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> From: [redacted]
> Sent: Thursday, December 07, 2017 12:15:22 PM
> To: [redacted] Ullyot, John; [redacted]
> Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
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> From: [redacted]
> Sent: Thursday, December 07, 2017 12:06:56 PM
> To: [redacted] Ullyot, John; [redacted]
> Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> + Amy - I'm not tracking attendance at the Big 4 meeting at the WH.
>
> -----Original Message-----

> From: [redacted]
> Sent: Thursday, December 7, 2017 3:04 PM
> To: Ullyot, John <John.Ullyot[redacted]v<mailto:John.Ullyot[redacted]<mailto:John.Ullyot[redacted]
> Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
>
> Adding Virginia Boney because I have been told that I am not invited to accompany the SECVA to the 4 Corners meeting at 3:45 today. This would be highly irregular if Committee Staff is driving this limitation. I asked SECVA and he was not aware of any reason.
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> From: Ullyot, John
> Sent: Thursday, December 07, 2017 11:51:08 AM
> To: [redacted]
> Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
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> Cc: [redacted]
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>
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>
> Please hold. This bill has not cleared the interagency process, therefore the Administration cannot take a position.
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> Thank you.
>
> -----Original Message-----

AMERICAN OVERSIGHT

> From: Ullyot, John [mailto:John.Ullyot[redacted]
> Sent: Thursday, December 7, 2017 1:12 PM
> To: [redacted]
> Subject: Secretary Shulkin request for approval of additional statement on Choice bill
>
> [redacted] as discussed, below is a draft statement that Secretary Shulkin would like to send out this afternoon declaring his support for the Senate Veterans Affairs Committee bill on Choice, and reiterating the need to move forward on approving a bill this session.
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> The Secretary said he spoke yesterday evening on this with Marc Short - and briefly with General Kelly - and, while he understands the general strong inadvisability of sending out multiple statements on the same issue, he would like to do so in this case for two reasons:
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> The Secretary is meeting with Senator Isakson, along with Senator Tester, Chairman Roe and Ranking Member Walz at 4 p.m. today, and has asked me to send this statement for approval ideally before then if possible.
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> Please advise and let me know if you have any questions. Darin Selnick (copied above) is well aware of Secretary Shulkin's request on this, and can answer any questions directly from the WH staff perspective as well.
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> Thanks very much,
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> John U.
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> John Ullyot
> Assistant Secretary for Public and Intergovernmental Affairs
> U.S. Department of Veterans Affairs
> [redacted]
> john.ullyot[redacted]mailto:john.ullyot[redacted]><mailto:john.ullyot[redacted]<mailto:john.ullyot[redacted]
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> On Senate Veterans Affairs Committee
> Caring for Our Veterans Act<>>>>>https://www.veterans.senate.gov/download/caring-for-our-veterans-act-of-2017<<<<<> Legislation
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> After a thorough and complete analysis of the Caring for Our Veterans Act bill, passed by the Senate Veterans Affairs Committee, it is clear to me that it builds into permanent legislative language provisions that will ensure the Choice program will meet the central need of providing Veterans access to health care options in the private sector when needed.
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> I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.
>
> ###
>
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>

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1742093

From: Ullyot, John [redacted]
Cc:
Bcc:
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
Date: Thu Dec 07 2017 20:19:45 EST
Attachments:

Hey [redacted] — I gave Molly the info earlier — yes I think it's probably OBE by now.

Bottom line is WH said no VA statement and unless you overturn that that's where we stand. Think the WH definitely made the right call.

Let's connect soon — want to connect and do lunch if you can next week or so to catch up.

Thanks again[redacted]

Johnny U.

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, December 07, 2017 4:14:57 PM
To: Ullyot, John
Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Sorry. Just got out of meetings. Call me now [redacted]

Might be OBE by now

On Dec 7, 2017, at 2:57 PM, Ullyot, John <John.Ullyot[redacted]> wrote:

FYI [redacted] — let me know if I can call you on this briefly.

I think this is the right call by the WH not to issue the statement especially since the Senate bill hasn't cleared the interagency approval process (particularly OMB) but wanted to loop you in as SecVA may try to call General Kelly on this this afternoon.

Let me know if you have a moment to connect briefly.

AMERICAN OVERSIGHT

Thanks,

Johnny U.

Sent with Good (>www.good.com<)

From: Ullyot, John
Sent: Thursday, December 07, 2017 11:51:08 AM
To: [redacted]
Cc: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Understood — thanks Ninio — I will let the Secretary know.

Thanks again for the quick answer on this.

John U.

Sent with Good (>www.good.com<)

From: [redacted]
Sent: Thursday, December 07, 2017 11:38:08 AM
To: Ullyot, John; [redacted]
Cc: [redacted]
Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

John -

Please hold. This bill has not cleared the interagency process, therefore the Administration cannot take a position.

Thank you.

-----Original Message-----
From: Ullyot, John [mailto:John.Ullyot[redacted]
Sent: Thursday, December 7, 2017 1:12 PM
To: [redacted]
Subject: Secretary Shulkin request for approval of additional statement on Choice bill

Kaelan/Ninio - as discussed, below is a draft statement that Secretary Shulkin would like to send out this afternoon declaring his support for the Senate Veterans Affairs Committee bill on Choice, and reiterating the need to move forward on approving a bill this session.

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Please advise and let me know if you have any questions. Darin Selnick (copied above) is well aware of Secretary Shulkin's request on this, and can answer any questions directly from the WH staff perspective as well.

Thanks very much,

John U.

John Ullyot
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
[redacted]
john.ullyot@va.gov<mailto:john.ullyot[redacted]

Statement by VA Secretary Shulkin
On Senate Veterans Affairs Committee
Caring for Our Veterans Act<>>https://www.veterans.senate.gov/download/caring-for-our-veterans-act-of-2017<<> Legislation

After a thorough and complete analysis of the Caring for Our Veterans Act bill, passed by the Senate Veterans Affairs Committee, it is clear to me that it builds into permanent legislative language provisions that will ensure the Choice program will meet the central need of providing Veterans access to health care options in the private sector when needed.

I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

###

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1742089

From: [redacted] Ullyot, John [redacted] >

Bcc:

Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Thu Dec 07 2017 19:22:23 EST

Attachments:

Request that WH Senior Leadership be made aware of this situation.

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, December 07, 2017 12:28:53 PM
To: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Sure, not expecting an answer but wanted you to know because peculiar goings on here lately. Our Senior WH Advisor is aware of the dynamics.

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, December 07, 2017 12:23:51 PM
To: [redacted]
Cc: [redacted] Ullyot, John; [redacted]

AMERICAN OVERSIGHT

[redacted]
Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Thank you for flagging, [redacted] I don't know the answer.

Sent from my iPhone

On Dec 7, 2017, at 3:19 PM, Tucker, Brooks <Brooks.Tucker@va.gov> wrote:

It is with SECVA and 4 Corners. OCLA sent it up, It doesn't involve WH. I was told to stay at the office, someone told the VACoS that I wasn't to be included. Just letting you folks know that this is highly irregular. Open to a discussion on possible reasons driving this. The meeting was to discuss S 2193.

Sent with Good (>www.good.com<)

From: [redacted]
Sent: Thursday, December 07, 2017 12:15:22 PM
To: [redacted]
Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

I am not tracking the Four Corners meeting on the Hill.

Sent from my iPhone

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Sent with Good (>>www.good.com<<>http://www.good.com<><)

From: [redacted]
Sent: Thursday, December 07, 2017 12:06:56 PM
To: [redacted]; Ullyot, John; [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

+ Amy - I'm not tracking attendance at the Big 4 meeting at the WH.

-----Original Message-----

AMERICAN OVERSIGHT

From: [redacted]
Sent: Thursday, December 7, 2017 3:04 PM
To: Ullyot, John <John.Ullyot[redacted]<mailto:John.Ullyot[redacted]>>; [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Adding Virginia Boney because I have been told that I am not invited to accompany the SECVA to the 4 Corners meeting at 3:45 today. This would be highly irregular if Committee Staff is driving this limitation. I asked SECVA and he was not aware of any reason.

Sent with Good (>>>www.good.com<<>http://www.good.com<><<)

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To: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

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Sent with Good (>>>www.good.com<<>http://www.good.com<><<)

From: [redacted]
Sent: Thursday, December 07, 2017 11:38:08 AM
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Cc: [redacted]
Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

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Sent: Thursday, December 7, 2017 1:12 PM
To: [redacted]

Cc: [redacted].

Subject: Secretary Shulkin request for approval of additional statement on Choice bill

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Thanks very much,

[redacted]

[redacted]
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
[redacted]
john.ullyot[redacted]<mailto:john.ullyot[redacted]><mailto:john.ullyot[redacted]

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I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and

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have earned through their service and sacrifice to our country.

###

AMERICAN OVERSIGHT

Document ID: 0.7.10678.821336

From: [redacted]

To: [redacted] Ullyot, John [redacted]

Bcc:

Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Thu Dec 07 2017 19:18:27 EST

Attachments:

I hope someone asked why and who said Brooks Tucker should not attend.

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, December 07, 2017 12:19:06 PM
To: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

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AMERICAN OVERSIGHT

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John Ullyot
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
[redacted]
john.ullyot[redacted]<mailto:john.ullyot[redacted]>

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On Senate Veterans Affairs Committee
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I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

###

AMERICAN OVERSIGHT

Document ID: 0.7.10678.1742086

From: [redacted]

To: Ullyot, John [redacted]

Cc:

Bcc:

Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Thu Dec 07 2017 19:14:57 EST

Attachments:

Sorry. Just got out of meetings. Call me now 202-881-7309

Might be OBE by now

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Johnny U.

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Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

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Thanks again for the quick answer on this.

John U.

AMERICAN OVERSIGHT

Sent with Good (>www.good.com<)

From: [redacted]
Sent: Thursday, December 07, 2017 11:38:08 AM
To: Ullyot, John; [redacted]
Subject: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

John -

Please hold. This bill has not cleared the interagency process, therefore the Administration cannot take a position.

Thank you.

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From: Ullyot, John [mailto:John.Ullyot[redacted]
Sent: Thursday, December 7, 2017 1:12 PM
To: [redacted]
Subject: Secretary Shulkin request for approval of additional statement on Choice bill

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John Ullyot

AMERICAN OVERSIGHT

Assistant Secretary for Public and Intergovernmental Affairs
[redacted]
john.ullyot[redacted]<mailto:john.ullyot[redacted]

Statement by VA Secretary Shulkin
On Senate Veterans Affairs Committee
Caring for Our Veterans Act<>>https://www.veterans.senate.gov/download/caring-for-our-veterans-act-of-2017<<> Legislation

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I urge the Senate to move forward with this bill, and to work with the House to approve a final version in the remaining days of the legislative session that will help our Veterans get the care they need and have earned through their service and sacrifice to our country.

###

AMERICAN OVERSIGHT

Document ID: 0.7.10678.821331

From: [redacted]

Cc: Ullyot, John [redacted]

Bcc:

Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Thu Dec 07 2017 18:22:34 EST

Attachments:

Initial recap of this meeting from SECVA:

-Isakson and Tester very upset that VA and WH did not fully support S 2193 with a strong and unequivocal press release.

- Tester asserted Caregivers provision will eventually save money, yet 10 year score would be exponentially higher than the deceptively low 5 year score.

- Roe said no way House can pass Senate bill as amended and scored.

Will get more details tomorrow afternoon from face to face meeting with SECVA and DEPSECVA.

[redacted]

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, December 07, 2017 12:32:37 PM
To: [redacted]
Cc: Ullyot, John; [redacted]

AMERICAN OVERSIGHT

Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

+ Cindy, Joyce and Matt Flynn (cabinet affairs).

-----Original Message-----
From: [redacted]
Sent: Thursday, December 7, 2017 3:29 PM
To: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

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Sent with Good (>www.good.com<)

From: Swonger, Amy H. EOP/WHO
Sent: Thursday, December 07, 2017 12:23:51 PM
To: [redacted]
Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Thank you for flagging, Brooks. I don't know the answer.

Sent from my iPhone

On Dec 7, 2017, at 3:19 PM, T[redacted] wrote:

It is with SECVA and 4 Corners. OCLA sent it up, It doesn't involve WH. I was told to stay at the office, someone told the VACoS that I wasn't to be included. Just letting you folks know that this is highly irregular. Open to a discussion on possible reasons driving this. The meeting was to discuss S 2193.

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Sent: Thursday, December 07, 2017 12:15:22 PM
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Sent with Good (>>>www.good.com<<>http://www.good.com<><<>>http://www.good.com<<><)

From: Boney, Virginia M. EOP/WHO
Sent: Thursday, December 07, 2017 12:06:56 PM
To: [redacted] Ullyot, John; [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

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-----Original Message-----
From: [redacted]
Sent: Thursday, December 7, 2017 3:04 PM
To: Ullyot, John <[redacted]
Cc: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

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John U.

John Ullyot
Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
[redacted]
john.ullyot[redacted]<mailto:john.ullyot[redacted]<mailto:john.ullyot[redacted]<mailto:john.ullyot[redacted].
[redacted]

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###

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Document ID: 0.7.10678.821320

From: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacotuckeb1>
To: Boney, Virginia M. EOP/WHO <virginia.m.boney@who.eop.gov>; Swonger, Amy H. EOP/WHO <amy.h.swonger@who.eop.gov>
Cc: Ullyot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoullyoj>; Fetalvo, Ninio J. EOP/WHO <ninio.j.fetalvo@who.eop.gov>; Dorr, Kaelan K. EOP/WHO <kaelan.k.dorr@who.eop.gov>; Selnick, Darin S. EOP/WHO <darin.s.selnick@who.eop.gov>; Leinenkugel, Jake </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoleinet>
Bcc:
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill
Date: Thu Dec 07 2017 15:32:57 EST
Attachments:

DEPSEC and a VHA SME.

Sent with Good (www.good.com)

From: [redacted]
Sent: Thursday, December 07, 2017 12:29:50 PM
To: [redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Is anyone staffing the Secretary in the meeting?

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From: Tucker, Brooks [mailto:Brooks.Tucker@va.gov]
Sent: Thursday, December 7, 2017 3:29 PM
To: [redacted] Ullyot, John <John.Ullyot[redacted]
Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

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AMERICAN OVERSIGHT

Senior WH Advisor is aware of the dynamics.

Sent with Good (>www.good.com<)

From: [redacted]
Sent: Thursday, December 07, 2017 12:23:51 PM
To: [redacted]; Ullyot, John; [redacted] K. [redacted]
Subject: Re: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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###

AMERICAN OVERSIGHT

Document ID: 0.7.10678.821319

From: [redacted]

Cc: Ullyot, John [redacted]

Bcc:

Subject: RE: [EXTERNAL] RE: Secretary Shulkin request for approval of additional statement on Choice bill

Date: Thu Dec 07 2017 15:32:37 EST

Attachments:

+ [redacted] (cabinet affairs).

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AMERICAN OVERSIGHT

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To: [redacted]

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have earned through their service and sacrifice to our country.

###

AMERICAN OVERSIGHT

Document ID: 0.7.10678.73188

From: (b) (6)
(b) (6)

To:
Cc:
Bcc:
Subject: Secretary's Stand-up - OPIA _ July 13
Date: Thu Jul 13 2017 08:43:23 CDT
Attachments: 170713_Brief.pptx

Good morning

(b) (6)

Office of Media Relations

Office of Public Affairs

U.S. Department of Veterans Affairs

(b) (6)

[redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.73188-000001	
Owner:	(b) (6) </o=va/ou=va martinsburg/cn=recipients/cn=vacomoyayn>
Filename:	170713_Brief.pptx
Last Modified:	Thu Jul 13 08:43:23 CDT 2017

AMERICAN OVERSIGHT

VA Secretary's Stand-Up Brief

13 July 2017

Executive Summary

The regional Muskogee storyline expanded to national exposure with *AP*. Coverage of the Adverse Actions Report largely faded from coverage and declined in social media. Outlets looked at the comprehensive assessment of VA facilities needs.

Storyline	Outlets	Analysis	Trend	MyVA Priority
OIG points to progress at Muskogee VAMC	AP, Oklahoman, Tulsa World (Updated)	*AP* drew on the prior period's coverage from *Tulsa World* in its reporting and received moderate syndication across other national and regional outlets. In contrast to *World* coverage, *The Oklahoman* article featured a decidedly more critical tone and interpretation.	**Sustained**	Access
VA facilities realignment	USA Today Network – TN, Stars and Stripes	*USA Today Network – TN* detailed a GAO report, issued Wednesday, which cited the outdated and shortsighted planning process used by the Department to manage its facilities. GAO notes that this is likely to stand in the way of the VA's effort to privatize and expand Choice. *Stars and Stripes* followed the remarks of former VA Secretary Anthony Principi during a Wednesday HVAC hearing. Principi told lawmakers that without a realignment of facilities, "the VA will fail." Unlike the prior article, *Stripes* cited Secretary Shulkin's own call for a reassessment of underused buildings and VA plans to close 71 vacant buildings and another 359 facilities in next two years.	**Sustained**	Experience / Access / Other
Veterans exposed in secret chemical and biological weapons tests	Stars and Stripes, McClatchy	Lawmakers are seeking information from DOD about chemical and biological testing that the government performed on servicemembers in the 1960s and 1970s, so that these Veterans can receive VA care and benefits. Complimentary Senate and House amendments are expected to be introduced in order to gain this information.	**Emerged**	Experience / Access
National Veterans Wheelchair Games in Cincinnati	Cincinnati Enquirer	*Enquirer* profiled the 37th National Veterans Wheelchair Games, which Cincinnati will host 17-22 July. David Tostenrude, director of the games and former recreation therapist for the VA, said, "In the VA, we want to inspire Veterans to get as quick as possible back into their lives. The games are part of the way that we do this…"	**Emerged**	Experience
REACH VET cited at Bay Pines panel	Tampa Bay Times	During a panel at Bay Pines a Veteran cited the REACH VET program as a potential model for DOD to utilize in helping servicemembers during transition from active duty to Veteran status.	**Emerged**	Access
Veterans sent to collections over ER bills	KARE (NBC)	*KARE* used the experience of Veteran Bob Ramsey to outline the issue of Veterans facing private facility emergency care bills after VA declined to pay them. The later part of the article includes a VA resolution to Ramsey's issue.	**Long term**	Access / Experience

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OPIA000003
VA-18-0457-F-000399

VA Secretary's Stand-Up Brief

13 July 2017

Social Media Takeaway

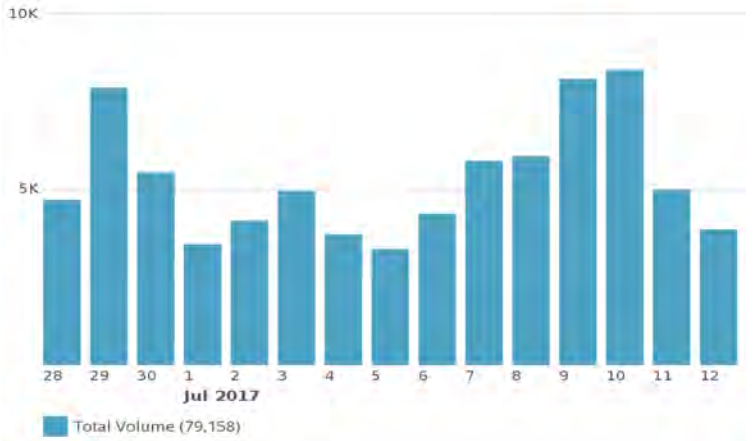
Volume sustained the decline begun in the previous period. The VA firings storyline remained the most prominent topic in social media, but similarly continued to loose share of total volume.

Key Points

- The share of social media volume that referenced the firings of VA employees, that was revealed by the public release of the Adverse Actions Report, fell to 27 percent.
- For the fourth consecutive period, the top-retweeted post (590+ retweets) referenced the firings storyline. While this post continued to drive mentions of #MAGA (640+ total) in relation to the storyline, the other two hashtags that had been associated with it (#DrainTheSwamp and #PresidentTrump) largely faded from VA-related usage.
- The storyline also largely faded from YouTube. Few new clips referenced it and view counts of previously posted clips plateaued.
- @SecShulkin (160+ mentions) gained a small trend of 70+ retweets (his top of the period) with a post that linked to a Florida outlet's coverage of a VA program aimed at reducing Veteran suicide.
- One of the leading regional storylines from 10 July – the launch of a new food pantry servicing Salt Lake City VA Veterans – garnered some user engagement on Facebook when it was shared in a VA page post. One user responded to the story, "I would not make it without the Veterans food bank where I live … thank GOD for the VA and vets food banks."

Twitter and Facebook Volume:

28 June – 12 July



Notable Social Media Items

Platform	Item	Relevance
Twitter	**Topic: Hundreds of VA officials fired since Trump took office**	27% of Volume
Twitter	**#MAGA**	640+ Mentions
Twitter	**@SecShulkin**	160+ Mentions
Facebook	**Salt Lake Tribune: VA's new food pantry in high demand**	420+ Reactions, 80+ Shares

AMERICAN OVERSIGHT

Document ID: 0.7.10678.74760

From: (b) (6) [redacted]

Cc:
Bcc:
Subject: [EXTERNAL] 15 July Veterans Affairs Media Summary and News Clips
Date: Sat Jul 15 2017 04:15:23 CDT
Attachments: 170715_Veterans Affairs Media Summary and News Clips.docx
170715_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Filename:	170715_Veterans Affairs Media Summary and News Clips.docx
Last Modified:	Sat Jul 15 04:15:23 CDT 2017

AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

15 July 2017

1. Top Stories

1.1 - The Wall Street Journal: **GOP May Tie Debt-Limit Increase to Veterans Bill** (14 July, Richard Rubin, Nick Timiraos and Kristina Peterson, 43.6M online visitors/mo; New York, NY)
Republicans are considering tying a must-pass increase in the federal debt limit to funding for a program that lets military veterans get medical care outside of Veterans Affairs facilities, people familiar with the idea said. The legislative move, still in the early stages of discussion on Capitol Hill, would let Republicans claim a policy victory while raising the federal borrowing cap.

Hyperlink to Above

1.2 - Reuters Health: **Dying veterans boost participation in hospice care** (14 July, Ronnie Cohen, 43.6M online visitors/mo; New York, NY)
An initiative to enroll dying veterans in hospice care appears to be working, and its success may offer clues for how to persuade others who are terminally ill to join the highly lauded end-of-life program, a new study shows.

Hyperlink to Above

1.3 - ABC News (AP): **Lawyers: Government seeking to deport Iraq War veteran** (14 July, Gene Johnson, 24.1M online visitors/mo; New York, NY)
An immigrant rights group is asking the U.S. Department of Homeland Security to release an Iraq War veteran who has been detained for more than three months while waiting to learn whether he'll be deported. Chong Kim, a South Korean immigrant and green card holder from Portland, Oregon, joined the National Guard in 2005 and served in Iraq in 2009 and 2010.

Hyperlink to Above

1.4 - Military Times: **No expiration date for 'beefed up' GI Bill benefits under new proposal** (14 July, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)
Future military veterans will no longer have to worry about an expiration date on their education benefits if newly proposed legislation in the House of Representatives makes its way to the president's desk.

Hyperlink to Above

1.5 - Stars and Stripes: **House plans to pass 'Forever' GI Bill by August** (14 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
The House Committee on Veterans' Affairs will hold a hearing Monday about a large expansion of veterans' education benefits with a plan to vote on the measure Wednesday and have the bill sail through the House in just two weeks, ahead of a monthlong summer recess.

Hyperlink to Above

1.6 - WFED (AM-1500): **Lawmakers call for full review of outdated and crumbling VA facilities** (14 July, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)
Congress is once again attempting what has since been an impossible task — a full and actionable review of the Veterans Affairs Department's more than 6,000 owned buildings and 1,500 leased facilities that many say are underutilized, outdated and insufficient to meet the modern medical needs of an evolving veteran population.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - The Guardian: Iraq veteran facing deportation speaks out from jail: 'I would feel utterly alone' (14 July, Sam Levin, 14.6M online visitors/mo; New York, NY)
Chong Kim gathered paperwork demonstrating his recent accomplishments and headed to a federal building in Portland to meet an immigration officer. It was 5 April, and the 41-year-old housekeeper thought he was heading to a routine check-in.

Hyperlink to Above

2.2 - Military.com: New GI Bill Would Make College Education a Lifetime Benefit (14 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)
A bipartisan bill was introduced in the House of Representatives on Thursday to make the GI Bill for post 9/11 veterans a lifetime education benefit for new recruits who go on to serve three years of active duty.

Hyperlink to Above

2.3 - The Stranger (SLOG): Army Team Leader, VA Psychologist Write Letters to ICE to Free Detained Iraq Veteran in Tacoma (14 July, Sydney Brownstone, 2.1M online visitors/mo; Seattle, WA)
Chong Kim, an Army vet who served in Iraq, came to the United States from South Korea at the age of five. Today, he sits in Tacoma's Northwest Detention Center awaiting deportation proceedings. You can read more about Kim's story—his service, his subsequent struggles with addiction, homelessness, and a conviction for attempted arson—in this Guardian story.

Hyperlink to Above

2.4 - KMGH (ABC-7, Video): Colorado veteran now being billed $14,000 by VA for 'overpayment' (14 July, Jason Gruenauer, 2.1M online visitors/mo; Denver, CO)
Army veteran Thomas Howard served in the military for two decades. And for the last 20 years, he's been receiving VA benefits. But due to a paperwork issue, the government organization says he's been getting paid too much -- $14,000 too much -- and now the VA wants the money back.

Hyperlink to Above

2.5 - WISH (CBS-8, Video): Veterans await help after ITT Tech shutdown (14 July, 1.5M online visitors/mo; Indianapolis, IN)
When Carmel-based ITT Technical Institute shut down, thousands of the students impacted were veterans. Classes just stopped, and few other schools would accept their credits. Many veterans had spent their GI Bill education benefits there. U.S. Rep. Luke Messer, a Republican from Shelbyville, is hoping to change that.

Hyperlink to Above

2.6 - The Patriot Ledger: Dozens of strangers turn out for Pembroke Marine's funeral (14 July, Benjamin Paulin, 298k online visitors/mo; Quincy, MA)
When Pembroke veterans' agent Robin Kernan heard that a local World War II veteran who died recently was going to be buried with no family attending his funeral, she knew she had to do something. "He outlived his sweetheart and his neighbors were his family and his caretakers," Kernan said. "I don't know if he has any living relatives."

Hyperlink to Above

2.7 - WTVW (FOX-7, Video): Helping Veterans after ITT Tech Shutdown (14 July, 202k online visitors/mo; Henderson, KY)
When Indianapolis-based ITT Tech shutdown, thousands of the students impacted were veterans. Classes just stopped, some schools would not accept their credits, and many vets had spent their g-i bill education benefits. Indiana Congressman Luke Messer is hoping to change that.

Hyperlink to Above

3. Access to Healthcare

3.1 - The Hill: Trump's plan to privatize the VA will hurt vets (14 July, Suzanne Gordon, 11.8M online visitors/mo; Washington, DC)
In June, Congress passed the VA Accountability and Whistleblower Act, which makes it easier to dismiss any of the 300,000 employees of the Veterans Administration. Republicans and Democrats who supported the legislation argued that VA care givers must be held accountable to the highest standards of clinical excellence and ethical behavior.

Hyperlink to Above

3.2 - Stars and Stripes (Honolulu Star-Advertiser): Hawaii will reap $266M in military construction, more spending for vets (14 July, William Cole, 1.5M online visitors/mo; Washington, DC)
U.S. Sen. Brian Schatz said Hawaii is in line to receive $266 million in military construction funding in fiscal 2018 that includes $90 million for a new Fort Shafter headquarters, as well as funding to improve Department of Veterans Affairs programs in the state. The Senate Appropriations Committee included the measures in a bill passed Thursday that now heads to the full Senate.

Hyperlink to Above

3.3 - McClatchy (Video): Lawmakers agree to keep Pentagon's secret chemical weapons tests on US troops secret (13 July, Anshu Siripurapu, 1.1M online visitors/mo; Washington, DC)
Details about Pentagon biological and chemical weapons tests involving military personnel during the 1960s and 1970s – some involving lethal nerve agents – have long been kept secret. Thursday, the House agreed to keep things that way.

Hyperlink to Above

3.4 - WFLA (NBC-8, Video): Target 8: Pinellas mother says Marine fell through cracks, took his own life (14 July, Steve Andrews, 702k online visitors/mo; Tampa, FL)
Joseph Ryan Rasor was born and raised in Pinellas County. Joe joined the Marines at age 18. He shipped out to war at 19. “You can’t really plan for it,” said his mother Carol Rasor-Cordero. During his six years in the Marines, Joe deployed twice to Iraq and once to Afghanistan.

Hyperlink to Above

3.5 - The Cannabist: Will this be the year Congress expands veterans’ access to medical marijuana? (14 July, Bruce Kennedy, 507k online visitors/mo; Denver, CO)
The U.S. Senate Appropriations Committee on Thursday amended must-pass legislation to add language expanding access to medical marijuana for military veterans. Again. The Veterans Equal Access Amendment to the 2018 Military Construction, Veterans Affairs and Related Agencies Appropriations Bill would prohibit federal funds from interfering with a veteran’s ability to take part in medical marijuana programs approved by states where cannabis is legal.

Hyperlink to Above

3.6 - Charleston Gazette-Mail: Relocated VA outpatient center hopes to provide ‘warm’ environment for veterans (14 July, Erin Beck, 435k online visitors/mo; Charleston, WV)
He didn’t talk about it for years. Now he wants people to listen. Ernest Willey, who is from Charleston, was about 20 years old when he served in the U.S. Army in Vietnam. “It’s funny how one year can change your whole life,” he said.

Hyperlink to Above

3.7 - World Socialist Website: Trump administration signs law stripping job protections from Department of Veterans Affairs employees (14 July, Nick Barrickman, 278k online visitors/mo; Oak Park, MI)
President Trump’s signing into law of the Accountability and Whistleblower Protection Act last month marks a deepening of the administration’s attack on federal workers. The legislation erodes job protections for Department of Veterans Affairs employees; limiting their abilities and time windows to appeal unjust firings while cutting off benefits for workers who are under review for disciplinary action.

Hyperlink to Above

3.8 - Lubbock Avalanche-Journal: Mental Health Summit highlights mental health services, partnerships, changes through Lubbock VA clinic (14 July, Ellysa Harris, 194k online visitors/mo; Lubbock, TX)
The Lubbock VA Clinic has doubled its staff and amped its efforts to provide adequate mental health care for veterans within the past eight years, according to Dr. Michael Lambert. Its two biggest priorities regarding mental health have been to increase access for veterans and decrease rates of suicide among the veteran population, said Lambert, chief of mental health and behavioral services for the Amarillo VA Healthcare System.

Hyperlink to Above

3.9 - WCIV (ABC-4, Video): New housing facility for homeless veterans to open in North Charleston (14 July, Brodie Hart, 162k online visitors/mo; Mount Pleasant, SC)

Friday brought 74 homeless Lowcountry vets one day closer to being off the streets during the grand opening of Patriot Villas in North Charleston. “We believe what we are doing will serve and honor people,” said John Saukas, a partner of ANKAJO Properties, LLC. The group has converted the former Catalina Inn on Rivers Avenue into apartments reserved for homeless vets.

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3.10 - KKCO (NBC-11, Video): Mental health summit addresses opioid issues (14 July, Joey Prechtl, 64k online visitors/mo; Grand Junction, CO)
Veterans are twice as likely to die from an accidental overdose than civilians. That was one of the issues discussed at the VA mental health summit on Thursday in Grand Junction. Speakers talked about how prescribing more and more opioids creates more problems than fix. The community came together to learn more what it can do to curb the opioid epidemic affecting veterans across the country.

Hyperlink to Above

3.11 - Altus Times: VA opens outpatient clinic. Vets’ access to care now local (14 July, Katrina Goforth, 40k online visitors/mo; Altus, OK)
For many U.S. Veterans, the toll of service is lasting. The U.S. Census Bureau reports that there were 3.8 million veterans with service-connected disabilities of the 19.3 million veterans in the U.S. in 2014, the most recent year for which data was collected.

Hyperlink to Above

4. Women Veterans

4.1 - The Herald-Sun: The military discharged her. Then she found solace in writing (13 July, Ana Irizarry, 189k online visitors/mo; Durham, NC)Tracy Crow’s first few weeks as a Tracy Tracy Crow’s first few weeks as a military journalist were filled with an editor’s red ink corrections. Eventually she became a highly respected and decorated combat correspondent, she said, until she had an affair with a general. “I left under honorable discharge,” she said. “But I left under conditions that were certainly less than honorable.”

Hyperlink to Above

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Mlive (Video): Middle-schooler's lemonade stand raises money for Saginaw VA Hospital (14 July, Von Lozon, 10.8M online visitors/mo; Ann Arbor, MI)
During summer break, some kids ride their bikes, go for a swim or simply play with friends. Other kids like 11-year-old Samantha Stricker sell lemonade -- at a home-built lemonade stand that her and her mother Kelli Stricker assembled in two days -- and give all proceeds to a worthy cause.

Hyperlink to Above

6.2 - The Journal: Montezuma Hearing in Cortez thanks veteran customers. Clinic celebrates three years in Veterans Choice program (14 July, Stephanie Alderton, 43k online visitors/mo; Cortez, CO)
The Montezuma Hearing Clinic held its first appreciation dinner for veteran clients. The clinic, on Cottonwood Street in Cortez, provides hearing aids for a large number of Montezuma County veterans. It's one of the few hearing clinics in the region that participate in the Veterans Choice program, which allows community health providers to serve people enrolled in the U.S. Department of Veterans Affairs healthcare plan.

Hyperlink to Above

6.3 - WSGW (AP-790): Saginaw Township Girl Selling Lemonade To Help Veterans (13 July, Bill Hewitt, 2k online visitors/mo; Saginaw, MI)
For years, young people have had a lemonade stand in front of their home. An 11-year-old Saginaw Township girl, Samantha Stricker, is taking the concept to a new level. She's heard of kids selling lemonade for cancer or other charities, but never to help veterans. It's the third year for her lemonade stand, raising $250 in the first two years. She has a goal of $500 this year.

Hyperlink to Above

7. Supply Chain Modernization

7.1 - Healthcare IT News: Senate passes VA appropriations bill, omits Cerner EHR funding (14 July, Jessica Davis, 438k online visitors/mo; Chicago, IL)
The Senate Appropriations Committee passed the 2018 Military Construction and Veterans Affairs bill on Thursday, which provides the agency with $192.8 billion in total funding. Included in the funds is $88.9 billion in discretionary funding - $6 billion more than the fiscal year 2017. But the amount is $568 million less than what was proposed in the President's budget request.

Hyperlink to Above

8. Other

8.1 - Courier-Journal (Video): Brownsboro Road VA site still tops despite Jewish Hospital speculation (14 July, Darla Carter, 2.1M online visitors/mo; Louisville, KY)
Though Jewish Hospital was discussed as a possible home for a new Veteran Affairs medical center, the controversial Brownsboro Road location continues to be the top site. The idea of using Jewish Hospital has been part of general community speculation about what might happen to the facility, which is being sold by KentuckyOne Health.

Hyperlink to Above

1. Top Stories

1.1 - The Wall Street Journal: GOP May Tie Debt-Limit Increase to Veterans Bill (14 July, Richard Rubin, Nick Timiraos and Kristina Peterson, 43.6M online visitors/mo; New York, NY)

WASHINGTON—Republicans are considering tying a must-pass increase in the federal debt limit to funding for a program that lets military veterans get medical care outside of Veterans Affairs facilities, people familiar with the idea said.

The legislative move, still in the early stages of discussion on Capitol Hill, would let Republicans claim a policy victory while raising the federal borrowing cap.

The federal government has already hit the debt limit, which had been suspended until March and was then reset at $19.8 trillion. The Treasury Department is using so-called “extraordinary measures” or emergency cash-conservation steps, to pay the government’s bills for now. The government’s ability to use those tools is expected to run out in early-to-mid-October, according to the Congressional Budget Office.

The Treasury Department’s cash balance, however, could drop to very low levels in early September, which this spring prompted warnings about potentially raising the debt limit before the August congressional recess.

Without an increase, the government would start missing promised payments, such as interest on the national debt, paychecks for federal workers and benefits for recipients of Social Security and other programs. The administration has urged Congress to act quickly.

The debt-limit vote is often challenging for lawmakers. Although the vote merely allows the government to pay the bills stemming from past spending and tax decisions, it can appear to voters and political opponents like a vote for more debt.

The upcoming debt-limit vote will be the first once since March 2006 with Republicans in control of the House, Senate and White House. Raising the limit will bring little joy for Republicans, many of whom want to tie spending cuts or other fiscal restraints to the debt limit.

As a result, the debt limit is likely to be attached to other must-pass legislation or to something like the veterans bill that is politically popular. The White House is supportive of the strategy, one of the people familiar with the discussions said.

House Veterans Affairs Committee Chairman Phil Roe (R., Tenn.) said Friday he could see the logic of pairing the veterans bill with raising the debt limit, traditionally a tough vote for many Republicans.

“You know how this place works: You always stick something people love onto something people hate,” Mr. Roe said. “Obviously something that has to be done—that’s what we always do to get the debt ceiling” raised, he said.

Mr. Roe noted that GOP leaders hadn’t discussed with him the idea of pairing the bills.

Congress created the Veterans Choice program in response to long wait times for medical care at VA facilities.

President Donald Trump signed legislation earlier this year that eliminated an Aug. 7 expiration and extended authorization for the program until it runs out of the $10 billion that Congress put in the program in 2014. That account was down to $821 million in mid-June, Veterans Affairs Secretary David Shulkin told a Senate committee.

Mr. Shulkin said then that the program will “dry up by mid-August” without the ability to transfer money from one VA account to another. That could create pressure on Congress to act before the August recess.

Congressional leaders haven’t announced their plans for the debt limit, though Senate Majority Leader Mitch McConnell (R., Ky.) has delayed the chamber’s August recess by two weeks, and said the debt limit was on the legislative agenda for that period. They are expected to seek an increase that is large enough to avoid having another vote before the 2018 election.

Orrin Hatch (R., Utah), the chairman of the Senate Finance Committee “is working with the administration to get more details on what the appropriate time will be for Congress to act to raise the debt ceiling and is continuing to work with his colleagues in Congress to find a viable path forward to achieve this goal,” said his spokeswoman, Julia Lawless.

— *Kate Davidson contributed to this article.*

Back to Top

1.2 - Reuters Health: **Dying veterans boost participation in hospice care** (14 July, Ronnie Cohen, 43.6M online visitors/mo; New York, NY)

An initiative to enroll dying veterans in hospice care appears to be working, and its success may offer clues for how to persuade others who are terminally ill to join the highly lauded end-of-life program, a new study shows.

After the U.S. Veterans Administration implemented its Comprehensive End of Life Care Initiative in 2009, growth of enrollment of terminally ill male war veterans in hospice care outstripped enrollment growth in hospice programs for elderly men who did not serve, according to the report in Health Affairs.

More veterans likely enrolled in hospice care because the initiative allowed them to continue to have curative treatments, said Joanne Spetz, a professor at the Institute for Health Policy Studies at the University of California, San Francisco. Other hospice programs require participants to cease disease-modifying treatment.

Spetz suspects that being able to use both hospice and concurrent care motivated people to sign up for hospice care "because it wasn’t an either/or decision,” she said in a phone interview.

Deciding to forego chemotherapy, radiation or any other possible curative treatments can be difficult for patients and families, said Spetz, who was not involved in the study.

“There’s fear that if I sign up for hospice, I’ve given up,” she said. “It’s also hard for the physician, who’s trained that death is a loss.”

Researchers compared hospice use among more than 1.1 million male veterans ages 65 and older between 2007 and 2014 with more than 140,000 demographically similar Medicare beneficiaries not enrolled in VA healthcare.

By 2011, they found that 44 percent of veterans who died in hospitals took their last breaths in hospice beds, compared to 30 percent in 2008. By 2012, 71 percent of veterans dying of cancer were enrolled in hospice.

Lead author Susan Miller, a professor at the Brown University School of Public Health in Providence, Rhode Island, and her team structured the study to examine whether the VA initiative drove growth beyond that in the general Medicare population.

Before the initiative, veterans were 15 percent less likely than non-veterans to go into hospice, Miller said in a phone interview. Today, they're 2.4 percent more likely.

The VA initiative focused on increases in palliative and hospice care. By 2012, the VA had installed 54 new hospice and palliative-care inpatient units, the authors write.

Elderly men who were not veterans increased hospice use by 5.6 percent between 2007 and 2014, while older male veterans increased hospice use by 7.6 percent, the study found.

Previous studies repeatedly document that dying people receive higher-quality end-of-life care with hospice, the authors write.

"Numerous studies show hospice improves quality of care and results in less aggressive and undesired care, such as emergency room visits and hospitalizations near the end of life," Miller said.

"The quality is better, and families feel it's better," she said.

Spetz applauded the VA initiative for its concerted effort to provide palliative-care and hospice staff across the country. But she wondered if the effort could be reproduced in other healthcare systems.

"If you tried to implement this program in a community program, it would be a lot harder," she said. "It speaks well for integration of care because many people have very, very fragmented care. Could you really pull this off outside the VA?"

The U.S. Centers for Medicare and Medicaid Services is currently testing a hospice program that allows curative care to continue, called the Medicare Care Choices Model.

Miller believes conversations between patients and clinicians soon after a diagnosis of serious illness are key.

"The VA's having discussions with veterans earlier to understand preferences and to meet their needs," she said.

"It's the conversations that are so important," she said. "The VA is trying to have more of these conversations and document the preferences earlier."

Back to Top

1.3 - ABC News (AP): **Lawyers: Government seeking to deport Iraq War veteran** (14 July, Gene Johnson, 24.1M online visitors/mo; New York, NY)

An immigrant rights group is asking the U.S. Department of Homeland Security to release an Iraq War veteran who has been detained for more than three months while waiting to learn whether he'll be deported.

Chong Kim, a South Korean immigrant and green card holder from Portland, Oregon, joined the National Guard in 2005 and served in Iraq in 2009 and 2010. He came to the U.S. more than 35 years ago, at age 5, and he became a legal permanent resident in 1981.

The Seattle-based Northwest Immigrant Rights Project said Friday that after Kim was honorably discharged, he struggled with homelessness, addiction and post-traumatic stress, leading to convictions for burglary and other charges in 2013 and for attempted arson last year. He's been doing well since completing a 4?-month inpatient treatment program run by the Department of Veterans Affairs in January, the group said.

Immigration agents arrested him April 5 and brought him to a detention center in Tacoma, Washington. They plan to deport him because of his convictions. But his attorney, the immigration group's Tim Warden-Hertz, is fighting it, saying the attempted arson conviction is not one that should prompt his deportation.

"You commit a crime, go to jail, but there's no reason we should ever deport a combat veteran," former Staff Sgt. Ryan Kell, who was Kim's team leader in Iraq, said Friday. "What's he going to do in Korea? He doesn't speak Korean. He hasn't been there since he was 3."

Warden-Hertz said that "while Mr. Kim has taken responsibility for his mistakes, the government refuses to see him as anything other than a list of criminal convictions."

In an emailed statement Friday, U.S. Immigration and Customs Enforcement did not comment beyond confirming that Kim was detained "after it was determined he has a prior felony conviction in Multnomah County for" attempted arson and other charges.

The attempted arson conviction came in a special veterans court after he filled an empty beer bottle with gasoline, lit it on fire and threw it at a concrete outer wall at the back of a hardware store, Warden-Hertz said. Kim only wanted to see the bottle blow up and never intended to burn the building, he said.

"It was a dumb idea, but it didn't lead to anyone being hurt or endangered," he said. "The damage was discoloration of paint."

Kell said that Kim drove him in a mine-resistant vehicle for their entire Iraq deployment and that he was a stellar soldier.

"Some guys tend to do better on deployment than they do in the real world," Kell said. "When we came back it seemed his life unraveled a little bit. He had some drug problems, and then he started having some legal problems."

In 2013, when Kim faced the threat of deportation for the first time following a shoplifting incident that escalated into a fight with a security guard, Kell said, Kell drove to Tacoma to testify on his behalf before an immigration judge. The judge agreed to let Kim go — but warned him not to get in trouble again, Kell said.

"I'm in the same position I was with him four or five years ago," he said. "Do I feel he has been a great member of society? No, he probably hasn't. Do I believe he should be deported? No, I don't."

Warden-Hertz sent ICE a letter Thursday asking for Kim's release pending the outcome of the deportation proceedings. The petition included letters from a clinical psychologist who detailed Kim's success in the substance abuse program as well as from a clinical nurse manager at the Portland VA Health Care System, where Kim began working in January as a housekeeper at a cardiology and oncology unit.

"Mr. Kim demonstrated exceptional team work," the nurse manager, Cynthia Fahy, wrote. "It was regularly reported to this manager that he often went out of his way to assist other housekeepers and nurses."

The attorney also submitted a letter Kell wrote to the immigration court in 2013. Kell described how on one mission Kim "stopped our entire squad in order to help an Iraqi national whose vehicle was on fire. Without Mr. Kim that man could have lost his livelihood or even his life."

"War can change a person, but Mr. Kim gave selflessly of himself in order to protect and serve this nation," Kell wrote. "I ask that you give Mr. Kim another chance and let him stay in this country that I know he loves."

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1.4 - Military Times: **No expiration date for 'beefed up' GI Bill benefits under new proposal**
(14 July, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)

Future military veterans will no longer have to worry about an expiration date on their education benefits if newly proposed legislation in the House of Representatives makes its way to the president's desk.

The Harry W. Colmery Veterans Education Assistance Act of 2017 would make several changes to the Post-9/11 GI Bill, including an expansion of benefits for reservists, Purple Heart recipients, and surviving dependents, as well as the elimination of a requirement that veterans use their education benefits within 15 years of active-duty service.

The removal of the 15-year requirement would only apply to service members who become eligible for the GI Bill after 90 days of active-duty service after January 1, 2018 — not current veterans or service members who are already eligible.

The House Committee on Veterans' Affairs announced the bill Thursday, stressing that months of bipartisan work and countless discussions with veterans went into crafting the legislation.

In his remarks at a public forum, Committee Ranking Member Rep. Tim Walz, D-Minn., said the 15-year cap was “really holding people back” in the “reality of the new world” — a sentiment shared by Rep. Elizabeth Esty, D-Connecticut, who told the story of a 92-year-old veteran student in her district.

Eliminating the expiration date “is a big deal,” Walz said, “and we’re very proud of that.”

He said the committee’s goal is to get the bill to President Trump as soon as possible so that it can start helping vets immediately. But first, the bill will go through a legislative hearing on Monday, a committee markup on July 19, and a floor vote sometime before August, according to lawmakers and committee staff. It must also get the Senate’s approval before ending up at the White House, though committee members appeared confident that it would pass.

Other highlights of the legislation include retroactive restoration of benefits for GI Bill users affected by school closures since 2015. This would include thousands of veterans who lost their benefits to the now-defunct for-profit college systems Corinthian Colleges and ITT Tech. The bill also provides additional funds for military students pursuing degrees in science, technology, engineering and math, commonly referred to as STEM fields, a provision of particular interest to House Majority Leader Rep. Kevin McCarthy, R-Calif.

“As technology continues to change the landscape of work and education we must keep our policies up to date to provide our veterans the opportunity to obtain necessary skills for the 21st century," he said in a written statement. "The current GI Bill needs to be refreshed so veterans can apply their earned benefits to new technology-based education models.”

Senate Committee on Veterans' Affairs leaders Sen. Johnny Isakson, R-Ga., and Sen. Jon Tester, D-Mont. applauded the legislation in a joint statement, adding that they're working on their own version of a GI Bill overhaul. A staff member for the committee confirmed senators' intent to include the provision that removes the time limit on GI Bill benefits.

The reaction from veteran service organizations meeting with committee members on the Hill Thursday was largely positive.

Got Your Six Government Relations Director Lauren Augustine said that while the organization would have wanted all veterans to benefit from the 15-year cap removal, there wasn't enough money.

“That’s really where compromise comes into play,” she said, praising the committee’s bipartisan efforts to create legislation that can pass the House and the Senate even in a sharply-divided Washington, D.C. “This is a benefit looking forward and making sure that we’re taking care of future generations of veterans.”

Student Veterans of America had a similar message.

“At the end of the day, you’re always trying to balance the cost with the importance of the policy,” said Will Hubbard, the organization’s vice president of government affairs. “I think what we’ve been able to come to a conclusion on is a really strong policy that’s going to help thousands of students and their families.”

Veterans of Foreign Wars referred to the legislation in a statement as a “beefed up Post-9/11 GI Bill” that recognizes service members’ sacrifices in the ongoing war.

“There’s a piece of the pie for everybody,” Augustine said. “It’s good to see everybody have a win out of this.”

Still, some feel the bill doesn’t quite go far enough.

Kristofer Goldsmith, assistant director for policy and government affairs at Vietnam Veterans of America, was happy with the progress the bill represents, but noted that it doesn’t extend to “bad paper” veterans who are not eligible for the GI Bill.

“What we care about most, what we want to still see get done, is we’d like to see every veteran who is kicked out who has PTSD, who has TBI (a traumatic brain injury) who lost their access to the GI Bill gain eligibility,” he said. “That’s not in this, but that’s VVA’s next major priority when it comes to the GI Bill.”

The committee's efforts to overhaul the Post-9/11 GI Bill in recent months haven't been without controversy.

A draft plan circulated by the committee in April drew fire after it initially proposed paying for the $3 billion cost of upgraded benefits over 10 years by reducing new enlistees' monthly pay by $100 per month. Some veterans' groups sharply criticized that plan as an unfair "tax on troops," noting that Army privates typically earn less than $1,500 per month.

The legislation unveiled by the committee Thursday would be paid for through a slight reduction in housing stipend payments.

Total government spending on the GI bill is expected to be more than $100 billion over 10 years.

“This is a really important day and a day that should be celebrated,” committee member Rep. Julia Brownley, D-Calif., said. “Not only have (veterans) given to our country and served our country, but they are also giving to their communities while they’re learning and they are then turning around and fulfilling jobs and enriching their community.”

“It’s a twofer," she continued. “It’s a valuable, valuable investment that we’re making – not only in our veterans, but also in our future."

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1.5 - Stars and Stripes: House plans to pass 'Forever' GI Bill by August (14 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The House Committee on Veterans’ Affairs will hold a hearing Monday about a large expansion of veterans' education benefits with a plan to vote on the measure Wednesday and have the bill sail through the House in just two weeks, ahead of a monthlong summer recess.

The legislation was introduced Thursday, and in a show of goodwill uncommon in a divided Congress, Republicans and Democrats gathered to exchange compliments at the bill's release. It was a stark contrast to a few months ago, when controversy about how to pay for the

estimated $3 billion expansion of the GI Bill led to the cancelation of a House hearing and caused some veterans advocates to believe the deal was dead.

“In any Congress, especially in recent Congresses, that’s usually a death knell,” said Rep. Tim Walz, D-Minn. “[Rep. Phil Roe] refused to accept that and came back to retool. Because of that, we’re going to enhance one of the best programs that has ever come out of this Congress. We continue to prove we can get things done that do matter.”

Walz, the ranking Democrat on the veterans’ affairs committee, and Roe, a Republican from Tennessee who is chairman of the committee, are co-sponsors of HR 3218, titled the Harry W. Colmery Veterans Educational Assistance Act of 2017. It’s named for a past commander of the American Legion who authored the original GI Bill of Rights in 1944.

The legislation combines 18 different bills and about 30 provisions and is supported by 40 military, veterans and higher education advocacy groups.

The committee will hold a hearing about the bill Monday at 7:30 p.m. EST and vote Wednesday at 10 a.m. GOP leadership wants to schedule a floor vote before August.

Walz said he and Roe were working with Sen. Johnny Isakson, R-Ga., and Sen. Jon Tester, D-Mont., the chairman and the ranking member on the Senate Veterans’ Affairs Committee, to achieve a similar time frame in the Senate.

In a statement Thursday, Isakson and Tester said they are drafting similar legislation.

The House bill boosts tuition and housing aid for National Guard and Reserve members, as well as veterans majoring in a science, technology, engineering or mathematics field. It extends the GI Bill to all Purple Heart recipients and fixes a Pentagon deployment authorization that has kept about 5,000 reservists and guardsmen from accumulating education benefits.

The package also addresses veterans’ losses when their schools close mid-semester. Last year, when for-profit ITT Technical Institute closed its doors, thousands of veterans who attended the campuses were unable to recover lost education benefits. The bill calls for the Department of Veterans Affairs to restore tuition costs and boost living stipends for veterans caught in those situations.

One of the biggest shifts would be to drop the 15-year time limit on veterans to tap into their education benefits after they leave military service. The change would apply only to servicemembers who enlist after the expanded GI Bill takes effect, which is expected to be Jan. 1, 2018.

“Because of the nature of the new warriors who are serving, the cap on the benefit is really holding people back,” Walz said. “Using these benefits whenever you want to use it is the reality of the new world, and that is a big deal.”

The legislation also includes a more symbolic change – to drop the “Post-9/11” from the name and use “GI Bill.” Advocates with Student Veterans of America, who led the effort to reignite momentum in Congress on the issue, said untying the GI Bill from one conflict could help protect it from future attempts to cut its funding. The group is calling the proposed expansion the “Forever” GI Bill.

After it caused dissension between veterans organizations in April, advocates dropped an idea to pay for the bill by deducting $100 per month for two years from new enlistees' pay. Iraq and Afghanistan Veterans of America blasted the idea at the time as a "tax on troops."

Now, lawmakers are instead proposing a decrease to veterans' living stipends to fall in line with active-duty servicemembers' basic housing allowance. The change would not apply to people currently using the GI Bill.

IAVA gave its support to the bill Thursday.

"The GI Bill is getting stronger today," said IAVA Executive Director Allison Jaslow. "And we're doing it without charging a fee to new troops."

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1.6 - WFED (AM-1500): Lawmakers call for full review of outdated and crumbling VA facilities (14 July, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

Congress is once again attempting what has since been an impossible task — a full and actionable review of the Veterans Affairs Department's more than 6,000 owned buildings and 1,500 leased facilities that many say are underutilized, outdated and insufficient to meet the modern medical needs of an evolving veteran population.

Without a complete, transparent and apolitical review of the department's capital assets that span more than 170 million square feet, Congress, the Government Accountability Office, veterans service organizations and the independent Commission on Care fear VA will turn from a caretaker of veterans to a "caretaker of an extensive portfolio of vacant buildings."

Acknowledging the task as a "complex and emotional issue," House Veterans Affairs Committee Chairman Phil Roe (R-Tenn.) called for a top-to-bottom review of the Veterans Health Administration's capital assets.

"A capital asset review and realignment free of political influence is critical to ensuring that the VA health care system remains strong and sustainable for veterans today and tomorrow," he said during a July 12 hearing.

His colleagues on the committee, both Republican and Democrat, seemed to agree and recognized the urgency of the situation.

After all, VA medical facilities are, on average, 60 years old — five times older than most non-profit hospital buildings. They were designed to handle the influx of injured World War II and Korean War veterans in the 1940s and 1950s.

In addition. the department then concentrated construction in the northeast and midwest areas of the United States, but VA predicts more veterans are expected to move to the south and southwest. The department also projects a 14 percent decrease in the veteran population by 2024.

But as former VA Secretary Anthony Principi told the committee, the department has had these conversations with Congress before.

Principi launched the Capital Asset Realignment for Enhanced Services (CARES) Commission in 2003 to conduct a similar review of VA facilities. But Congress didn't fully implement the commission's recommendations and instead looked at individual facilities.

Recommendations that suggested the construction of a new facility generally received congressional support, Principi said. But lawmakers quietly dispensed with those that called for a consolidation or closure, he added.

"When you don't have some teeth behind it, it will fail," Principi said of the committee's goal of reviewing all VA capital assets. "The pluses were good, but those that wanted to realign or close a facility became difficult because of the political process. It becomes very, very difficult."

Principi said VA should create a commission, have the secretary present a final plan to Congress and then let lawmakers vote on the complete package of recommendations as a whole.

"What you're saying … is that you need politicians like us to be courageous enough to make the case for why certain facilities have to be closed for whatever reason and not make it about abandoning veterans in their time of need," Rep. Kathleen Rice (D-N.Y.) said. "That's always been the hot potato that no one ever wants to touch. It's not enough for us to just sit here and ask you what can we do to help you? We know what we can do to help this realignment that has to happen."

"If we don't do that … the VA will fail and will fail the needs of veterans," Principi said. "I don't think this can be sustained 10 or 15 years."

The department estimated it needs about $50 billion to upgrade or replace existing facilities and meet modern medical needs.

VA Secretary David Shulkin said the department wants to dispose, consolidate or sell more than 1,100 outdated, underutilized and vacant facilities within the next two years.

It's already begun the process of disposing or reselling 142 of those buildings now. The department has about 430 vacant or nearly empty buildings that are more than 60 years old, which cost VA about $7 million a year to maintain.

Facility consolidation was one of 13 areas of focus for Shulkin when he described the "state of VA" in May.

Shulkin's predecessor, Secretary Bob McDonald, called for a similar realignment process early in his tenure as secretary.

The department said it's not for a lack of trying. It disposed or repurposed more than 1,000 buildings — a total of 8 million square feet — since 2004.

VA currently has 28 leases pending authorization from Congress, which represent about 2.2 million annual visits of care, said James Sullivan, director of the department's Office of Asset Enterprise Management.

In addition, VA doesn't have one set method to dispose of a building, Sullivan said. Environmental and regulatory factors can slow down the process of elimination, and many VA facilities have historical designations.

In other cases, VA returns buildings to the General Services Administration.

"If we're going to GSA to sell it, it's going to be based upon the market, what GSA can get for those buildings and how hard they find [it] is to do it," Sullivan said. "If we find a partner to reuse it, it could move pretty quickly. If it's a simple demolition depending upon historic and environmental issues at the site, it could be anywhere from six months to 18 months."

As the department ramps up efforts to sell, dispose or demolish vacant and underutilized buildings, it's beginning to work more closely with GSA.

"We did not use GSA, quite honestly, until the last year or two, because prior experiences with GSA were not very receptive to moving properties," Sullivan said. "But I think they have retooled and refocused, so it's a good opportunity."

Yet as the Government Accountability Office said, VA currently lacks the process and the data necessary to make grounded decisions about its facilities.

"How can VA determine a building is necessary to meet a veteran's need when VA at this time can't determine how much need is being met using the existing building?" committee Ranking Member Tim Walz (D-Minn.) said. "Complex problems mend complex solutions. The failure of the CARES Commission to execute its recommendation proves that a commission is not enough."

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2. Veteran and Employee Experience

2.1 - The Guardian: Iraq veteran facing deportation speaks out from jail: 'I would feel utterly alone' (14 July, Sam Levin, 14.6M online visitors/mo; New York, NY)

Chong Kim gathered paperwork demonstrating his recent accomplishments and headed to a federal building in Portland to meet an immigration officer. It was 5 April, and the 41-year-old housekeeper thought he was heading to a routine check-in.

The officer, however, wasn't interested in his achievements. The Oregon man quickly learned he was facing possible deportation to his native South Korea, a country he left at five years old.

"It frightens me to think about," said Kim, wearing an orange jail uniform, seated in a small windowless room at a detention center in Tacoma, Washington, one of the country's largest Immigration and Customs Enforcement (Ice) facilities and the site of frequent protests. "How impossible a task would it be to rebuild my life from scratch? I would feel like I'm utterly alone."

The deportation case, based on an old criminal record, is particularly disturbing to his friends and family given that Kim is an Iraq war veteran who struggled with drug abuse after his deployment, but had recently turned his life around.

“It’s hard to imagine a more clear example of someone being a part of a country than putting their life on the line for it,” said Tim Warden-Hertz, Kim’s lawyer and a directing attorney at the Northwest Immigrant Rights Project. “There’s this hidden process of deporting veterans.”

His detention comes a time of increasing alarm across the country about the devastating impacts of Donald Trump’s crackdown on immigrants, which has affected refugees who fled persecution, victims of violence, undocumented people brought to the US as children, and parents seeking green cards, among others.

And the push to deport Kim has shined a light on the lack of immigration protections for non-citizen military veterans and the severe consequences for immigrants caught up in the criminal justice system – even after they’ve rehabilitated their lives.

Kim had a green card and was legally admitted to the US in 1981 with his parents. He grew up in Portland and worked for UPS and his family’s convenience store before enlisting in the military in 2005.

The US was the only home Kim knew, and he decided it was his duty to serve.

“It felt like something I should do, particularly at a time of a war,” he told the Guardian in his first interview about his case. Kim said that joining the military was one of the best decisions of his life.

“It gave me the ability to stand up tall and say, ‘You’re just as American as anyone else.’”

Deployed to Iraq in 2009, he served as a driver of a Mine Resistant Ambush Protected (M-Rap) vehicle. On one mission, he helped save an Iraqi national whose vehicle was on fire, according to an army member’s testimony.

After being honorably discharged in 2010, Kim lived with severe drug addiction and eventually became homeless, sometimes shoplifting food, he recalled. In 2013, he was convicted of first-degree burglary after he was caught trying to steal groceries. He was subsequently detained by Ice and threatened with deportation, but ultimately released.

He did not, however, get the help he needed. One day in February 2016, Kim said, he was high and bored and filled an empty beer bottle with gasoline, lit it on fire and threw it at a brick wall behind a store. He said he thought no one was watching, but someone called police and he was charged with felony arson.

“I was not in the right state of mind,” he recalled.

His attorneys argued that the act was in effect a careless prank and that he had no intention of hurting anyone. There were no injuries and only minor damage. Kim pleaded guilty to attempted arson and was sentenced to treatment. He entered a residential substance abuse program run by the US Department of Veterans Affairs (VA) last August and successfully completed it in January, records show.

“It was the first time in my life I was hopeful,” said Kim, who became sober and got a job as a cleaner at a VA hospital.

When he got the call to meet with an immigration officer in April, he thought he was just switching probation officers. Three months later, his case is still pending.

Ice declined to comment on the specifics of the case, saying in a statement it was under review and that Kim was arrested “after it was determined he has a prior felony conviction”.

After the inauguration of Trump – whose anti-immigration agenda and xenophobic rhetoric was central to his campaign – Ice arrests increased by 40%. That could be a factor in Ice’s decision to target Kim months after his criminal case was resolved and after he got the rehab he needed through the VA, another branch of the federal government.

The deportation of veterans, however, is not a new problem. Records suggest that more than 230 were deported in 2016 under Barack Obama, and Democrats have recently pushed for legislation to help deported veterans return to the US.

Jordan Meyers, a 29-year-old veteran who met Kim at a veterans’ support group, noted that many vets suffered from post-traumatic stress disorder, which can lead to drug problems and run-ins with the law. Those vets need programs and services, not deportation, he said.

“Is this how we support our troops?”

Asked about the deportation of veterans, an Ice spokeswoman added: “The Department of Homeland Security will not exempt classes or categories of removable aliens from potential enforcement.”

Kim is also classified as the kind of “violent felon” prioritized for deportation under Obama, and activists said his case demonstrated that when conservatives and progressives alike argue that Ice should focus on “criminals”, there’s little consideration for immigrants’ individual circumstances and whether they actually pose a public safety risk.

“He’s not a danger to anyone,” Warden-Hertz said of Kim. “It’s tragic. Just as things are finally going well, Ice calls him in and detains him.”

Kim, who was living with his father at the time of his recent arrest, said he did not speak much Korean, and had no idea how he would find a job if he were deported.

It’s also been painful, he said, to watch other detainees get shipped away every few weeks, especially those torn apart from their children.

“It’s frightening, because I don’t know what happens to people when they leave here.”

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2.2 - Military.com: New GI Bill Would Make College Education a Lifetime Benefit (14 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)

A bipartisan bill was introduced in the House of Representatives on Thursday to make the GI Bill for post 9/11 veterans a lifetime education benefit for new recruits who go on to serve three years of active duty.

Current post 9/11 veterans who qualify for the GI Bill would still be subject to the use-it-or-lose-it time limit of 15 years for the education benefit under the proposed "Harry W. Colmery Veterans Educational Assistance Act of 2017," named for the late American Legion national commander who wrote the original GI Bill in 1944.

The proposed bill also included reforms and changes to the qualifications for the GI Bill for Purple Heart recipients, National Guard and reservists, the dependents of veterans, and victims of for-profit school closures.

At a news conference, Rep. Phil Roe, R-Tenn., chairman of the House Veterans Affairs Committee, said he expected to hold a hearing Monday on the GI Bill proposal ahead of quick passage by the full Committee.

House Majority Leader Kevin McCarthy, R-Calif., told the Associated Press that he also expected quick passage by the full House. "We'll move it out this month," he said.

On the Senate side, Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans' Affairs Committee, said he was preparing to introduce a companion bill to the House version.

Rep. Tim Walz, D-Minn,, the ranking member on HVAC, said the bill would "enhance one of the best programs ever to come out of Congress," a reference to the original GI Bill that gave a college education to many returning World War II vets.

Proponents of the bill stressed the "forever" provision that would allow new recruits to use the GI Bill whenever they choose and not be bound by the 15-year limit. "This takes off that 15-year window," said Rep. Jack Bergman, R-Mich., a member of HVAC and a retired Marine lieutenant general.

If passed by Congress and signed into law by President Donald Trump, the new bill would take effect recruits who enlist after Jan. 1, 2018.

Veterans service organizations enthusiastically backed the bill. "This bill, as currently written, would launch a new era for all who have honorably served in uniform, and for the nation as a whole," said Charles Schmidt, national commander of the American Legion.

The new bill would address what were seen as shortcomings in the GI Bill of 2008 which guaranteed full-ride payment to any in-state public university -- or the cash amount for private college students similar to the value of a scholarship at a state college.

The old bill left out Purple Heart recipients who had not completed three years of active duty. The new bill would make Purple Heart recipients eligible for the education benefits no matter how long they served on active duty.

"This is going to mean a lot for a lot of wounded vets," said Aleks Morosky, legislative director of the Military Order of the Purple Heart. He estimated that 1,500-2,000 Purple Heart recipients had been ineligible for the education benefits because of the three-year active duty qualification.

The new bill would also restore educational benefits for vets who were enrolled in for-profit schools that shut down. Under the new provisions, those vets would be able to recover their educational assistance for future use.

In addition, National Guard members and Reservists who were involuntarily activated would become eligible for the full benefit received by their active duty counterparts.

In cases where a veteran transfers the education benefits to a dependent child, the new bill would eliminate the current prohibition against transferring the benefit to a second child should the first child die.

"This beefed-up Post-9/11 GI Bill recognizes the long service and sacrifice of the one percent of Americans who have voluntarily put their personal lives on hold to fight an unimaginable multi-front war for 16-plus years," Veterans of Foreign Wars National Commander Brian Duffy said.

"The strong congressional support also proves that taking care of veterans and their families is the most bipartisan issue there is in Washington," Duffy said.

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2.3 - The Stranger (SLOG): Army Team Leader, VA Psychologist Write Letters to ICE to Free Detained Iraq Veteran in Tacoma (14 July, Sydney Brownstone, 2.1M online visitors/mo; Seattle, WA)

Chong Kim, an Army vet who served in Iraq, came to the United States from South Korea at the age of five. Today, he sits in Tacoma's Northwest Detention Center awaiting deportation proceedings.

You can read more about Kim's story—his service, his subsequent struggles with addiction, homelessness, and a conviction for attempted arson—in this Guardian story. But you should also read the letters his Department of Veterans Affairs psychologist, as well as his Army team leader from his tour in Iraq, wrote to Immigration and Customs Enforcement (ICE) in order to try and free Kim.

After Kim pleaded guilty to attempted arson, he was sentenced to an in-patient substance abuse treatment program at the VA. His past convictions, according to his lawyer, stemmed from these addiction issues. But just two months after Kim successfully completed the program and found employment as a housekeeper at a veterans hospital, ICE launched deportation proceedings against Kim.

"War can change a person, but Mr Kim gave selflessly of himself in order to protect and serve this nation," Kim's former Army team leader, SSG Ryan Henry Kell, wrote. "I ask that you give Mr Kim another chance and let him stay in the country that I know he loves."

Read the full letters—from Kell, Kim's Army psychologist, and his VA manager—here.

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2.4 - KMGH (ABC-7, Video): Colorado veteran now being billed $14,000 by VA for 'overpayment' (14 July, Jason Gruenauer, 2.1M online visitors/mo; Denver, CO)

Army veteran Thomas Howard served in the military for two decades. And for the last 20 years, he's been receiving VA benefits. But due to a paperwork issue, the government organization says he's been getting paid too much -- $14,000 too much -- and now the VA wants the money back.

"Fourteen-thousand, nine-hundred twelve dollars and forty-eight cents. That's what they say I owe them that they overpaid me for the last 20 years," Howard said.

It all comes down to dependents. Howard has claimed two on his forms that haven't changed for two decades. But he's been married, gotten divorced, and been remarried. Meaning his dependents have changed.

He didn't change his forms with the VA, despite changing with the Department of Defense, the D.O.D. financial office, and the organization that provides military ID's to family members.

He went from having two dependents, to just one, to five.

"They overpaid me for one dependent for six years," Howard admitted. "But the paperwork that they underpaid me, we're not gonna accept any of the proof that you sent us that you had this many dependents."

He said the VA is only recognizing the time that he was "overpaid," not the years where he had more dependents than he was being paid for.

The VA sent Denver7 the following statement:

"In this case, the Veteran did not notify VA in a timely manner of his divorce from his second Wife, Kimberly, on April 16, 1999, so the Veteran was overpaid $14,912.48. He has no dependent children at all now that can be added to award."

Denver7 contacted Rep. Mike Coffman and Sen. Michael Bennet have both been notified of Howard's case. Neither has said yet if they will try to help him in his fight against the VA>

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2.5 - WISH (CBS-8, Video): Veterans await help after ITT Tech shutdown (14 July, 1.5M online visitors/mo; Indianapolis, IN)

WASHINGTON — When Carmel-based ITT Technical Institute shut down, thousands of the students impacted were veterans.

Classes just stopped, and few other schools would accept their credits. Many veterans had spent their GI Bill education benefits there.

U.S. Rep. Luke Messer, a Republican from Shelbyville, is hoping to change that.

If you were using federal loans to pay tuition at ITT Tech when it shut down, those loans could be forgiven.

But nearly 7,000 veterans were using military benefits to pay for college.

As of right now, they can't get those benefits back — and they have nothing to show for it.

When ITT Tech shut down, Messer said he heard from veterans in his district, who were stuck — with no way to continue their education.

"It's not fair that these veterans would lose their GI benefits through no fault of their own," he said. "If we really care about them, we need to do something about it."

Messer said his proposal, included in a GI Bill reform package, would give veterans the chance to start over, finish college and land a job.

"This legislation would restore those GI benefits, give those veterans the opportunity they earned."

The U.S. Department of Education cut off federal aid to ITT Tech last year, after investigating its recruitment tactics, lending practices and job placement figures.

Walter Ochinko with the group Veterans Education Success said for-profit colleges often prey upon veterans.

"They make a lot of promises that you're going to get a degree quickly, you're going to be able to transfer your credits if you want to," Ochinko said.

Messer's proposal would restore benefits for veterans impacted by school closures dating back to Jan. 1, 2015. Ochinko said while the bill is a good step, he wishes it would go back even further.

"This would level the playing field for veterans, he said. "They would be able to go back to school again."

Ochinko went on to say Washington should do more to crack down on for-profit schools that put veterans at risk.

"It really shouldn't be a partisan issue. It should be about protecting taxpayer dollars and protecting benefits that our service members have earned."

Do Democratic members of the Indiana delegation support this proposal?

A representative of Rep. Andre Carson, a Democrat from Indianapolis, said he's still reviewing the plan, but his initial reaction is that this seems like a good idea to help Indiana veterans.

U.S. Sen. Joe Donnelly, a Democrat from Indiana, said he wants to ensure veterans get the GI benefits they've earned — and he's working on similar legislation in the Senate.

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2.6 - The Patriot Ledger: Dozens of strangers turn out for Pembroke Marine's funeral (14 July, Benjamin Paulin, 298k online visitors/mo; Quincy, MA)

PEMBROKE - When Pembroke veterans' agent Robin Kernan heard that a local World War II veteran who died recently was going to be buried with no family attending his funeral, she knew she had to do something.

"He outlived his sweetheart and his neighbors were his family and his caretakers," Kernan said. "I don't know if he has any living relatives."

Malcolm "Mac" W. Phillips of Pembroke died July 9 at age 92. He was laid to rest at the Massachusetts National Cemetery in Bourne on Thursday. Phillips was born in Weymouth and served in the Marine Corps 3rd Division and the U.S. Navy as a pharmacist's mate 2nd Class.

Earlier this week, Kernan was hoping to recruit some people to go with her to the funeral and posted about it on the American Legion Post 143 Facebook page.

What followed shocked her. Dozens from the South Shore heeded the call - including police officers, firefighters, paramedics, veterans and complete strangers - all coming together to support a man they had never met.

"My heart was so warmed by the outcome. I was just blown away," Kernan said.

Members of police departments in Pembroke, Duxbury and Hanover gathered outside Sullivan Funeral Home in Hanover on Thursday morning to provide an escort to Bourne. Things grew from there with other communities getting involved, including Kingston, Marshfield and Plymouth.

"I thought we were going to have maybe six cars and it ended up being about 50 with fire departments, police departments, first responders lining the roads, overpasses, intersections, off-ramps, on-ramps, all over the place," Kernan said. "There were people on the side of the road saluting as we went by."

One of the officers who led the procession was Pembroke police Lt. Rick MacDonald. He heard about Phillips' funeral late Wednesday night and decided to attend.

"I'm a veteran and no soldier or airman is going to be left alone," MacDonald said. "I used to be a motorcycle cop, I did a lot of these escorts and every one of them was well planned out. This one was just done by social media. It looked like a caravan for the president."

Once the procession got to the cemetery there were even more people waiting. More than 50 people gathered to see Phillips laid to rest.

"There's just not that many World War II veterans left anymore. So, to hear about one being alone that's going to be buried in a national cemetery, people want to be a part of that and show their strength and support," Kernan said. "World War II veterans have been called 'the greatest generation.' He's part of a generation that shaped what we are and who we are today."

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2.7 - WTVW (FOX-7, Video): Helping Veterans after ITT Tech Shutdown (14 July, 202k online visitors/mo; Henderson, KY)

When Indianapolis-based ITT Tech shutdown, thousands of the students impacted were veterans.

Classes just stopped, some schools would not accept their credits, and many vets had spent their g-i bill education benefits.

Indiana Congressman Luke Messer is hoping to change that.

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Ochinko went on to say Washington should do more to crack down on for-profit schools, that put veterans at risk.

“It really shouldn't be a partisan issue. It should be about protecting taxpayer dollars and protecting benefits that our service members have earned.”

Messer is confident his plan will get bipartisan support.

The House Veterans' Affairs Committee is set to discuss the full GI bill reform package on Monday.

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3. Access to Healthcare

3.1 - The Hill: Trump's plan to privatize the VA will hurt vets (14 July, Suzanne Gordon, 11.8M online visitors/mo; Washington, DC)

In June, Congress passed the VA Accountability and Whistleblower Act, which makes it easier to dismiss any of the 300,000 employees of the Veterans Administration.

Republicans and Democrats who supported the legislation argued that VA care givers must be held accountable to the highest standards of clinical excellence and ethical behavior.

At a subsequent bill signing, President Donald Trump pledged that managerial or staff misconduct — like the falsification of data about wait times for patient appointments at a few VA hospitals — will never occur again.

In pursuit of this goal, the VA has launched an Office of Accountability and Whistleblower Protection. It is now posting a list of how many employees – and in what region or occupation and for what infraction — have been fired or disciplined.

At the same time, however, top leaders of the Veterans Health Administration (VHA) as well as a number of Congressional representatives are pressing ahead with plans to put more veterans' healthcare in the hands of private sector healthcare providers as they try to replace the Veterans Choice Program.

Under the three-year-old Choice program, veterans who live too far away from the nearest VHA facility or need a quicker medical appointment have been able to use private doctors and hospitals, at VA expense.

Critics of a variety of proposals to replace the Choice program fear that outsourcing veteran care to the private sector will divert billions of dollars from needed funding of VHA services to medical providers with less specialized training, little experience caring for veterans, and insufficient supervision.

They also fear these providers will not be held accountable for the care they provide.

Given the testimony the VHA provided at a July 12th hearing at the Senate Committee on Veterans Affairs, it looks like these fears are well founded and that private sector providers will not be held to the same standards now being applied to all in-house VHA staff.

At that hearing, Baligh Yehia, VHA deputy undersecretary for Health for Community Care, told senators that the CARE program his agency wants to create as a replacement of Choice will be based on "high-performing, integrated networks" in the private sector.

Sen. Joe Manchin (D-W.Va) asked Yehia whether the VA is "capable of overseeing and qualifying" such a vast private sector network — making sure providers have the "skill sets" needed to take care of patients with complex service- related conditions. Yehia assured

Manchin that free continuing medical education (CME) credits will be offered to any approved providers not on the VHA staff.

Under tough questioning by the West Virginian, Yehia then admitted that such training will be voluntary, not mandatory, which clearly struck Manchin as problematic.

“Well, you have the checkbook,” the Senator pointed out. “If you tell me I gotta do something in order to qualify, I’m going to do it.”

Yehia responded that such requirements would be feasible only in areas where doctors recruited, under a Choice replacement program, gained enough new patient volume to give the VA more “market power” over them.

In rural areas, he argued, “if you put a lot of burdens on the community providers and they’re seeing a handful of veterans, they won’t sign up.”

Yehia’s testimony was not reassuring. Studies document that VA patients get far better treatment from healthcare professionals who have veteran-centered expertise.

If our veterans are now dispersed throughout our fragmented, market-driven U.S. healthcare system, most outside providers participating in any Choice replacement program will add only a small number of veterans to their overall patient load.

Private sector providers — even in urban areas where primary care or mental health providers are in short supply — will have little incentive to devote the time and energy needed to become familiar with symptoms of Agent Orange or military burn-pit exposure or better recognize suicidal thoughts or tendencies among veterans adjusting poorly to civilian life.

Plus, if the proposed reimbursement rates under CARE or other privatization proposals fall short of private insurer payment levels, how many high quality providers will be accepting veterans at all, as new patients?

Instead of diverting former military personnel to outside healthcare networks already “rife with quality and access to care issues,” Amy Webb of AMVETS, the nation’s largest and oldest veterans service organizations, urged a different approach: “Why not invest in a system that has already been designed to meet the needs of veterans?” she asked at the hearing.

As she noted, “veterans want the VA to work for them”—not be destroyed through “a bleed-it-dry strategy” of outsourcing and underfunding. But that’s where the Trump Administration and Congressional conservatives may be headed unless veterans and their families, VHA caregivers and veterans’ organizations succeed in their fight for real accountability.

Suzanne Gordon is author of The Battle for Veterans’ Healthcare: Dispatches from the Frontlines of Policy-Making and Patient Care.

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3.2 - Stars and Stripes (Honolulu Star-Advertiser): Hawaii will reap $266M in military construction, more spending for vets (14 July, William Cole, 1.5M online visitors/mo; Washington, DC)

HONOLULU — U.S. Sen. Brian Schatz said Hawaii is in line to receive $266 million in military construction funding in fiscal 2018 that includes $90 million for a new Fort Shafter headquarters, as well as funding to improve Department of Veterans Affairs programs in the state.

The Senate Appropriations Committee included the measures in a bill passed Thursday that now heads to the full Senate.

“This is good news for a couple of reasons,” Schatz said in a conference call with reporters. “Even in a partisan environment, even in the middle of the fights that we’re engaging in, we were able to come together on a bipartisan basis and do our job to help veterans and make sure our facilities are in good repair.”

Schatz is the lead Democrat on the Appropriations Subcommittee on Military Construction and Veterans Affairs.

According to Schatz, the bill also includes:

$73.2 million for a sewer lift station and sewer line at Joint Base Pearl Harbor-Hickam.
$19 million for new MV-22 Osprey landing pads at Marine Corps Base Hawaii.
$65.9 million for a communication/cryptologic facility in Wahiawa.
$5 million for the NSA “Tunnels” underground facility in Kunia.
$5.5 million for an Air Force Reserve training facility.

Last year Hawaii received $197 million in military construction funding, Schatz said. The year-to-year amount fluctuates with some projects causing periodic funding spikes. Across the Department of Defense, military construction is being increased by $2.1 billion — 25 percent over the 2017 level.

The $90 million for Fort Shafter will be used for the ongoing construction of a new “command and control” facility for U.S. Army Pacific.

InSynergy Engineering, which is working on the project, said in a May release that the nearly 241,000-square-foot complex is budgeted to cost $440 million.

The new complex will consolidate command and control and support functions at 12 separate pre-World War II buildings and temporary trailers.

At the project’s groundbreaking in 2012, Lt. Gen. Frank Wiercinski, then commander of U.S. Army Pacific, said, “Those of you that have visited our headquarters over the years may have noticed that my office is located in building T-100. The ‘T’ stands for temporary. Seventy years later I think it’s safe to say our government got more out of these temporary facilities than we ever bargained for.”

U.S. Army Pacific was upgraded from a three-star command to four stars in 2013, reflecting the re-balance to the Pacific and the importance of the Army in the region.

Schatz said the $266 million in projects will “be a real infusion of money in terms of economic activity across the state of Hawaii.”

“It’s also important because it continues to demonstrate the Department of Defense’s commitment to the Asia-Pacific generally, but also specifically to Hawaii continuing to play a role” in the region, Schatz added.

He also said cyber efforts are “an increasing need across the Department of Defense” and that Hawaii “has developed a lot of expertise, and we’re actually able to provide a significant amount of the workforce for the work that we do. So this is a growth area for us in the defense space and also among the civilian intelligence agencies.”

He said in a release that in addition to military construction, the bill provides $78.4 billion to Veterans Affairs — $4 billion more than enacted in fiscal 2017.

Included in the new amount, Schatz said, is:

> $110 million to fund VA grants for construction of state extended-care facilities that will “make progress toward” funding a new 120-bed facility in Honolulu.
> $20 million to help ensure that the more than 13,000 female veterans in Hawaii have access to care.

U.S. Sen. Mazie Hirono said in another release that the separate recent passage by the Senate Armed Services Committee of the National Defense Authorization Act for 2018 secured key priorities that “support America’s strategic interests in the Indo-Asia-Pacific.”

The authorization sets policy direction with actual spending appropriated through multiple bills.

Hirono said $26.5 million was earmarked for improvements to Marine Corps Base Hawaii’s Mokapu gate and $25 million for the Army’s Pohakuloa Training Area on Hawaii island.

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3.3 - McClatchy (Video): Lawmakers agree to keep Pentagon's secret chemical weapons tests on US troops secret (13 July, Anshu Siripurapu, 1.1M online visitors/mo; Washington, DC)

Details about Pentagon biological and chemical weapons tests involving military personnel during the 1960s and 1970s – some involving lethal nerve agents – have long been kept secret. Thursday, the House agreed to keep things that way.

“It’s shameful,” said Congressman Mike Thompson, D-Calif., of the decision. He led a bipartisan effort to get a House vote demanding that the details be disclosed.

He couldn’t even get that vote. He wanted it as an addition to a sweeping defense policy bill the House is considering this week.

The House Rules Committee, which decides what gets considered on the House floor, approved votes on 210 amendments to the defense bill. It rejected 230. Thompson's proposal was one of the losers.

Rules Committee spokeswoman Caroline Boothe said the committee felt the decision to declassify the documents should be made by Defense Secretary James Mattis and the Trump administration.

The Pentagon did not respond to requests for comment.

Thompson was seeking answers about Projects 112 and SHAD (Shipboard Hazard and Defense) a series of covert chemical and biological weapons tests the Pentagon conducted in the 1960s and 1970s, the Vietnam War era, involving some 6,000 military personnel.

Supporters of his plan, which included the nation's major veterans advocacy groups, said that disclosure would help victims get better access to medical care as well as government benefits.

The Pentagon program aimed to identify any weaknesses to U.S. ships and troops and develop a response plan for a chemical attack.

The tests involved nerve agents like Sarin and Vx, and bacteria such as E. Coli. Sarin and Vx are both lethal. According to defense department documents, death can occur within 10 to 15 minutes of exposure to a fatal dose of Vx.

Veterans say the tests have led to serious health issues and that they need answers so they can get proper treatment. The Pentagon has released some information about the tests after a request from the Department of Veterans Affairs, but Thompson said more information is needed such as the dosages of the chemicals veterans endured.

Ken Wiseman, senior vice commander of the Virginia branch of Veterans of Foreign Wars, one of the nation's largest veterans groups, said the time has long past for the Pentagon to provide details about the tests.

"The information has no impact on national security anymore," he said.

After information about the tests was first made public in 2000, the Department of Veterans Affairs commissioned two studies to look at the impact of the tests on veterans health.

One report noted the difficulty of studying the issue because many documents remained classified. The studies did not find that veterans who participated in the tests were worse off than those that did not.

Thompson and his supporters want to know more. He went to the House floor Thursday, enraged.

"These tests were an ugly part of our history. They put veteran lives at risk. And our veterans have every right to know what it was they were exposed to, how much they were exposed to, we need to think about their safety and their security," he told colleagues.

He said he had "no idea" why the House Rules committee did not allow his amendment to go forward. He said he had not seen any listed opposition to his proposal.

The issue could still come up in the Senate, where Sen. Jerry Moran, R-Kansas, is pushing a similar plan.

"Often, the impacts of toxic exposure don't appear until long after service members have returned home from the battlefield and military records are filed away," he said in a statement.

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3.4 - WFLA (NBC-8, Video): Target 8: Pinellas mother says Marine fell through cracks, took his own life (14 July, Steve Andrews, 702k online visitors/mo; Tampa, FL)

PINELLAS COUNTY, Fla. – Joseph Ryan Rasor was born and raised in Pinellas County.

Joe joined the Marines at age 18. He shipped out to war at 19.

"You can't really plan for it," said his mother Carol Rasor-Cordero.

During his six years in the Marines, Joe deployed twice to Iraq and once to Afghanistan.

His mother noticed a slight change in Joe each time he returned home. Carol wondered about Post Traumatic Stress Disorder, or PTSD.

"I figured after three tours, there has to be something there, it wasn't observable to me," said Carol, a former Lieutenant with the Pinellas County Sheriff's Office.

Joe left the Marines in 2010. He finished up his degree and took graduate courses at the University of South Florida.

Eventually, Joe moved out west to Portland, Oregon.

In April, a sheriff's deputy knocked on Carol's door at 3 a.m.

"When I was with the sheriff's office, I was part of the hostage negotiation team. I have a lot of training in suicide prevention and I couldn't prevent my own son from taking his life," explained Carol. "And that's just a burden I'm going to have to carry in life."

Carol had spoken with Joe the day before. She told him about her new dog. He seemed happy for her.

She learned of Joe's death at 3 a.m., by noon she was on a flight to Portland. Along with Joe's dog Harley, Carol brought home his records.

As she went through them, she was shocked to discover that at age 20, the Marines put Joe on Prozac, an anti-depressant drug, then re-deployed him for more combat.

She believes the Department of Defense dropped the ball.

“If our loved ones are being given medication let us know, bring us into the fold, so that we know what’s going on with them early on, not after their deaths,” she said.

Carol knew that Joe was being treated at the V.A. in Portland for injuries he suffered in Afghanistan. She had no idea he was also being seen for PTSD.

His counselor had no idea Joe took his own life.

He told Carol that Joe showed no signs that he might hurt himself. He told her that Joe’s sessions were reduced from once a week, to twice a month. The counselor also told her that he kept very few notes.

“There’s no doubt in my mind that the system failed him just from that example,” stated Carol.

This week, at a town hall meeting on suicide at Bay Pines, Carol watched and listened to those struggling with PTSD.

One Vietnam veteran dealing with PTSD told Bay Pines health care executives that the V.A. cut off his medication.

“I crawled up in my bed thinking about killing myself,” he said.

“It was actually very moving to see grown men, veterans that served our country so well, crying openly,” explained Carol. “That should not be happening.”

Dr. Alfonso Carreno, Director Mental Health Services, assured veterans attending the town hall meeting that they can receive same day mental health care at Bay Pines.

Carol points out many occupations use psychological testing on the front end. She believes the military should employ robust psychological screening on the back end. Then, she thinks it is imperative to assist veterans making the transition from the military to the V.A. for services.

Carol Rasor-Cordero believes the V.A. and Department of Defense need to learn what she has, and they can start by listening to what Joe’s Marine buddies had to say at his funeral.

“They came up to me, gave me a hug, told me how much, how much Joe meant to them, and that he talked them out of suicide. I think that that’s such a tragedy, that there are soldiers out there, veterans who are still suffering and they’re not getting the help they need, and I think that’s unacceptable,” she said.

She knows when she got that knock on the door at 3 a.m. at least 20 other military mothers or spouses received similar news that day, and that needs to change.

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3.5 - The Cannabist: Will this be the year Congress expands veterans’ access to medical marijuana? (14 July, Bruce Kennedy, 507k online visitors/mo; Denver, CO)

The U.S. Senate Appropriations Committee on Thursday amended must-pass legislation to add language expanding access to medical marijuana for military veterans.

Again.

The Veterans Equal Access Amendment to the 2018 Military Construction, Veterans Affairs and Related Agencies Appropriations Bill would prohibit federal funds from interfering with a veteran's ability to take part in medical marijuana programs approved by states where cannabis is legal. It would also allow Department of Veterans Affairs (VA) doctors in those legal states to "make appropriate recommendations, fill out forms, or take steps to comply with such a program." An identical amendment is expected to receive a vote in the house version of the bill later this year.

Both the House and Senate passed a similar amendment last year. But that provision, as the Military Times reported in June 2017, "disappeared mysteriously" from the final VA funding bill after Republicans removed it during a concurrence vote.

Whether the latest 24-to-7 vote in favor of the amendment is lip service or a sign of larger policy changes in the works remains to be seen.

The amendment has the support of powerful veterans organizations, including The American Legion. The nation's largest veterans service group supports additional legislative steps to expedite its passage into law, said spokesman Joe Plenzler.

"The House and the Senate have attempted to do this over the past two years, yet each time the conference committee has failed to reconcile the language relating to this initiative," he said. "The American Legion would like to see the language of this bill reconciled before submission so it doesn't have to go to the committee."

Other veterans' cannabis advocacy groups, still bitter from last year's outcome, are holding a hard line.

"It is my position that any member of the House or Senate who votes against this amendment is no friend of veterans," said Roger Martin, founder of Grow for Vets USA, a Las Vegas-based non-profit that gives away medical cannabis to veterans.

Enthusiasm for the passage of this amendment is "muted" by the fact that the same language was stripped out of last year's appropriation despite passing by impressive margins in both the House and the Senate, Martin said.

That sentiment was echoed by Sean Kiernan, president of Weed For Warriors, a California-based nonprofit educating vets on the benefits of medical marijuana.

"We have been here before, then magically the amendment disappeared in reconciliation after both the House and Senate had passed it," he told The Cannabist. "Why should getting it out of appropriations (committee) give veterans hope?"

But Nick Etten, the founder and executive director of the Veterans Cannabis Project, said his organization took heart in the "strong action" taken by the senate appropriations committee.

“Healing from the wounds of war requires effective treatment options, and medical cannabis is a proven, safe and responsible choice for veterans,” he told The Cannabist.

There are nearly 19 million veterans, many of whom survived their service only to return to civilian life with battle scars seen and unseen. An increasing number of those vets — and the groups that support them — are demanding safe access to medical marijuana to treat traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and other physical and mental afflictions.

The VA has no position on the appropriations amendment, a spokesperson told The Cannabist.

The VA “is required to follow all federal laws regarding marijuana use,” the agency states on its website. That means the healthcare system’s clinicians cannot prescribe medical cannabis to their patients or complete any of the forms required for vets to take part in medical marijuana programs in states that have legalized it.

In his May “State of the VA” address, Veterans Affairs Secretary David Shulkin made the agency’s position clear. “Until the time that federal law changes,” he said, “we are not able to be able to prescribe medical marijuana for conditions that may be helpful.”

The Veterans Equal Access amendment is meaningful if only because it has the potential to remove the stigma surrounding medical marijuana, said Adam Foster, an attorney with Denver’s Hoban Law Group. Earlier this year he was part of a team that successfully lobbied to get PTSD listed as a qualifying condition for medical marijuana in Colorado.

“If veterans are getting treatment through the VA, we want them to be able to be honest with their VA doctor so they can get a comprehensive treatment plan that could include medical cannabis as well as pharmaceutical drugs,” he told The Cannabist. “That’s why we want VA doctors to become more educated about cannabis, the endocannabinoid system and how cannabis can compliment other drugs.”

The ability to be honest with their doctors about medical marijuana is also critical if those patients are to be weaned off addictive prescription drugs, he emphasized.

The risk of veterans dying by suicide is significantly higher than that of the adult civilian population, according to a recent report from the VA using 2014 data that shows as many as 20 military veterans take their own lives daily.

But Grow for Vets’ Martin previously told The Cannabist that the VA statistics don’t tell the whole story. He estimates that more than 1 million vets are currently taking opiates, most of which were obtained from VA facilities. As a result, he said, many veterans are dependent on pharmaceuticals and at a greater risk of overdose or suicide. He estimates that more than 50 vets a day die from prescription drug overdoses and suicide.

“This is but one more glaring example of how large pharmaceutical companies negatively influence our lives by stuffing billions of dollars into politicians’ election campaigns,” he said of legislators’ reticence to pass The Veterans Equal Access Amendment into law.

But attorney Foster remains optimistic that the arguments against medical marijuana are becoming less politically divided.

He points out that the new appropriations amendment was bipartisan, co-sponsored by Sen. Steve Daines (R-Montana) and Sen. Jeff Merkley (D-Oregon). He also hailed bipartisan efforts to reclassify cannabis under the Controlled Substances Act.

Introduced in April by two Florida congressmen, Republican Rep. Matt Gaetz and Democratic Rep. Darren Soto, House Bill 2020 would reclassify cannabis from Schedule I to Schedule III, allowing for banking activities and creating a clearer path for research.

The American Legion also advocates rescheduling cannabis so that more research can be done on its potential medical benefits. Earlier this week, the group expressed its support of the legislation in a letter to Rep. Gaetz that was also shared with The Cannabist.

Rescheduling cannabis would enable medical research into the efficacy of cannabis in treating PTSD, TBI, chronic pain and other afflictions that veterans face every day as a result of their combat service, Charles E. Schmidt, American Legion National Commander wrote.

“With 90 percent of Americans supporting legalization of medical marijuana today, it is time for Congress to act so that scientists are free to conduct advanced research into cannabis and PTSD/TBI, and enable the American people to have a fact-based discussion about the therapeutic value of cannabis. The lives of our veterans depend on it.”

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3.6 - Charleston Gazette-Mail: Relocated VA outpatient center hopes to provide ‘warm’ environment for veterans (14 July, Erin Beck, 435k online visitors/mo; Charleston, WV)

He didn’t talk about it for years. Now he wants people to listen.

Ernest Willey, who is from Charleston, was about 20 years old when he served in the U.S. Army in Vietnam.

“It’s funny how one year can change your whole life,” he said.

When he got back, he would crash through stoplights. He talked loud and he drank himself into oblivion. He didn’t care if he lived or died.

“Would you tell your wife?” he said. “Would you tell your kids what you’ve done?”

Willey has been going to the Charleston Vet Center for 17 years. He felt comfortable enough in 2005 to start talking about his own experiences in Vietnam.

“This is not a cure,” he said. “But it’s a way that you got to deal with it. I would have been dead or in jail if this hadn’t been here.”

The Charleston Vet Center recently moved from a 2,800-square-foot, older facility on Central Avenue in Charleston to a 4,100 square feet new building at 200 Tracy Way. A ribbon cutting is planned for July 19.

The building has more light and more space. It’s modern. There is more parking.

“We try to create an environment that’s warm and welcoming for people,” said Gary Jarrell, a licensed social worker who leads the center.

“In this building, I think we give veterans the service they deserve,” he said.

The building also has more room for group therapy, and a space for providers to offer telehealth services.

All services are free. They see veterans who served in combat zones, are survivors of military sexual trauma, family of people killed in action, drone pilots, those who provided mortuary services and veterans who worked in mental health.

About 330 vet centers operate nationwide, Jarrell said.

Jarrell had planned to pursue engineering after serving as a staff sergeant in Iraq, but changed his mind during a work study helping other veterans.

“I fell in love with what they do,” he said.

The Vet Center doesn’t have a waiting list of people who couldn’t be served in the previous location. But Jarrell said he knows, based on the number of veterans living in the area, that many are not being served.

In the new building, he hopes to be able to expand marriage and family services, and PTSD counseling. Staff members at the center encourage veterans and their families to work through adjustment back into civilian life together but the center also offers counseling services for individuals, groups, couples and families to promote growth and sustainment.

Some veterans circle the parking lot, but never take that first step inside.

For Willey, his time in Vietnam had affected his family and his life long enough.

The children would be five minutes late to leave the house, and he’d rage.

“Five minutes in Vietnam would get you killed,” he said.

He kept his gun in his bed.

He worked for the postal service, but he couldn’t work inside and instead worked as a mail carrier.

He didn’t figure out why until he started coming to the Vet Center.

“I’m boxed in,” he said.

Eventually, they began to talk about how there were words for his symptoms — anxiety. Post-traumatic stress disorder.

Willey recently sat in Jarrell’s office and he gestured to a tree a few feet outside the window.

In Vietnam, people would die for those few feet of ground.

“Tomorrow, you’d have to take that tree back again,” he said.

“This place here allows you to go back there,” he said.

When he came back, people called him a “baby-killer.” They threw bananas at him.

“What did we prove?” he said. “We proved we couldn’t fit in.”

The last four years, he started wearing a hat with a Vietnam veteran emblem.

He never talked about the day he saw butterflies, flying off a field of bodies.

“It took me 17 years to realize a butterfly’s a butterfly,” he said.

His grandbabies don’t know that story. They’ll point them out and say how pretty they are.

“I don’t want to see no butterfly,” he said, “but through the Vet Center, I say, ‘Yes honey, it looks pretty.’”

For more information on the Vet Center, call 304-343-3825.

The clinic accepts walk-ins and same day appointments are available during business hours, which are 8 a.m. to 4:30 p.m. Monday through Friday.

After hours help is available by appointment. The center offers an around the clock confidential call center where veterans can connect to other veterans to talk about their experiences or any other issues they’re having in adjusting.

The call center is staffed 24 hours a day, seven days a week and can be reached at 1-877-WAR-VETS (927-8387).

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3.7 - World Socialist Website: Trump administration signs law stripping job protections from Department of Veterans Affairs employees (14 July, Nick Barrickman, 278k online visitors/mo; Oak Park, MI)

President Trump’s signing into law of the Accountability and Whistleblower Protection Act last month marks a deepening of the administration’s attack on federal workers. The legislation erodes job protections for Department of Veterans Affairs employees; limiting their abilities and time windows to appeal unjust firings while cutting off benefits for workers who are under review for disciplinary action.

The legislation received bipartisan support, with 231 Republicans and 137 Democrats in the House of Representatives voting yes, while passing by a voice vote in the Senate. Trump signed the bill into law on June 23. The legislation was endorsed by a number of right-wing groups, including the Koch brothers-funded Concerned Veterans for America (CVA).

The Accountability and Whistleblower Protection Act "allows [the] VA to take action more expeditiously and to more easily defend its actions on appeal, as judges must now afford deference to VA's choice of penalty and must uphold actions when VA proves misconduct by substantial evidence," VA spokesperson James Hutton told the Washington Post.

Under the new law, VA workers will have only seven days to appeal a firing. In addition, firings will be carried out on a flimsy and circumstantial basis, allowing for "substantial evidence" rather than a "preponderance of evidence" to be marshaled to justify a dismissal. Senior officials facing termination will be deprived entirely of an independent appeals process through the Merit Systems Protection Board (MSPB). Under the new law, the Secretary of the Department of Veterans Affairs will have direct oversight of the charges, disciplinary actions taken and deciding of appeals for executive officials facing removal.

In addition, payouts of over $5,000 to workers who challenge their dismissal will need the approval of a "senior official," supposedly in the name of stopping payouts to silence employees speaking out against the agency.

The legislation builds upon an earlier law, the 2014 Veterans Choice Act, passed by the Obama administration in the wake of the VA scandal of that year, in which officials suppressed stories of veterans dying or committing suicide after facing obscene lengths of time on federal wait lists to get care. Since 2001, nearly 128,000 US military veterans have committed suicide due to post-traumatic stress disorder and other afflictions stemming from their military service.

The Obama administration's law made it easier for the department to fire employees at will, while reducing the time window for a VA executive to appeal a firing to just one week. In addition, the administration introduced a voucher system for veterans, allowing those fed up with the lengthy wait periods to seek help in the private sector.

"I need, as secretary, if I'm going to change this organization, the ability to remove employees that clearly no longer in my view should have the privilege of serving our veterans," stated VA secretary David Shulkin during a press conference organized by the Christian Science Monitor last month. Shulkin, the only Obama administration holdover in Trump's cabinet, said of the VA that he wished "to run this organization the way that the private sector runs organizations," thus demonstrating the essentially right-wing outlook of the previous Democratic administration.

In an unprecedented move Friday, Shulkin released publicly a list of adverse actions taken against over 700 VA employees since January 20, when Trump first took office, 526 of which were firings. The department released a statement declaring, "together with the Accountability bill the president signed into law recently, this additional step will continue to shine a light on the actions we're taking to reform the culture at VA … Veterans and taxpayers have a right to know what we're doing to hold our employees accountable and make our personnel actions transparent."

The list of firings gives the lie to the administration's claim that it needs extraordinary powers to terminate government employees and enforce "accountability" within the federal workforce. While the VA fired over 2,575 employees for disciplinary infractions in 2016, the Trump administration is set to eliminate more than double that number in its first year in office, according to the Office of Personnel Management.

The Trump administration, rather than supplying the VA with the resources and staff it needs to deliver care for the millions of veterans injured in combat, is engaged in an effort to starve the agency of needed funding and resources, so as to facilitate the eventual privatization of the service altogether. The VA is currently understaffed by nearly 50,000 positions.

Between 2000 and 2014, the federal government has fired more than 77,000 workers, or roughly 5,000 a year. In addition, the number of federal government employees has remained virtually static since the 1960s, despite the growth of the US population during the intervening period.

The law will put workers even more at the mercy of their superiors. “These provisions strike at the heart of the career-run merit based civil service system by empowering the VA Secretary and political appointees to conduct wholesale political firings of VA senior executives,” stated Senior Executives Association President Bill Valdez in a letter to Congress last month. Valdez warned that the law could “trigger a return to the spoils system of patronage,” in which job positions would be filled on the basis of recipients having the appropriate political connections.

Union officials from both the SEA and the American Federation of Government Employees (AFGE), which represents over 70 percent of all VA employees, failed to return a request for comment issued by the World Socialist Web Site regarding plans to oppose the new law. Both unions embrace the Trump administration’s phony arguments about “accountability” and “discipline,” fearing that a wave of mass firings could radicalize the workforce and lead to opposition going beyond the narrow confines of the trade unions and the Democratic Party.

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3.8 - Lubbock Avalanche-Journal: Mental Health Summit highlights mental health services, partnerships, changes through Lubbock VA clinic (14 July, Ellysa Harris, 194k online visitors/mo; Lubbock, TX)

The Lubbock VA Clinic has doubled its staff and amped its efforts to provide adequate mental health care for veterans within the past eight years, according to Dr. Michael Lambert.

Its two biggest priorities regarding mental health have been to increase access for veterans and decrease rates of suicide among the veteran population, said Lambert, chief of mental health and behavioral services for the Amarillo VA Healthcare System.

During an annual Mental Health Summit in Lubbock hosted by the Amarillo VA Health Care System, Lambert and other officials from different divisions from the Amarillo and Lubbock VA clinics spoke about mental health services currently available to veterans through their locations, changes to those services and staff and partnerships with local veteran organizations like VetStar, Team RWB, StarCare and others.

Dr. Richard Siemens, chief of staff of the Amarillo VA, said mental health access for veterans has become more critical.

The number of veterans who seek mental health care continues to rise, increasing the demand for professionals to provide services for veterans suffering from suicidal ideations and cases of Post Traumatic Stress, he said.

“Veteran suicide is a major issue right now,” said Brittney Williamson, suicide prevention social worker with the VA clinics.

Veterans account for 20 percent of suicide deaths in the United States, she said, adding: “That says we need to do a little more.”

Lambert said changes in the Amarillo VA Health Care System have been focused on that.

He said the clinics have been working to meet demands by adding more nursing staff, actively looking for more psychiatrists and spreading out mental health resources through tele-health services.

The goal, he said, is to eliminate long waits to see mental health professionals and ensure same-day help is available, especially for those who need it.

“One of the things that I would like everybody to know is that we have got it,” Lambert said. “We do understand that it’s important for veterans to get care quickly. You cannot wait two months when you’re suicidal.”

Improving access is an integral part to helping those people, he said.

Dorothy Carskadon, a social worker and justice outreach coordinator for the Amarillo VA Health Care System, said seeking help and connecting with a counselor saved her life.

Carskadon is a survivor of the mass shooting that killed 13 people and injured more than 30 others in November 2009 at Fort Hood. She developed Post Traumatic Stress, eventually seeking mental health care through the VA.

Since the events of that day, Carskadon has been on a healing path and now helps other veterans from her office in Amarillo who might be recovering from their own traumatic experiences.

During her presentation at the summit, Carskadon talked about her symptoms of PTS.

A counselor helped her work through reenactment and avoidance symptoms, she said. Through that care, she learned ways to keep her past from becoming overwhelming, she said.

Carskadon said she uses those learned skills regularly and helps other veterans, too.

Williamson said rveterans or loved ones who reach out to the VA will be connected to the care they need.

Carskadon said seeking help is key to moving forward.

“You want to enjoy life,” Carskadon said. “All veterans deserve to enjoy life. It’s really about going and getting the help that you need.”

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3.9 - WCIV (ABC-4, Video): New housing facility for homeless veterans to open in North Charleston (14 July, Brodie Hart, 162k online visitors/mo; Mount Pleasant, SC)

North Charleston, S.C. — Friday brought 74 homeless Lowcountry vets one day closer to being off the streets during the grand opening of Patriot Villas in North Charleston.

“We believe what we are doing will serve and honor people,” said John Saukas, a partner of ANKAJO Properties, LLC. The group has converted the former Catalina Inn on Rivers Avenue into apartments reserved for homeless vets.

“My father would be very proud of what we are doing and I know he watches over this project. I feel like we are doing the right thing,” Saukas added.

The United States Department of Veterans Affairs (VA) is a main partner for the project, placing the veterans in the facility while serving them from an office on the villas’ campus.

“We decided to redo the motel for vets because we wanted to give a little bit of something back to the men and women who served our country,” said Saukas. “Just because you cannot serve in the military, does not mean you cannot help the people that keep the country free for all of us.”

Patriot Villas has 74 rooms, each of which has a bed, a full bathroom and a kitchen. The facility also offers a laundromat and the LCDR, Augustine G. Saukas Recreation Facility. Counseling sessions, support groups and therapy sessions may be available to the Patriot Villas community members through the VA and with the help of the Cathedral of Praise church.

Construction continues on the property, but Saukas says they plan to move some veterans in at the beginning of August.

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3.10 - KKCO (NBC-11, Video): Mental health summit addresses opioid issues (14 July, Joey Prechtl, 64k online visitors/mo; Grand Junction, CO)

Veterans are twice as likely to die from an accidental overdose than civilians. That was one of the issues discussed at the VA mental health summit on Thursday in Grand Junction.

Speakers talked about how prescribing more and more opioids creates more problems than fix.

The community came together to learn more what it can do to curb the opioid epidemic affecting veterans across the country.

"We have people on really high doses of medications that are not benign, and we have to make sure that we're providing a service that's not going to harm our patients," said Joe Lents, a clinical pharmacy pain specialist who spoke at the summit.

One of the topics Lents addressed was different ways of treating pain.

"Cognitive behavioral therapy has wonderful evidence, so does acupuncture and chiropractic care and relaxation therapy," he said. "Veterans are twice as likely to die from an unintentional overdose than the general population," he added.

Care providers on the Western Slope have seen the ugly side of opioid addiction.

Sheldon Smith, who is Montrose County's Veteran Service Officer said, "it comes to a point where they're willing to commit crimes to get money so they can get drugs off the street."

He added that he has seen the benefits of other ways of pain management.

"Using acupuncture instead of drugs actually reduces their pain and helps them work their way towards dependence," he said.

The VA is working with each patient individually, rather than doing a one size fits all solution.

"We're relying less on opioids and more on non-opioid options and even nonpharmacy options," Lents said.

The responsibility also falls on the doctor when it comes to prescribing. Smith said doctors need to be more aware and educate the veterans on other alternatives.

Stats show 78 people die every single day across the country due to an opioid overdose.

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3.11 - Altus Times: **VA opens outpatient clinic. Vets' access to care now local** (14 July, Katrina Goforth, 40k online visitors/mo; Altus, OK)

For many U.S. Veterans, the toll of service is lasting. The U.S. Census Bureau reports that there were 3.8 million veterans with service-connected disabilities of the 19.3 million veterans in the U.S. in 2014, the most recent year for which data was collected.

The National Department of Veterans Affairs has 1,221 outpatient sites available for veterans and 144 hospitals. Veterans have access to disability compensation and health care through Veterans Affairs, but access to services in mental health, primary care, and telehealth services is often limited by the location of a VA site.

For many, driving to the nearest VA clinic or hospital is not possible.

With the addition of the Altus VA Outpatient Clinic, veterans seeking primary care will have local access to doctors and lab services through Veterans Affairs.

"This clinic provides access to a primary care physician exclusively for veterans," Teresa Harmon with VA Public Affairs said. "They'll still have their medication mailed out and access to diabetic eye exams and telehealth services."

Veterans Affairs has begun to utilize telehealth in different areas. It's available for patients requiring mental health, dermatology, pulmonary evaluation, and primary care services.

“We’re beginning to do more with telehealth,” Harmon said. “Patients can sit at a monitor and speak with a physician or psychiatrist without needing to travel to Oklahoma City or Lawton or Wichita Falls.”

Locally, Disabled American Veteran, or DAV, Transportation utilizes volunteers to transport veterans to VA sites in Fort Sill or Oklahoma City. Though the need is there, volunteers who have the time and qualifications are few.

Patients who are currently going to other VA sites can transfer to the Outpatient Clinic in Altus with a simple phone call.

“We’ve partnered with Valor Healthcare and kept the same staff we’ve always had,” Harmon said. “Patients will see the same familiar faces they’ve known and they won’t have to make the commute for primary care.”

Patients who see specialists may still be required to travel to other VA sites for treatment.

The grand opening of the Altus VA Outpatient Clinic is tentatively scheduled for Aug. 11, but appointments are available in the meantime.

To set up an appointment, call the VA Outpatient Clinic at 580-482-0721.

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4. Women Veterans

4.1 - The Herald-Sun: The military discharged her. Then she found solace in writing (13 July, Ana Irizarry, 189k online visitors/mo; Durham, NC)

Tracy Crow’s first few weeks as a military journalist were filled with an editor’s red ink corrections.

Eventually she became a highly respected and decorated combat correspondent, she said, until she had an affair with a general.

“I left under honorable discharge,” she said. “But I left under conditions that were certainly less than honorable.”

Crow, who served in the Marine Corps from 1977 to 1987, will speak at “Writing to Heal: A Veteran’s Perspective,” an event Saturday being held by the Durham VA Medical Center and Dress for Success Triangle NC.

She will launch her new book “It’s My Country Too: Women’s Military Stories from the American Revolution to Afghanistan” and sign copies with co-author Jerri Bell.

Crow said the book talks about women’s contributions to the military since the Revolutionary War.

“We felt from day one that we were writing this book for all women,” she said. “Not just women veterans, but the generations to come because women’s stories have been discounted for so long – for 250 years – and right now it’s very prevalent with all this discussion about women in combat, women can’t do this and women can’t do that.”

Crow, originally from Greensboro, said she will also discuss how writing has helped her heal, although it took a while before she was able to talk about it.

She avoided talking about the affair and her discharge until her memoir professor at Eckerd College in Florida persuaded her to write about her military experience one day after class.

“I don’t know what it was,” Crow said. “I don’t know if it was because I was standing underneath the light of God – it was a street lamp – but I couldn’t lie to Professor Helen Wallace … she’s just like the personified version of truth. You cannot lie to this woman.”

Rifle range

Women account for 15 percent of active-duty personnel in the U.S. military.

Almost 20 percent of women veterans who served in Iraq and Afghanistan have been diagnosed with post traumatic stress disorder, according to the National Center for PTSD.

Crow wrote her first story about training at the rifle range and hitting every target but her own.

Her class loved the story but said she missed the heart of it.

“They said the real story of this rifle range experience is how did it feel to have to beg and plead your way there because a marine colonel said you weren’t good enough as a woman to cover his fifth marine regiment in the desert if you’d never fired a weapon?” Crow said.

“How did it make you feel to be told that you weren’t a good enough marine because you were a woman?”

Crow’s writings taught her the value of owning and writing one’s own life story, an idea she will stress Saturday.

“There’s a healing quality to it as well,” she said. “We’re all aware of what’s happening right now with ... post traumatic stress disorder, and one of the things we do know is that writing about the event within your life is a pathway towards healing.”

Crow sees her military storytelling as an obligation.

“Those of us who are willing to go to those dark places and willing to expose those things – and we can – it’s almost like we have an obligation. Because not everybody can or will.”

A safe outlet

Jillian Thompson, a music therapist at the Durham VA Medical Center, said writing can be a safe way for people to express their thoughts and emotions.

“It gives them an outlet to get it out in a safe place,” she said. “They learn to express their feelings by writing so that way they don’t have to share it with others, but they don’t have to hold it in at the same time.”

Thompson holds weekly creative writing workshops for veterans with PTSD, military sexual trauma and other mental health conditions. For Saturday, her class wrote about how writing is a healing process for them. Those stories will be shared and on display at the event.

Dress for Success Triangle NC will also be at the event. Diana Graham, the program’s veteran coordinator, said women can go to the Durham location – at Northgate Mall – after the event for free career coaching.

The event will be from 9 a.m. to 11 a.m. in the medical center’s atrium and is open to all. For more information go to bit.ly/2ujVLWZ

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5. Appeals Modernization

6. Strategic Partnerships

6.1 - Mlive (Video): Middle-schooler's lemonade stand raises money for Saginaw VA Hospital (14 July, Von Lozon, 10.8M online visitors/mo; Ann Arbor, MI)

SAGINAW TWP, MI -- During summer break, some kids ride their bikes, go for a swim or simply play with friends.

Other kids like 11-year-old Samantha Stricker sell lemonade -- at a home-built lemonade stand that her and her mother Kelli Stricker assembled in two days -- and give all proceeds to a worthy cause.

The soon-to-be sixth-grade student at White Pine Middle School is selling squeezed lemonade from Thursday, July 13, until Saturday, July 15, outside American Legion Post 439's building, 5190 Weiss St. All the money raised goes to the Aleda E Lutz VA Medical Center.

Her goal was to raise $500 to give to the hospital, but she ended up raising a little more than $500 her first day of business. According to Samantha's mother, Kelli Stricker, six gallons of lemonade were sold on Thursday alone.

"Now I am getting ready to go home and refill," Kelli Stricker said Friday. "So we will be going through 12 gallons today.

The first customer to buy lemonade on Thursday, according to Kelli Stricker, gave Samantha $120.

The Strickers continued to sell lemonade Thursday despite a rainstorm coming through the area.

"Nobody came; we were afraid of losing our tent so we held onto it for 15 minutes," Kelli Stricker said. "The water was above our ankles (Thursday). It was fun!"

Business was booming so much that it didn't take long for the Strickers to buy all the lemons a local Meijer store had.

"There's none left at Meijer right now," Kelli Stricker said. "We cleared them out.

"The house smells like lemons right now."

Even though Kelli Stricker and Samantha's father Robert Stricker helped the 11-year-old set everything up and make the lemonade, the idea for the stand was all Samantha's.

Samantha began the lemonade stand two years ago in her driveway. She was originally going to keep the money, but she decided "that some people needed it more than I did, so I decided to (donate to) the veterans."

"The first year, I gave money to just one solider, but then the second year I wanted to (donate to) all the hurt soldiers so I went to the VA hospital, and I'm doing the same one this year," Samantha said.

Samantha has a camp to go to next Monday and Tuesday, but she and Kelli Stricker plan on delivering the money personally to the hospital Wednesday, July 19.

The Strickers will be selling lemonade at the same location Saturday, July 15, from 11 a.m. until 5 p.m.

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6.2 - The Journal: Montezuma Hearing in Cortez thanks veteran customers. Clinic celebrates three years in Veterans Choice program (14 July, Stephanie Alderton, 43k online visitors/mo; Cortez, CO)

The Montezuma Hearing Clinic held its first appreciation dinner for veteran clients.

The clinic, on Cottonwood Street in Cortez, provides hearing aids for a large number of Montezuma County veterans. It's one of the few hearing clinics in the region that participate in the Veterans Choice program, which allows community health providers to serve people enrolled in the U.S. Department of Veterans Affairs healthcare plan. Nearly 70 veterans and family members responded to the clinic's invitation to the July 7 cookout, and organizer Scott Story said he expects to make it an annual event.

Montezuma Hearing joined the Choice program three years ago, Story said, and he believes it's been beneficial for both the clinic and local veterans.

"It's a way we see that we can help serve back to those that have served us," he said.

At the cookout, he and a few other staff members served beans, brisket and pulled pork under canopies outside the clinic. Several veterans stopped to compliment the chef on how good the food was. Many were longtime hearing aid clients, but some had started coming more recently.

Carole Cole said she and her husband, Bud, a World War II veteran, had only recently started taking advantage of Veterans Choice programs.

“We didn’t know we could do this,” she said. “It’s been a big help to us.”

Montezuma County deputy Donnie Brown stopped by with one of the sheriff’s new mounted patrol horses, recently renamed Rebell. Several guests came up to pet the horse and take pictures. Brown said he’s trying to bring Rebell to as many crowded events as possible as part of his training.

“He’s doing well so far,” he said.

Story said he hopes to host many more veterans appreciation events in the future.

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6.3 - WSGW (AP-790): Saginaw Township Girl Selling Lemonade To Help Veterans (13 July, Bill Hewitt, 2k online visitors/mo; Saginaw, MI)

For years, young people have had a lemonade stand in front of their home.

An 11-year-old Saginaw Township girl, Samantha Stricker, is taking the concept to a new level. She’s heard of kids selling lemonade for cancer or other charities, but never to help veterans.

It’s the third year for her lemonade stand, raising $250 in the first two years. She has a goal of $500 this year.

Samantha’s lemonade stand, in front of American Legion Post 439, 5190 Weiss Road, west of Center Road, opened Thursday and will be open noon till 6:00 p.m., Friday and 11:00 a.m., till 5:00 p.m., Saturday.

Her mother , Kelly, says the lemonade stand was Samantha’s idea. She helped her daughter make the lemonade stand and the lemonade. Sons of American Legion member Terry Shark is encouraged by the girl’s efforts.

Proceeds from the lemonade stand will be used by the Aleda E. Lutz V. A. Hospital in Saginaw to buy blankets and personal care products for patients.

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7. Supply Chain Modernization

7.1 - Healthcare IT News: Senate passes VA appropriations bill, omits Cerner EHR funding (14 July, Jessica Davis, 438k online visitors/mo; Chicago, IL)

The Senate Appropriations Committee passed the 2018 Military Construction and Veterans Affairs bill on Thursday, which provides the agency with $192.8 billion in total funding.

Included in the funds is $88.9 billion in discretionary funding - $6 billion more than the fiscal year 2017. But the amount is $568 million less than what was proposed in the President's budget request.

While it allows $70.7 billion in the fiscal year 2019 advance funding for veterans healthcare -- including $1.3 billion for telehealth services -- there is no mention of funding to replace VA's outdated VistA electronic health record with Cerner.

As the decision to move to Cerner was announced by VA Secretary Shulkin in June, the committee did not have had the time to adjust the budget for the fiscal year 2018.

"Given the lack of information about the cost of a new EHR, but the Committee's awareness of the final cost estimate of the DoD acquisition, it can be assumed the VA total cost will exceed previous estimates for VistA Evolution," the bill states.

"To that end, in its oversight capacity, the Committee will re-evaluate, with the Committee on Appropriations of the House of Representatives, the constraints on the obligation or expenditure of funding for the new acquisition at the appropriate time," it continues.

What's interesting is that when the House Appropriations passed the funding for VA soon after the announcement was made about the move to Cerner, the committee provided the agency with $65 million for the EHR modernization.

Much like with the House Appropriations bill, the Senate applied similar provisions for the EHR modernization. The committee expects the VA to share clear metrics and goals for interoperability -- including timelines.

Further, the VA must "ensure clinician feedback is sought and considered as the respective EHR systems are modernized, and to update the VA/DoD Interagency Program Office guidance to reflect agreed-upon metrics and goals."

"The need for well-functioning, up-to-date EHR technology is absolutely critical as VA plans for a shift to a model of care that greatly expands its use of care in the community," the bill states.

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8. Other

8.1 - Courier-Journal (Video): Brownsboro Road VA site still tops despite Jewish Hospital speculation (14 July, Darla Carter, 2.1M online visitors/mo; Louisville, KY)

Though Jewish Hospital was discussed as a possible home for a new Veteran Affairs medical center, the controversial Brownsboro Road location continues to be the top site.

The idea of using Jewish Hospital has been part of general community speculation about what might happen to the facility, which is being sold by KentuckyOne Health.

An environmental impact study, released in April, concluded that a site at Brownsboro Road and the Watterson Expressway would meet the department's needs to build a replacement for the aging Robley Rex VA Medical Center.

The department issued a statement this week saying, "At the completion of our Environmental Impact Study (EIS), VA received several alternative proposals for the future project, including the Jewish Hospital at 200 Abraham Flexner Way."

But Brownsboro Road continues to be the "preferred alternative," according to the statement.

It went on to say, "At this time, VA has not identified a new preferred alternative site. The next near term steps require that VA will execute a Record of Decision which will be available once completed."

The Louisville VA is awaiting that decision from the U.S. Department of Veterans Affairs, but it's uncertain when that will come, said Judy Williams, a spokeswoman for the hospital.

After the decision is made, the VA will "move forward with completion of design for the chosen alternative," the statement said.

The Brownsboro Road property was purchased in 2012 for $12.9 million and has drawn opposition for various reasons, including traffic concerns.

The environmental study found that traffic congestion would worsen as a result of the nearly $1 billion project, though freeway intersection changes could minimize that, The Courier-Journal reported. The nearby city of Crossgate would experience drawbacks, such as traffic and localized air pollution, the study noted.

KentuckyOne Health announced in May that it plans to sell Jewish and several other facilities in and near Louisville to "focus its operations on a smaller footprint centered in central and eastern Kentucky."

The other properties include Sts. Mary & Elizabeth Hospital, Frazier Rehab Institute, Medical Centers Jewish East, South, Southwest and Northeast, Jewish Hospital Shelbyville, Saint Joseph Martin and KentuckyOne Health Medical Group provider practices in Louisville and Martin.

In the spring, Jewish & Sts. Mary & Elizabeth hospitals received D's from a watchdog organization called The Leapfrog Group that issues hospital safety grades. The facilities scored poorly in several categories, including Methicillin-resistant Staphylococcus aureus (MRSA) and C. difficile, which are both hospital-acquired infections, as well as intensive-care physician staffing.

Daniel Grauman, managing director and chief executive officer of Veralon, a national health care management consulting firm in Philadelphia, said potential buyers of hospital properties tend to take a comprehensive approach when evaluating them.

A potential buyer "would be looking at all aspects of the hospital, its operations, the programs and services, the relationship to its physicians and its medical staff and, certainly, its performance in terms of clinical offerings and quality measures, and of course, financial performance," including profitability and debt, he said.

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Veterans Affairs Media Summary and News Clips

15 July 2017

1. Top Stories

1.1 - The Wall Street Journal: GOP May Tie Debt-Limit Increase to Veterans Bill (14 July, Richard Rubin, Nick Timiraos and Kristina Peterson, 43.6M online visitors/mo; New York, NY)
Republicans are considering tying a must-pass increase in the federal debt limit to funding for a program that lets military veterans get medical care outside of Veterans Affairs facilities, people familiar with the idea said. The legislative move, still in the early stages of discussion on Capitol Hill, would let Republicans claim a policy victory while raising the federal borrowing cap.

Hyperlink to Above

1.2 - Reuters Health: Dying veterans boost participation in hospice care (14 July, Ronnie Cohen, 43.6M online visitors/mo; New York, NY)
An initiative to enroll dying veterans in hospice care appears to be working, and its success may offer clues for how to persuade others who are terminally ill to join the highly lauded end-of-life program, a new study shows.

Hyperlink to Above

1.3 - ABC News (AP): Lawyers: Government seeking to deport Iraq War veteran (14 July, Gene Johnson, 24.1M online visitors/mo; New York, NY)
An immigrant rights group is asking the U.S. Department of Homeland Security to release an Iraq War veteran who has been detained for more than three months while waiting to learn whether he'll be deported. Chong Kim, a South Korean immigrant and green card holder from Portland, Oregon, joined the National Guard in 2005 and served in Iraq in 2009 and 2010.

Hyperlink to Above

1.4 - Military Times: No expiration date for 'beefed up' GI Bill benefits under new proposal (14 July, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)
Future military veterans will no longer have to worry about an expiration date on their education benefits if newly proposed legislation in the House of Representatives makes its way to the president's desk.

Hyperlink to Above

1.5 - Stars and Stripes: House plans to pass 'Forever' GI Bill by August (14 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
The House Committee on Veterans' Affairs will hold a hearing Monday about a large expansion of veterans' education benefits with a plan to vote on the measure Wednesday and have the bill sail through the House in just two weeks, ahead of a monthlong summer recess.

Hyperlink to Above

1.6 - WFED (AM-1500): Lawmakers call for full review of outdated and crumbling VA facilities (14 July, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)
Congress is once again attempting what has since been an impossible task — a full and actionable review of the Veterans Affairs Department's more than 6,000 owned buildings and 1,500 leased facilities that many say are underutilized, outdated and insufficient to meet the modern medical needs of an evolving veteran population.

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2. Veteran and Employee Experience

2.1 - The Guardian: **Iraq veteran facing deportation speaks out from jail: 'I would feel utterly alone'** (14 July, Sam Levin, 14.6M online visitors/mo; New York, NY)
Chong Kim gathered paperwork demonstrating his recent accomplishments and headed to a federal building in Portland to meet an immigration officer. It was 5 April, and the 41-year-old housekeeper thought he was heading to a routine check-in.

Hyperlink to Above

2.2 - Military.com: **New GI Bill Would Make College Education a Lifetime Benefit** (14 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)
A bipartisan bill was introduced in the House of Representatives on Thursday to make the GI Bill for post 9/11 veterans a lifetime education benefit for new recruits who go on to serve three years of active duty.

Hyperlink to Above

2.3 - The Stranger (SLOG): **Army Team Leader, VA Psychologist Write Letters to ICE to Free Detained Iraq Veteran in Tacoma** (14 July, Sydney Brownstone, 2.1M online visitors/mo; Seattle, WA)
Chong Kim, an Army vet who served in Iraq, came to the United States from South Korea at the age of five. Today, he sits in Tacoma's Northwest Detention Center awaiting deportation proceedings. You can read more about Kim's story—his service, his subsequent struggles with addiction, homelessness, and a conviction for attempted arson—in this Guardian story.

Hyperlink to Above

2.4 - KMGH (ABC-7, Video): **Colorado veteran now being billed $14,000 by VA for 'overpayment'** (14 July, Jason Gruenauer, 2.1M online visitors/mo; Denver, CO)
Army veteran Thomas Howard served in the military for two decades. And for the last 20 years, he's been receiving VA benefits. But due to a paperwork issue, the government organization says he's been getting paid too much -- $14,000 too much -- and now the VA wants the money back.

Hyperlink to Above

2.5 - WISH (CBS-8, Video): **Veterans await help after ITT Tech shutdown** (14 July, 1.5M online visitors/mo; Indianapolis, IN)
When Carmel-based ITT Technical Institute shut down, thousands of the students impacted were veterans. Classes just stopped, and few other schools would accept their credits. Many veterans had spent their GI Bill education benefits there. U.S. Rep. Luke Messer, a Republican from Shelbyville, is hoping to change that.

Hyperlink to Above

2.6 - The Patriot Ledger: Dozens of strangers turn out for Pembroke Marine's funeral (14 July, Benjamin Paulin, 298k online visitors/mo; Quincy, MA)
When Pembroke veterans' agent Robin Kernan heard that a local World War II veteran who died recently was going to be buried with no family attending his funeral, she knew she had to do something. "He outlived his sweetheart and his neighbors were his family and his caretakers," Kernan said. "I don't know if he has any living relatives."

Hyperlink to Above

2.7 - WTVW (FOX-7, Video): Helping Veterans after ITT Tech Shutdown (14 July, 202k online visitors/mo; Henderson, KY)
When Indianapolis-based ITT Tech shutdown, thousands of the students impacted were veterans. Classes just stopped, some schools would not accept their credits, and many vets had spent their g-i bill education benefits. Indiana Congressman Luke Messer is hoping to change that.

Hyperlink to Above

3. Access to Healthcare

3.1 - The Hill: Trump's plan to privatize the VA will hurt vets (14 July, Suzanne Gordon, 11.8M online visitors/mo; Washington, DC)
In June, Congress passed the VA Accountability and Whistleblower Act, which makes it easier to dismiss any of the 300,000 employees of the Veterans Administration. Republicans and Democrats who supported the legislation argued that VA care givers must be held accountable to the highest standards of clinical excellence and ethical behavior.

Hyperlink to Above

3.2 - Stars and Stripes (Honolulu Star-Advertiser): Hawaii will reap $266M in military construction, more spending for vets (14 July, William Cole, 1.5M online visitors/mo; Washington, DC)
U.S. Sen. Brian Schatz said Hawaii is in line to receive $266 million in military construction funding in fiscal 2018 that includes $90 million for a new Fort Shafter headquarters, as well as funding to improve Department of Veterans Affairs programs in the state. The Senate Appropriations Committee included the measures in a bill passed Thursday that now heads to the full Senate.

Hyperlink to Above

3.3 - McClatchy (Video): Lawmakers agree to keep Pentagon's secret chemical weapons tests on US troops secret (13 July, Anshu Siripurapu, 1.1M online visitors/mo; Washington, DC)
Details about Pentagon biological and chemical weapons tests involving military personnel during the 1960s and 1970s – some involving lethal nerve agents – have long been kept secret. Thursday, the House agreed to keep things that way.

Hyperlink to Above

3.4 - WFLA (NBC-8, Video): Target 8: Pinellas mother says Marine fell through cracks, took his own life (14 July, Steve Andrews, 702k online visitors/mo; Tampa, FL)
Joseph Ryan Rasor was born and raised in Pinellas County. Joe joined the Marines at age 18. He shipped out to war at 19. “You can’t really plan for it,” said his mother Carol Rasor-Cordero. During his six years in the Marines, Joe deployed twice to Iraq and once to Afghanistan.

Hyperlink to Above

3.5 - The Cannabist: Will this be the year Congress expands veterans’ access to medical marijuana? (14 July, Bruce Kennedy, 507k online visitors/mo; Denver, CO)
The U.S. Senate Appropriations Committee on Thursday amended must-pass legislation to add language expanding access to medical marijuana for military veterans. Again. The Veterans Equal Access Amendment to the 2018 Military Construction, Veterans Affairs and Related Agencies Appropriations Bill would prohibit federal funds from interfering with a veteran’s ability to take part in medical marijuana programs approved by states where cannabis is legal.

Hyperlink to Above

3.6 - Charleston Gazette-Mail: Relocated VA outpatient center hopes to provide ‘warm’ environment for veterans (14 July, Erin Beck, 435k online visitors/mo; Charleston, WV)
He didn’t talk about it for years. Now he wants people to listen. Ernest Willey, who is from Charleston, was about 20 years old when he served in the U.S. Army in Vietnam. “It’s funny how one year can change your whole life,” he said.

Hyperlink to Above

3.7 - World Socialist Website: Trump administration signs law stripping job protections from Department of Veterans Affairs employees (14 July, Nick Barrickman, 278k online visitors/mo; Oak Park, MI)
President Trump’s signing into law of the Accountability and Whistleblower Protection Act last month marks a deepening of the administration’s attack on federal workers. The legislation erodes job protections for Department of Veterans Affairs employees; limiting their abilities and time windows to appeal unjust firings while cutting off benefits for workers who are under review for disciplinary action.

Hyperlink to Above

3.8 - Lubbock Avalanche-Journal: Mental Health Summit highlights mental health services, partnerships, changes through Lubbock VA clinic (14 July, Ellysa Harris, 194k online visitors/mo; Lubbock, TX)
The Lubbock VA Clinic has doubled its staff and amped its efforts to provide adequate mental health care for veterans within the past eight years, according to Dr. Michael Lambert. Its two biggest priorities regarding mental health have been to increase access for veterans and decrease rates of suicide among the veteran population, said Lambert, chief of mental health and behavioral services for the Amarillo VA Healthcare System.

Hyperlink to Above

3.9 - WCIV (ABC-4, Video): New housing facility for homeless veterans to open in North Charleston (14 July, Brodie Hart, 162k online visitors/mo; Mount Pleasant, SC)

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3.11 - Altus Times: VA opens outpatient clinic. Vets’ access to care now local (14 July, Katrina Goforth, 40k online visitors/mo; Altus, OK)
For many U.S. Veterans, the toll of service is lasting. The U.S. Census Bureau reports that there were 3.8 million veterans with service-connected disabilities of the 19.3 million veterans in the U.S. in 2014, the most recent year for which data was collected.

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4. Women Veterans

4.1 - The Herald-Sun: The military discharged her. Then she found solace in writing (13 July, Ana Irizarry, 189k online visitors/mo; Durham, NC)Tracy Crow’s first few weeks as a Tracy Tracy Crow’s first few weeks as a military journalist were filled with an editor’s red ink corrections. Eventually she became a highly respected and decorated combat correspondent, she said, until she had an affair with a general. “I left under honorable discharge,” she said. “But I left under conditions that were certainly less than honorable.”

Hyperlink to Above

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Mlive (Video): Middle-schooler's lemonade stand raises money for Saginaw VA Hospital (14 July, Von Lozon, 10.8M online visitors/mo; Ann Arbor, MI)
During summer break, some kids ride their bikes, go for a swim or simply play with friends. Other kids like 11-year-old Samantha Stricker sell lemonade -- at a home-built lemonade stand that her and her mother Kelli Stricker assembled in two days -- and give all proceeds to a worthy cause.

Hyperlink to Above

6.2 - The Journal: Montezuma Hearing in Cortez thanks veteran customers. Clinic celebrates three years in Veterans Choice program (14 July, Stephanie Alderton, 43k online visitors/mo; Cortez, CO)
The Montezuma Hearing Clinic held its first appreciation dinner for veteran clients. The clinic, on Cottonwood Street in Cortez, provides hearing aids for a large number of Montezuma County veterans. It's one of the few hearing clinics in the region that participate in the Veterans Choice program, which allows community health providers to serve people enrolled in the U.S. Department of Veterans Affairs healthcare plan.

Hyperlink to Above

6.3 - WSGW (AP-790): Saginaw Township Girl Selling Lemonade To Help Veterans (13 July, Bill Hewitt, 2k online visitors/mo; Saginaw, MI)
For years, young people have had a lemonade stand in front of their home. An 11-year-old Saginaw Township girl, Samantha Stricker, is taking the concept to a new level. She's heard of kids selling lemonade for cancer or other charities, but never to help veterans. It's the third year for her lemonade stand, raising $250 in the first two years. She has a goal of $500 this year.

Hyperlink to Above

7. Supply Chain Modernization

7.1 - Healthcare IT News: Senate passes VA appropriations bill, omits Cerner EHR funding (14 July, Jessica Davis, 438k online visitors/mo; Chicago, IL)
The Senate Appropriations Committee passed the 2018 Military Construction and Veterans Affairs bill on Thursday, which provides the agency with $192.8 billion in total funding. Included in the funds is $88.9 billion in discretionary funding - $6 billion more than the fiscal year 2017. But the amount is $568 million less than what was proposed in the President's budget request.

Hyperlink to Above

8. Other

8.1 - Courier-Journal (Video): Brownsboro Road VA site still tops despite Jewish Hospital speculation (14 July, Darla Carter, 2.1M online visitors/mo; Louisville, KY)
Though Jewish Hospital was discussed as a possible home for a new Veteran Affairs medical center, the controversial Brownsboro Road location continues to be the top site. The idea of using Jewish Hospital has been part of general community speculation about what might happen to the facility, which is being sold by KentuckyOne Health.

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1. Top Stories

1.1 - The Wall Street Journal: GOP May Tie Debt-Limit Increase to Veterans Bill (14 July, Richard Rubin, Nick Timiraos and Kristina Peterson, 43.6M online visitors/mo; New York, NY)

WASHINGTON—Republicans are considering tying a must-pass increase in the federal debt limit to funding for a program that lets military veterans get medical care outside of Veterans Affairs facilities, people familiar with the idea said.

The legislative move, still in the early stages of discussion on Capitol Hill, would let Republicans claim a policy victory while raising the federal borrowing cap.

The federal government has already hit the debt limit, which had been suspended until March and was then reset at $19.8 trillion. The Treasury Department is using so-called “extraordinary measures” or emergency cash-conservation steps, to pay the government’s bills for now. The government’s ability to use those tools is expected to run out in early-to-mid-October, according to the Congressional Budget Office.

The Treasury Department’s cash balance, however, could drop to very low levels in early September, which this spring prompted warnings about potentially raising the debt limit before the August congressional recess.

Without an increase, the government would start missing promised payments, such as interest on the national debt, paychecks for federal workers and benefits for recipients of Social Security and other programs. The administration has urged Congress to act quickly.

The debt-limit vote is often challenging for lawmakers. Although the vote merely allows the government to pay the bills stemming from past spending and tax decisions, it can appear to voters and political opponents like a vote for more debt.

The upcoming debt-limit vote will be the first once since March 2006 with Republicans in control of the House, Senate and White House. Raising the limit will bring little joy for Republicans, many of whom want to tie spending cuts or other fiscal restraints to the debt limit.

As a result, the debt limit is likely to be attached to other must-pass legislation or to something like the veterans bill that is politically popular. The White House is supportive of the strategy, one of the people familiar with the discussions said.

House Veterans Affairs Committee Chairman Phil Roe (R., Tenn.) said Friday he could see the logic of pairing the veterans bill with raising the debt limit, traditionally a tough vote for many Republicans.

“You know how this place works: You always stick something people love onto something people hate,” Mr. Roe said. “Obviously something that has to be done—that’s what we always do to get the debt ceiling” raised, he said.

Mr. Roe noted that GOP leaders hadn’t discussed with him the idea of pairing the bills.

Congress created the Veterans Choice program in response to long wait times for medical care at VA facilities.

President Donald Trump signed legislation earlier this year that eliminated an Aug. 7 expiration and extended authorization for the program until it runs out of the $10 billion that Congress put in the program in 2014. That account was down to $821 million in mid-June, Veterans Affairs Secretary David Shulkin told a Senate committee.

Mr. Shulkin said then that the program will “dry up by mid-August” without the ability to transfer money from one VA account to another. That could create pressure on Congress to act before the August recess.

Congressional leaders haven’t announced their plans for the debt limit, though Senate Majority Leader Mitch McConnell (R., Ky.) has delayed the chamber’s August recess by two weeks, and said the debt limit was on the legislative agenda for that period. They are expected to seek an increase that is large enough to avoid having another vote before the 2018 election.

Orrin Hatch (R., Utah), the chairman of the Senate Finance Committee “is working with the administration to get more details on what the appropriate time will be for Congress to act to raise the debt ceiling and is continuing to work with his colleagues in Congress to find a viable path forward to achieve this goal,” said his spokeswoman, Julia Lawless.

— *Kate Davidson contributed to this article.*

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1.2 - Reuters Health: **Dying veterans boost participation in hospice care** (14 July, Ronnie Cohen, 43.6M online visitors/mo; New York, NY)

An initiative to enroll dying veterans in hospice care appears to be working, and its success may offer clues for how to persuade others who are terminally ill to join the highly lauded end-of-life program, a new study shows.

After the U.S. Veterans Administration implemented its Comprehensive End of Life Care Initiative in 2009, growth of enrollment of terminally ill male war veterans in hospice care outstripped enrollment growth in hospice programs for elderly men who did not serve, according to the report in Health Affairs.

More veterans likely enrolled in hospice care because the initiative allowed them to continue to have curative treatments, said Joanne Spetz, a professor at the Institute for Health Policy Studies at the University of California, San Francisco. Other hospice programs require participants to cease disease-modifying treatment.

Spetz suspects that being able to use both hospice and concurrent care motivated people to sign up for hospice care "because it wasn’t an either/or decision,” she said in a phone interview.

Deciding to forego chemotherapy, radiation or any other possible curative treatments can be difficult for patients and families, said Spetz, who was not involved in the study.

“There’s fear that if I sign up for hospice, I’ve given up,” she said. “It’s also hard for the physician, who’s trained that death is a loss.”

Researchers compared hospice use among more than 1.1 million male veterans ages 65 and older between 2007 and 2014 with more than 140,000 demographically similar Medicare beneficiaries not enrolled in VA healthcare.

By 2011, they found that 44 percent of veterans who died in hospitals took their last breaths in hospice beds, compared to 30 percent in 2008. By 2012, 71 percent of veterans dying of cancer were enrolled in hospice.

Lead author Susan Miller, a professor at the Brown University School of Public Health in Providence, Rhode Island, and her team structured the study to examine whether the VA initiative drove growth beyond that in the general Medicare population.

Before the initiative, veterans were 15 percent less likely than non-veterans to go into hospice, Miller said in a phone interview. Today, they're 2.4 percent more likely.

The VA initiative focused on increases in palliative and hospice care. By 2012, the VA had installed 54 new hospice and palliative-care inpatient units, the authors write.

Elderly men who were not veterans increased hospice use by 5.6 percent between 2007 and 2014, while older male veterans increased hospice use by 7.6 percent, the study found.

Previous studies repeatedly document that dying people receive higher-quality end-of-life care with hospice, the authors write.

"Numerous studies show hospice improves quality of care and results in less aggressive and undesired care, such as emergency room visits and hospitalizations near the end of life," Miller said.

"The quality is better, and families feel it's better," she said.

Spetz applauded the VA initiative for its concerted effort to provide palliative-care and hospice staff across the country. But she wondered if the effort could be reproduced in other healthcare systems.

"If you tried to implement this program in a community program, it would be a lot harder," she said. "It speaks well for integration of care because many people have very, very fragmented care. Could you really pull this off outside the VA?"

The U.S. Centers for Medicare and Medicaid Services is currently testing a hospice program that allows curative care to continue, called the Medicare Care Choices Model.

Miller believes conversations between patients and clinicians soon after a diagnosis of serious illness are key.

"The VA's having discussions with veterans earlier to understand preferences and to meet their needs," she said.

"It's the conversations that are so important," she said. "The VA is trying to have more of these conversations and document the preferences earlier."

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1.3 - ABC News (AP): **Lawyers: Government seeking to deport Iraq War veteran** (14 July, Gene Johnson, 24.1M online visitors/mo; New York, NY)

An immigrant rights group is asking the U.S. Department of Homeland Security to release an Iraq War veteran who has been detained for more than three months while waiting to learn whether he'll be deported.

Chong Kim, a South Korean immigrant and green card holder from Portland, Oregon, joined the National Guard in 2005 and served in Iraq in 2009 and 2010. He came to the U.S. more than 35 years ago, at age 5, and he became a legal permanent resident in 1981.

The Seattle-based Northwest Immigrant Rights Project said Friday that after Kim was honorably discharged, he struggled with homelessness, addiction and post-traumatic stress, leading to convictions for burglary and other charges in 2013 and for attempted arson last year. He's been doing well since completing a 4?-month inpatient treatment program run by the Department of Veterans Affairs in January, the group said.

Immigration agents arrested him April 5 and brought him to a detention center in Tacoma, Washington. They plan to deport him because of his convictions. But his attorney, the immigration group's Tim Warden-Hertz, is fighting it, saying the attempted arson conviction is not one that should prompt his deportation.

"You commit a crime, go to jail, but there's no reason we should ever deport a combat veteran," former Staff Sgt. Ryan Kell, who was Kim's team leader in Iraq, said Friday. "What's he going to do in Korea? He doesn't speak Korean. He hasn't been there since he was 3."

Warden-Hertz said that "while Mr. Kim has taken responsibility for his mistakes, the government refuses to see him as anything other than a list of criminal convictions."

In an emailed statement Friday, U.S. Immigration and Customs Enforcement did not comment beyond confirming that Kim was detained "after it was determined he has a prior felony conviction in Multnomah County for" attempted arson and other charges.

The attempted arson conviction came in a special veterans court after he filled an empty beer bottle with gasoline, lit it on fire and threw it at a concrete outer wall at the back of a hardware store, Warden-Hertz said. Kim only wanted to see the bottle blow up and never intended to burn the building, he said.

"It was a dumb idea, but it didn't lead to anyone being hurt or endangered," he said. "The damage was discoloration of paint."

Kell said that Kim drove him in a mine-resistant vehicle for their entire Iraq deployment and that he was a stellar soldier.

"Some guys tend to do better on deployment than they do in the real world," Kell said. "When we came back it seemed his life unraveled a little bit. He had some drug problems, and then he started having some legal problems."

In 2013, when Kim faced the threat of deportation for the first time following a shoplifting incident that escalated into a fight with a security guard, Kell said, Kell drove to Tacoma to testify on his behalf before an immigration judge. The judge agreed to let Kim go — but warned him not to get in trouble again, Kell said.

"I'm in the same position I was with him four or five years ago," he said. "Do I feel he has been a great member of society? No, he probably hasn't. Do I believe he should be deported? No, I don't."

Warden-Hertz sent ICE a letter Thursday asking for Kim's release pending the outcome of the deportation proceedings. The petition included letters from a clinical psychologist who detailed Kim's success in the substance abuse program as well as from a clinical nurse manager at the Portland VA Health Care System, where Kim began working in January as a housekeeper at a cardiology and oncology unit.

"Mr. Kim demonstrated exceptional team work," the nurse manager, Cynthia Fahy, wrote. "It was regularly reported to this manager that he often went out of his way to assist other housekeepers and nurses."

The attorney also submitted a letter Kell wrote to the immigration court in 2013. Kell described how on one mission Kim "stopped our entire squad in order to help an Iraqi national whose vehicle was on fire. Without Mr. Kim that man could have lost his livelihood or even his life."

"War can change a person, but Mr. Kim gave selflessly of himself in order to protect and serve this nation," Kell wrote. "I ask that you give Mr. Kim another chance and let him stay in this country that I know he loves."

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1.4 - Military Times: **No expiration date for 'beefed up' GI Bill benefits under new proposal**
(14 July, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)

Future military veterans will no longer have to worry about an expiration date on their education benefits if newly proposed legislation in the House of Representatives makes its way to the president's desk.

The Harry W. Colmery Veterans Education Assistance Act of 2017 would make several changes to the Post-9/11 GI Bill, including an expansion of benefits for reservists, Purple Heart recipients, and surviving dependents, as well as the elimination of a requirement that veterans use their education benefits within 15 years of active-duty service.

The removal of the 15-year requirement would only apply to service members who become eligible for the GI Bill after 90 days of active-duty service after January 1, 2018 — not current veterans or service members who are already eligible.

The House Committee on Veterans' Affairs announced the bill Thursday, stressing that months of bipartisan work and countless discussions with veterans went into crafting the legislation.

In his remarks at a public forum, Committee Ranking Member Rep. Tim Walz, D-Minn., said the 15-year cap was “really holding people back” in the “reality of the new world” — a sentiment shared by Rep. Elizabeth Esty, D-Connecticut, who told the story of a 92-year-old veteran student in her district.

Eliminating the expiration date “is a big deal,” Walz said, “and we’re very proud of that.”

He said the committee’s goal is to get the bill to President Trump as soon as possible so that it can start helping vets immediately. But first, the bill will go through a legislative hearing on Monday, a committee markup on July 19, and a floor vote sometime before August, according to lawmakers and committee staff. It must also get the Senate’s approval before ending up at the White House, though committee members appeared confident that it would pass.

Other highlights of the legislation include retroactive restoration of benefits for GI Bill users affected by school closures since 2015. This would include thousands of veterans who lost their benefits to the now-defunct for-profit college systems Corinthian Colleges and ITT Tech. The bill also provides additional funds for military students pursuing degrees in science, technology, engineering and math, commonly referred to as STEM fields, a provision of particular interest to House Majority Leader Rep. Kevin McCarthy, R-Calif.

“As technology continues to change the landscape of work and education we must keep our policies up to date to provide our veterans the opportunity to obtain necessary skills for the 21st century," he said in a written statement. "The current GI Bill needs to be refreshed so veterans can apply their earned benefits to new technology-based education models.”

Senate Committee on Veterans' Affairs leaders Sen. Johnny Isakson, R-Ga., and Sen. Jon Tester, D-Mont. applauded the legislation in a joint statement, adding that they're working on their own version of a GI Bill overhaul. A staff member for the committee confirmed senators' intent to include the provision that removes the time limit on GI Bill benefits.

The reaction from veteran service organizations meeting with committee members on the Hill Thursday was largely positive.

Got Your Six Government Relations Director Lauren Augustine said that while the organization would have wanted all veterans to benefit from the 15-year cap removal, there wasn't enough money.

“That’s really where compromise comes into play,” she said, praising the committee’s bipartisan efforts to create legislation that can pass the House and the Senate even in a sharply-divided Washington, D.C. “This is a benefit looking forward and making sure that we’re taking care of future generations of veterans.”

Student Veterans of America had a similar message.

“At the end of the day, you’re always trying to balance the cost with the importance of the policy,” said Will Hubbard, the organization’s vice president of government affairs. “I think what we’ve been able to come to a conclusion on is a really strong policy that’s going to help thousands of students and their families.”

Veterans of Foreign Wars referred to the legislation in a statement as a “beefed up Post-9/11 GI Bill” that recognizes service members’ sacrifices in the ongoing war.

“There’s a piece of the pie for everybody,” Augustine said. “It’s good to see everybody have a win out of this.”

Still, some feel the bill doesn’t quite go far enough.

Kristofer Goldsmith, assistant director for policy and government affairs at Vietnam Veterans of America, was happy with the progress the bill represents, but noted that it doesn’t extend to “bad paper” veterans who are not eligible for the GI Bill.

“What we care about most, what we want to still see get done, is we’d like to see every veteran who is kicked out who has PTSD, who has TBI (a traumatic brain injury) who lost their access to the GI Bill gain eligibility,” he said. “That’s not in this, but that’s VVA’s next major priority when it comes to the GI Bill.”

The committee's efforts to overhaul the Post-9/11 GI Bill in recent months haven't been without controversy.

A draft plan circulated by the committee in April drew fire after it initially proposed paying for the $3 billion cost of upgraded benefits over 10 years by reducing new enlistees' monthly pay by $100 per month. Some veterans' groups sharply criticized that plan as an unfair "tax on troops," noting that Army privates typically earn less than $1,500 per month.

The legislation unveiled by the committee Thursday would be paid for through a slight reduction in housing stipend payments.

Total government spending on the GI bill is expected to be more than $100 billion over 10 years.

“This is a really important day and a day that should be celebrated,” committee member Rep. Julia Brownley, D-Calif., said. “Not only have (veterans) given to our country and served our country, but they are also giving to their communities while they’re learning and they are then turning around and fulfilling jobs and enriching their community.”

“It’s a twofer," she continued. “It’s a valuable, valuable investment that we’re making – not only in our veterans, but also in our future."

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1.5 - Stars and Stripes: House plans to pass 'Forever' GI Bill by August (14 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The House Committee on Veterans’ Affairs will hold a hearing Monday about a large expansion of veterans' education benefits with a plan to vote on the measure Wednesday and have the bill sail through the House in just two weeks, ahead of a monthlong summer recess.

The legislation was introduced Thursday, and in a show of goodwill uncommon in a divided Congress, Republicans and Democrats gathered to exchange compliments at the bill's release. It was a stark contrast to a few months ago, when controversy about how to pay for the

estimated $3 billion expansion of the GI Bill led to the cancelation of a House hearing and caused some veterans advocates to believe the deal was dead.

“In any Congress, especially in recent Congresses, that’s usually a death knell,” said Rep. Tim Walz, D-Minn. “[Rep. Phil Roe] refused to accept that and came back to retool. Because of that, we’re going to enhance one of the best programs that has ever come out of this Congress. We continue to prove we can get things done that do matter.”

Walz, the ranking Democrat on the veterans’ affairs committee, and Roe, a Republican from Tennessee who is chairman of the committee, are co-sponsors of HR 3218, titled the Harry W. Colmery Veterans Educational Assistance Act of 2017. It’s named for a past commander of the American Legion who authored the original GI Bill of Rights in 1944.

The legislation combines 18 different bills and about 30 provisions and is supported by 40 military, veterans and higher education advocacy groups.

The committee will hold a hearing about the bill Monday at 7:30 p.m. EST and vote Wednesday at 10 a.m. GOP leadership wants to schedule a floor vote before August.

Walz said he and Roe were working with Sen. Johnny Isakson, R-Ga., and Sen. Jon Tester, D-Mont., the chairman and the ranking member on the Senate Veterans’ Affairs Committee, to achieve a similar time frame in the Senate.

In a statement Thursday, Isakson and Tester said they are drafting similar legislation.

The House bill boosts tuition and housing aid for National Guard and Reserve members, as well as veterans majoring in a science, technology, engineering or mathematics field. It extends the GI Bill to all Purple Heart recipients and fixes a Pentagon deployment authorization that has kept about 5,000 reservists and guardsmen from accumulating education benefits.

The package also addresses veterans’ losses when their schools close mid-semester. Last year, when for-profit ITT Technical Institute closed its doors, thousands of veterans who attended the campuses were unable to recover lost education benefits. The bill calls for the Department of Veterans Affairs to restore tuition costs and boost living stipends for veterans caught in those situations.

One of the biggest shifts would be to drop the 15-year time limit on veterans to tap into their education benefits after they leave military service. The change would apply only to servicemembers who enlist after the expanded GI Bill takes effect, which is expected to be Jan. 1, 2018.

“Because of the nature of the new warriors who are serving, the cap on the benefit is really holding people back,” Walz said. “Using these benefits whenever you want to use it is the reality of the new world, and that is a big deal.”

The legislation also includes a more symbolic change – to drop the “Post-9/11” from the name and use “GI Bill.” Advocates with Student Veterans of America, who led the effort to reignite momentum in Congress on the issue, said untying the GI Bill from one conflict could help protect it from future attempts to cut its funding. The group is calling the proposed expansion the “Forever” GI Bill.

After it caused dissension between veterans organizations in April, advocates dropped an idea to pay for the bill by deducting $100 per month for two years from new enlistees' pay. Iraq and Afghanistan Veterans of America blasted the idea at the time as a "tax on troops."

Now, lawmakers are instead proposing a decrease to veterans' living stipends to fall in line with active-duty servicemembers' basic housing allowance. The change would not apply to people currently using the GI Bill.

IAVA gave its support to the bill Thursday.

"The GI Bill is getting stronger today," said IAVA Executive Director Allison Jaslow. "And we're doing it without charging a fee to new troops."

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1.6 - WFED (AM-1500): Lawmakers call for full review of outdated and crumbling VA facilities (14 July, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

Congress is once again attempting what has since been an impossible task — a full and actionable review of the Veterans Affairs Department's more than 6,000 owned buildings and 1,500 leased facilities that many say are underutilized, outdated and insufficient to meet the modern medical needs of an evolving veteran population.

Without a complete, transparent and apolitical review of the department's capital assets that span more than 170 million square feet, Congress, the Government Accountability Office, veterans service organizations and the independent Commission on Care fear VA will turn from a caretaker of veterans to a "caretaker of an extensive portfolio of vacant buildings."

Acknowledging the task as a "complex and emotional issue," House Veterans Affairs Committee Chairman Phil Roe (R-Tenn.) called for a top-to-bottom review of the Veterans Health Administration's capital assets.

"A capital asset review and realignment free of political influence is critical to ensuring that the VA health care system remains strong and sustainable for veterans today and tomorrow," he said during a July 12 hearing.

His colleagues on the committee, both Republican and Democrat, seemed to agree and recognized the urgency of the situation.

After all, VA medical facilities are, on average, 60 years old — five times older than most non-profit hospital buildings. They were designed to handle the influx of injured World War II and Korean War veterans in the 1940s and 1950s.

In addition. the department then concentrated construction in the northeast and midwest areas of the United States, but VA predicts more veterans are expected to move to the south and southwest. The department also projects a 14 percent decrease in the veteran population by 2024.

But as former VA Secretary Anthony Principi told the committee, the department has had these conversations with Congress before.

Principi launched the Capital Asset Realignment for Enhanced Services (CARES) Commission in 2003 to conduct a similar review of VA facilities. But Congress didn't fully implement the commission's recommendations and instead looked at individual facilities.

Recommendations that suggested the construction of a new facility generally received congressional support, Principi said. But lawmakers quietly dispensed with those that called for a consolidation or closure, he added.

"When you don't have some teeth behind it, it will fail," Principi said of the committee's goal of reviewing all VA capital assets. "The pluses were good, but those that wanted to realign or close a facility became difficult because of the political process. It becomes very, very difficult."

Principi said VA should create a commission, have the secretary present a final plan to Congress and then let lawmakers vote on the complete package of recommendations as a whole.

"What you're saying … is that you need politicians like us to be courageous enough to make the case for why certain facilities have to be closed for whatever reason and not make it about abandoning veterans in their time of need," Rep. Kathleen Rice (D-N.Y.) said. "That's always been the hot potato that no one ever wants to touch. It's not enough for us to just sit here and ask you what can we do to help you? We know what we can do to help this realignment that has to happen."

"If we don't do that … the VA will fail and will fail the needs of veterans," Principi said. "I don't think this can be sustained 10 or 15 years."

The department estimated it needs about $50 billion to upgrade or replace existing facilities and meet modern medical needs.

VA Secretary David Shulkin said the department wants to dispose, consolidate or sell more than 1,100 outdated, underutilized and vacant facilities within the next two years.

It's already begun the process of disposing or reselling 142 of those buildings now. The department has about 430 vacant or nearly empty buildings that are more than 60 years old, which cost VA about $7 million a year to maintain.

Facility consolidation was one of 13 areas of focus for Shulkin when he described the "state of VA" in May.

Shulkin's predecessor, Secretary Bob McDonald, called for a similar realignment process early in his tenure as secretary.

The department said it's not for a lack of trying. It disposed or repurposed more than 1,000 buildings — a total of 8 million square feet — since 2004.

VA currently has 28 leases pending authorization from Congress, which represent about 2.2 million annual visits of care, said James Sullivan, director of the department's Office of Asset Enterprise Management.

In addition, VA doesn't have one set method to dispose of a building, Sullivan said. Environmental and regulatory factors can slow down the process of elimination, and many VA facilities have historical designations.

In other cases, VA returns buildings to the General Services Administration.

"If we're going to GSA to sell it, it's going to be based upon the market, what GSA can get for those buildings and how hard they find [it] is to do it," Sullivan said. "If we find a partner to reuse it, it could move pretty quickly. If it's a simple demolition depending upon historic and environmental issues at the site, it could be anywhere from six months to 18 months."

As the department ramps up efforts to sell, dispose or demolish vacant and underutilized buildings, it's beginning to work more closely with GSA.

"We did not use GSA, quite honestly, until the last year or two, because prior experiences with GSA were not very receptive to moving properties," Sullivan said. "But I think they have retooled and refocused, so it's a good opportunity."

Yet as the Government Accountability Office said, VA currently lacks the process and the data necessary to make grounded decisions about its facilities.

"How can VA determine a building is necessary to meet a veteran's need when VA at this time can't determine how much need is being met using the existing building?" committee Ranking Member Tim Walz (D-Minn.) said. "Complex problems mend complex solutions. The failure of the CARES Commission to execute its recommendation proves that a commission is not enough."

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2. Veteran and Employee Experience

2.1 - The Guardian: Iraq veteran facing deportation speaks out from jail: 'I would feel utterly alone' (14 July, Sam Levin, 14.6M online visitors/mo; New York, NY)

Chong Kim gathered paperwork demonstrating his recent accomplishments and headed to a federal building in Portland to meet an immigration officer. It was 5 April, and the 41-year-old housekeeper thought he was heading to a routine check-in.

The officer, however, wasn't interested in his achievements. The Oregon man quickly learned he was facing possible deportation to his native South Korea, a country he left at five years old.

"It frightens me to think about," said Kim, wearing an orange jail uniform, seated in a small windowless room at a detention center in Tacoma, Washington, one of the country's largest Immigration and Customs Enforcement (Ice) facilities and the site of frequent protests. "How impossible a task would it be to rebuild my life from scratch? I would feel like I'm utterly alone."

The deportation case, based on an old criminal record, is particularly disturbing to his friends and family given that Kim is an Iraq war veteran who struggled with drug abuse after his deployment, but had recently turned his life around.

“It’s hard to imagine a more clear example of someone being a part of a country than putting their life on the line for it,” said Tim Warden-Hertz, Kim’s lawyer and a directing attorney at the Northwest Immigrant Rights Project. “There’s this hidden process of deporting veterans.”

His detention comes a time of increasing alarm across the country about the devastating impacts of Donald Trump’s crackdown on immigrants, which has affected refugees who fled persecution, victims of violence, undocumented people brought to the US as children, and parents seeking green cards, among others.

And the push to deport Kim has shined a light on the lack of immigration protections for non-citizen military veterans and the severe consequences for immigrants caught up in the criminal justice system – even after they’ve rehabilitated their lives.

Kim had a green card and was legally admitted to the US in 1981 with his parents. He grew up in Portland and worked for UPS and his family’s convenience store before enlisting in the military in 2005.

The US was the only home Kim knew, and he decided it was his duty to serve.

“It felt like something I should do, particularly at a time of a war,” he told the Guardian in his first interview about his case. Kim said that joining the military was one of the best decisions of his life.

“It gave me the ability to stand up tall and say, ‘You’re just as American as anyone else.’”

Deployed to Iraq in 2009, he served as a driver of a Mine Resistant Ambush Protected (M-Rap) vehicle. On one mission, he helped save an Iraqi national whose vehicle was on fire, according to an army member’s testimony.

After being honorably discharged in 2010, Kim lived with severe drug addiction and eventually became homeless, sometimes shoplifting food, he recalled. In 2013, he was convicted of first-degree burglary after he was caught trying to steal groceries. He was subsequently detained by Ice and threatened with deportation, but ultimately released.

He did not, however, get the help he needed. One day in February 2016, Kim said, he was high and bored and filled an empty beer bottle with gasoline, lit it on fire and threw it at a brick wall behind a store. He said he thought no one was watching, but someone called police and he was charged with felony arson.

“I was not in the right state of mind,” he recalled.

His attorneys argued that the act was in effect a careless prank and that he had no intention of hurting anyone. There were no injuries and only minor damage. Kim pleaded guilty to attempted arson and was sentenced to treatment. He entered a residential substance abuse program run by the US Department of Veterans Affairs (VA) last August and successfully completed it in January, records show.

“It was the first time in my life I was hopeful,” said Kim, who became sober and got a job as a cleaner at a VA hospital.

When he got the call to meet with an immigration officer in April, he thought he was just switching probation officers. Three months later, his case is still pending.

Ice declined to comment on the specifics of the case, saying in a statement it was under review and that Kim was arrested “after it was determined he has a prior felony conviction”.

After the inauguration of Trump – whose anti-immigration agenda and xenophobic rhetoric was central to his campaign – Ice arrests increased by 40%. That could be a factor in Ice’s decision to target Kim months after his criminal case was resolved and after he got the rehab he needed through the VA, another branch of the federal government.

The deportation of veterans, however, is not a new problem. Records suggest that more than 230 were deported in 2016 under Barack Obama, and Democrats have recently pushed for legislation to help deported veterans return to the US.

Jordan Meyers, a 29-year-old veteran who met Kim at a veterans’ support group, noted that many vets suffered from post-traumatic stress disorder, which can lead to drug problems and run-ins with the law. Those vets need programs and services, not deportation, he said.

“Is this how we support our troops?”

Asked about the deportation of veterans, an Ice spokeswoman added: “The Department of Homeland Security will not exempt classes or categories of removable aliens from potential enforcement.”

Kim is also classified as the kind of “violent felon” prioritized for deportation under Obama, and activists said his case demonstrated that when conservatives and progressives alike argue that Ice should focus on “criminals”, there’s little consideration for immigrants’ individual circumstances and whether they actually pose a public safety risk.

“He’s not a danger to anyone,” Warden-Hertz said of Kim. “It’s tragic. Just as things are finally going well, Ice calls him in and detains him.”

Kim, who was living with his father at the time of his recent arrest, said he did not speak much Korean, and had no idea how he would find a job if he were deported.

It’s also been painful, he said, to watch other detainees get shipped away every few weeks, especially those torn apart from their children.

“It’s frightening, because I don’t know what happens to people when they leave here.”

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2.2 - Military.com: New GI Bill Would Make College Education a Lifetime Benefit (14 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)

A bipartisan bill was introduced in the House of Representatives on Thursday to make the GI Bill for post 9/11 veterans a lifetime education benefit for new recruits who go on to serve three years of active duty.

Current post 9/11 veterans who qualify for the GI Bill would still be subject to the use-it-or-lose-it time limit of 15 years for the education benefit under the proposed "Harry W. Colmery Veterans Educational Assistance Act of 2017," named for the late American Legion national commander who wrote the original GI Bill in 1944.

The proposed bill also included reforms and changes to the qualifications for the GI Bill for Purple Heart recipients, National Guard and reservists, the dependents of veterans, and victims of for-profit school closures.

At a news conference, Rep. Phil Roe, R-Tenn., chairman of the House Veterans Affairs Committee, said he expected to hold a hearing Monday on the GI Bill proposal ahead of quick passage by the full Committee.

House Majority Leader Kevin McCarthy, R-Calif., told the Associated Press that he also expected quick passage by the full House. "We'll move it out this month," he said.

On the Senate side, Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans' Affairs Committee, said he was preparing to introduce a companion bill to the House version.

Rep. Tim Walz, D-Minn,, the ranking member on HVAC, said the bill would "enhance one of the best programs ever to come out of Congress," a reference to the original GI Bill that gave a college education to many returning World War II vets.

Proponents of the bill stressed the "forever" provision that would allow new recruits to use the GI Bill whenever they choose and not be bound by the 15-year limit. "This takes off that 15-year window," said Rep. Jack Bergman, R-Mich., a member of HVAC and a retired Marine lieutenant general.

If passed by Congress and signed into law by President Donald Trump, the new bill would take effect recruits who enlist after Jan. 1, 2018.

Veterans service organizations enthusiastically backed the bill. "This bill, as currently written, would launch a new era for all who have honorably served in uniform, and for the nation as a whole," said Charles Schmidt, national commander of the American Legion.

The new bill would address what were seen as shortcomings in the GI Bill of 2008 which guaranteed full-ride payment to any in-state public university -- or the cash amount for private college students similar to the value of a scholarship at a state college.

The old bill left out Purple Heart recipients who had not completed three years of active duty. The new bill would make Purple Heart recipients eligible for the education benefits no matter how long they served on active duty.

"This is going to mean a lot for a lot of wounded vets," said Aleks Morosky, legislative director of the Military Order of the Purple Heart. He estimated that 1,500-2,000 Purple Heart recipients had been ineligible for the education benefits because of the three-year active duty qualification.

The new bill would also restore educational benefits for vets who were enrolled in for-profit schools that shut down. Under the new provisions, those vets would be able to recover their educational assistance for future use.

In addition, National Guard members and Reservists who were involuntarily activated would become eligible for the full benefit received by their active duty counterparts.

In cases where a veteran transfers the education benefits to a dependent child, the new bill would eliminate the current prohibition against transferring the benefit to a second child should the first child die.

"This beefed-up Post-9/11 GI Bill recognizes the long service and sacrifice of the one percent of Americans who have voluntarily put their personal lives on hold to fight an unimaginable multi-front war for 16-plus years," Veterans of Foreign Wars National Commander Brian Duffy said.

"The strong congressional support also proves that taking care of veterans and their families is the most bipartisan issue there is in Washington," Duffy said.

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2.3 - The Stranger (SLOG): Army Team Leader, VA Psychologist Write Letters to ICE to Free Detained Iraq Veteran in Tacoma (14 July, Sydney Brownstone, 2.1M online visitors/mo; Seattle, WA)

Chong Kim, an Army vet who served in Iraq, came to the United States from South Korea at the age of five. Today, he sits in Tacoma's Northwest Detention Center awaiting deportation proceedings.

You can read more about Kim's story—his service, his subsequent struggles with addiction, homelessness, and a conviction for attempted arson—in this Guardian story. But you should also read the letters his Department of Veterans Affairs psychologist, as well as his Army team leader from his tour in Iraq, wrote to Immigration and Customs Enforcement (ICE) in order to try and free Kim.

After Kim pleaded guilty to attempted arson, he was sentenced to an in-patient substance abuse treatment program at the VA. His past convictions, according to his lawyer, stemmed from these addiction issues. But just two months after Kim successfully completed the program and found employment as a housekeeper at a veterans hospital, ICE launched deportation proceedings against Kim.

"War can change a person, but Mr Kim gave selflessly of himself in order to protect and serve this nation," Kim's former Army team leader, SSG Ryan Henry Kell, wrote. "I ask that you give Mr Kim another chance and let him stay in the country that I know he loves."

Read the full letters—from Kell, Kim's Army psychologist, and his VA manager—here.

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2.4 - KMGH (ABC-7, Video): Colorado veteran now being billed $14,000 by VA for 'overpayment' (14 July, Jason Gruenauer, 2.1M online visitors/mo; Denver, CO)

Army veteran Thomas Howard served in the military for two decades. And for the last 20 years, he's been receiving VA benefits. But due to a paperwork issue, the government organization says he's been getting paid too much -- $14,000 too much -- and now the VA wants the money back.

"Fourteen-thousand, nine-hundred twelve dollars and forty-eight cents. That's what they say I owe them that they overpaid me for the last 20 years," Howard said.

It all comes down to dependents. Howard has claimed two on his forms that haven't changed for two decades. But he's been married, gotten divorced, and been remarried. Meaning his dependents have changed.

He didn't change his forms with the VA, despite changing with the Department of Defense, the D.O.D. financial office, and the organization that provides military ID's to family members.

He went from having two dependents, to just one, to five.

"They overpaid me for one dependent for six years," Howard admitted. "But the paperwork that they underpaid me, we're not gonna accept any of the proof that you sent us that you had this many dependents."

He said the VA is only recognizing the time that he was "overpaid," not the years where he had more dependents than he was being paid for.

The VA sent Denver7 the following statement:

"In this case, the Veteran did not notify VA in a timely manner of his divorce from his second Wife, Kimberly, on April 16, 1999, so the Veteran was overpaid $14,912.48. He has no dependent children at all now that can be added to award."

Denver7 contacted Rep. Mike Coffman and Sen. Michael Bennet have both been notified of Howard's case. Neither has said yet if they will try to help him in his fight against the VA>

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2.5 - WISH (CBS-8, Video): Veterans await help after ITT Tech shutdown (14 July, 1.5M online visitors/mo; Indianapolis, IN)

WASHINGTON — When Carmel-based ITT Technical Institute shut down, thousands of the students impacted were veterans.

Classes just stopped, and few other schools would accept their credits. Many veterans had spent their GI Bill education benefits there.

U.S. Rep. Luke Messer, a Republican from Shelbyville, is hoping to change that.

If you were using federal loans to pay tuition at ITT Tech when it shut down, those loans could be forgiven.

But nearly 7,000 veterans were using military benefits to pay for college.

As of right now, they can't get those benefits back — and they have nothing to show for it.

When ITT Tech shut down, Messer said he heard from veterans in his district, who were stuck — with no way to continue their education.

"It's not fair that these veterans would lose their GI benefits through no fault of their own," he said. "If we really care about them, we need to do something about it."

Messer said his proposal, included in a GI Bill reform package, would give veterans the chance to start over, finish college and land a job.

"This legislation would restore those GI benefits, give those veterans the opportunity they earned."

The U.S. Department of Education cut off federal aid to ITT Tech last year, after investigating its recruitment tactics, lending practices and job placement figures.

Walter Ochinko with the group Veterans Education Success said for-profit colleges often prey upon veterans.

"They make a lot of promises that you're going to get a degree quickly, you're going to be able to transfer your credits if you want to," Ochinko said.

Messer's proposal would restore benefits for veterans impacted by school closures dating back to Jan. 1, 2015. Ochinko said while the bill is a good step, he wishes it would go back even further.

"This would level the playing field for veterans, he said. "They would be able to go back to school again."

Ochinko went on to say Washington should do more to crack down on for-profit schools that put veterans at risk.

"It really shouldn't be a partisan issue. It should be about protecting taxpayer dollars and protecting benefits that our service members have earned."

Do Democratic members of the Indiana delegation support this proposal?

A representative of Rep. Andre Carson, a Democrat from Indianapolis, said he's still reviewing the plan, but his initial reaction is that this seems like a good idea to help Indiana veterans.

U.S. Sen. Joe Donnelly, a Democrat from Indiana, said he wants to ensure veterans get the GI benefits they've earned — and he's working on similar legislation in the Senate.

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2.6 - The Patriot Ledger: Dozens of strangers turn out for Pembroke Marine's funeral (14 July, Benjamin Paulin, 298k online visitors/mo; Quincy, MA)

PEMBROKE - When Pembroke veterans' agent Robin Kernan heard that a local World War II veteran who died recently was going to be buried with no family attending his funeral, she knew she had to do something.

"He outlived his sweetheart and his neighbors were his family and his caretakers," Kernan said. "I don't know if he has any living relatives."

Malcolm "Mac" W. Phillips of Pembroke died July 9 at age 92. He was laid to rest at the Massachusetts National Cemetery in Bourne on Thursday. Phillips was born in Weymouth and served in the Marine Corps 3rd Division and the U.S. Navy as a pharmacist's mate 2nd Class.

Earlier this week, Kernan was hoping to recruit some people to go with her to the funeral and posted about it on the American Legion Post 143 Facebook page.

What followed shocked her. Dozens from the South Shore heeded the call - including police officers, firefighters, paramedics, veterans and complete strangers - all coming together to support a man they had never met.

"My heart was so warmed by the outcome. I was just blown away," Kernan said.

Members of police departments in Pembroke, Duxbury and Hanover gathered outside Sullivan Funeral Home in Hanover on Thursday morning to provide an escort to Bourne. Things grew from there with other communities getting involved, including Kingston, Marshfield and Plymouth.

"I thought we were going to have maybe six cars and it ended up being about 50 with fire departments, police departments, first responders lining the roads, overpasses, intersections, off-ramps, on-ramps, all over the place," Kernan said. "There were people on the side of the road saluting as we went by."

One of the officers who led the procession was Pembroke police Lt. Rick MacDonald. He heard about Phillips' funeral late Wednesday night and decided to attend.

"I'm a veteran and no soldier or airman is going to be left alone," MacDonald said. "I used to be a motorcycle cop, I did a lot of these escorts and every one of them was well planned out. This one was just done by social media. It looked like a caravan for the president."

Once the procession got to the cemetery there were even more people waiting. More than 50 people gathered to see Phillips laid to rest.

"There's just not that many World War II veterans left anymore. So, to hear about one being alone that's going to be buried in a national cemetery, people want to be a part of that and show their strength and support," Kernan said. "World War II veterans have been called 'the greatest generation.' He's part of a generation that shaped what we are and who we are today."

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2.7 - WTVW (FOX-7, Video): Helping Veterans after ITT Tech Shutdown (14 July, 202k online visitors/mo; Henderson, KY)

When Indianapolis-based ITT Tech shutdown, thousands of the students impacted were veterans.

Classes just stopped, some schools would not accept their credits, and many vets had spent their g-i bill education benefits.

Indiana Congressman Luke Messer is hoping to change that.

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The Department of Education cut off federal aid to ITT Tech in 2016, after investigating its recruitment tactics, lending practices and job placement figures.

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“This would level the playing field for veterans, they would be able to go back to school again.”

Ochinko went on to say Washington should do more to crack down on for-profit schools, that put veterans at risk.

“It really shouldn't be a partisan issue. It should be about protecting taxpayer dollars and protecting benefits that our service members have earned.”

Messer is confident his plan will get bipartisan support.

The House Veterans' Affairs Committee is set to discuss the full GI bill reform package on Monday.

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3. Access to Healthcare

3.1 - The Hill: **Trump's plan to privatize the VA will hurt vets** (14 July, Suzanne Gordon, 11.8M online visitors/mo; Washington, DC)

In June, Congress passed the VA Accountability and Whistleblower Act, which makes it easier to dismiss any of the 300,000 employees of the Veterans Administration.

Republicans and Democrats who supported the legislation argued that VA care givers must be held accountable to the highest standards of clinical excellence and ethical behavior.

At a subsequent bill signing, President Donald Trump pledged that managerial or staff misconduct — like the falsification of data about wait times for patient appointments at a few VA hospitals — will never occur again.

In pursuit of this goal, the VA has launched an Office of Accountability and Whistleblower Protection. It is now posting a list of how many employees – and in what region or occupation and for what infraction — have been fired or disciplined.

At the same time, however, top leaders of the Veterans Health Administration (VHA) as well as a number of Congressional representatives are pressing ahead with plans to put more veterans' healthcare in the hands of private sector healthcare providers as they try to replace the Veterans Choice Program.

Under the three-year-old Choice program, veterans who live too far away from the nearest VHA facility or need a quicker medical appointment have been able to use private doctors and hospitals, at VA expense.

Critics of a variety of proposals to replace the Choice program fear that outsourcing veteran care to the private sector will divert billions of dollars from needed funding of VHA services to medical providers with less specialized training, little experience caring for veterans, and insufficient supervision.

They also fear these providers will not be held accountable for the care they provide.

Given the testimony the VHA provided at a July 12th hearing at the Senate Committee on Veterans Affairs, it looks like these fears are well founded and that private sector providers will not be held to the same standards now being applied to all in-house VHA staff.

At that hearing, Baligh Yehia, VHA deputy undersecretary for Health for Community Care, told senators that the CARE program his agency wants to create as a replacement of Choice will be based on "high-performing, integrated networks" in the private sector.

Sen. Joe Manchin (D-W.Va) asked Yehia whether the VA is "capable of overseeing and qualifying" such a vast private sector network — making sure providers have the "skill sets" needed to take care of patients with complex service- related conditions. Yehia assured

Manchin that free continuing medical education (CME) credits will be offered to any approved providers not on the VHA staff.

Under tough questioning by the West Virginian, Yehia then admitted that such training will be voluntary, not mandatory, which clearly struck Manchin as problematic.

“Well, you have the checkbook,” the Senator pointed out. “If you tell me I gotta do something in order to qualify, I’m going to do it.”

Yehia responded that such requirements would be feasible only in areas where doctors recruited, under a Choice replacement program, gained enough new patient volume to give the VA more “market power” over them.

In rural areas, he argued, “if you put a lot of burdens on the community providers and they’re seeing a handful of veterans, they won’t sign up.”

Yehia’s testimony was not reassuring. Studies document that VA patients get far better treatment from healthcare professionals who have veteran-centered expertise.

If our veterans are now dispersed throughout our fragmented, market-driven U.S. healthcare system, most outside providers participating in any Choice replacement program will add only a small number of veterans to their overall patient load.

Private sector providers — even in urban areas where primary care or mental health providers are in short supply — will have little incentive to devote the time and energy needed to become familiar with symptoms of Agent Orange or military burn-pit exposure or better recognize suicidal thoughts or tendencies among veterans adjusting poorly to civilian life.

Plus, if the proposed reimbursement rates under CARE or other privatization proposals fall short of private insurer payment levels, how many high quality providers will be accepting veterans at all, as new patients?

Instead of diverting former military personnel to outside healthcare networks already “rife with quality and access to care issues,” Amy Webb of AMVETS, the nation’s largest and oldest veterans service organizations, urged a different approach: “Why not invest in a system that has already been designed to meet the needs of veterans?” she asked at the hearing.

As she noted, “veterans want the VA to work for them”—not be destroyed through “a bleed-it-dry strategy” of outsourcing and underfunding. But that’s where the Trump Administration and Congressional conservatives may be headed unless veterans and their families, VHA caregivers and veterans’ organizations succeed in their fight for real accountability.

Suzanne Gordon is author of The Battle for Veterans’ Healthcare: Dispatches from the Frontlines of Policy-Making and Patient Care.

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3.2 - Stars and Stripes (Honolulu Star-Advertiser): Hawaii will reap $266M in military construction, more spending for vets (14 July, William Cole, 1.5M online visitors/mo; Washington, DC)

HONOLULU — U.S. Sen. Brian Schatz said Hawaii is in line to receive $266 million in military construction funding in fiscal 2018 that includes $90 million for a new Fort Shafter headquarters, as well as funding to improve Department of Veterans Affairs programs in the state.

The Senate Appropriations Committee included the measures in a bill passed Thursday that now heads to the full Senate.

“This is good news for a couple of reasons,” Schatz said in a conference call with reporters. “Even in a partisan environment, even in the middle of the fights that we’re engaging in, we were able to come together on a bipartisan basis and do our job to help veterans and make sure our facilities are in good repair.”

Schatz is the lead Democrat on the Appropriations Subcommittee on Military Construction and Veterans Affairs.

According to Schatz, the bill also includes:

- $73.2 million for a sewer lift station and sewer line at Joint Base Pearl Harbor-Hickam.
- $19 million for new MV-22 Osprey landing pads at Marine Corps Base Hawaii.
- $65.9 million for a communication/cryptologic facility in Wahiawa.
- $5 million for the NSA “Tunnels” underground facility in Kunia.
- $5.5 million for an Air Force Reserve training facility.

Last year Hawaii received $197 million in military construction funding, Schatz said. The year-to-year amount fluctuates with some projects causing periodic funding spikes. Across the Department of Defense, military construction is being increased by $2.1 billion — 25 percent over the 2017 level.

The $90 million for Fort Shafter will be used for the ongoing construction of a new “command and control” facility for U.S. Army Pacific.

InSynergy Engineering, which is working on the project, said in a May release that the nearly 241,000-square-foot complex is budgeted to cost $440 million.

The new complex will consolidate command and control and support functions at 12 separate pre-World War II buildings and temporary trailers.

At the project’s groundbreaking in 2012, Lt. Gen. Frank Wiercinski, then commander of U.S. Army Pacific, said, “Those of you that have visited our headquarters over the years may have noticed that my office is located in building T-100. The ‘T’ stands for temporary. Seventy years later I think it’s safe to say our government got more out of these temporary facilities than we ever bargained for.”

U.S. Army Pacific was upgraded from a three-star command to four stars in 2013, reflecting the re-balance to the Pacific and the importance of the Army in the region.

Schatz said the $266 million in projects will “be a real infusion of money in terms of economic activity across the state of Hawaii.”

“It’s also important because it continues to demonstrate the Department of Defense’s commitment to the Asia-Pacific generally, but also specifically to Hawaii continuing to play a role” in the region, Schatz added.

He also said cyber efforts are “an increasing need across the Department of Defense” and that Hawaii “has developed a lot of expertise, and we’re actually able to provide a significant amount of the workforce for the work that we do. So this is a growth area for us in the defense space and also among the civilian intelligence agencies.”

He said in a release that in addition to military construction, the bill provides $78.4 billion to Veterans Affairs — $4 billion more than enacted in fiscal 2017.

Included in the new amount, Schatz said, is:

- $110 million to fund VA grants for construction of state extended-care facilities that will “make progress toward” funding a new 120-bed facility in Honolulu.
- $20 million to help ensure that the more than 13,000 female veterans in Hawaii have access to care.

U.S. Sen. Mazie Hirono said in another release that the separate recent passage by the Senate Armed Services Committee of the National Defense Authorization Act for 2018 secured key priorities that “support America’s strategic interests in the Indo-Asia-Pacific.”

The authorization sets policy direction with actual spending appropriated through multiple bills.

Hirono said $26.5 million was earmarked for improvements to Marine Corps Base Hawaii’s Mokapu gate and $25 million for the Army’s Pohakuloa Training Area on Hawaii island.

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3.3 - McClatchy (Video): Lawmakers agree to keep Pentagon's secret chemical weapons tests on US troops secret (13 July, Anshu Siripurapu, 1.1M online visitors/mo; Washington, DC)

Details about Pentagon biological and chemical weapons tests involving military personnel during the 1960s and 1970s – some involving lethal nerve agents – have long been kept secret. Thursday, the House agreed to keep things that way.

“It’s shameful,” said Congressman Mike Thompson, D-Calif., of the decision. He led a bipartisan effort to get a House vote demanding that the details be disclosed.

He couldn’t even get that vote. He wanted it as an addition to a sweeping defense policy bill the House is considering this week.

The House Rules Committee, which decides what gets considered on the House floor, approved votes on 210 amendments to the defense bill. It rejected 230. Thompson's proposal was one of the losers.

Rules Committee spokeswoman Caroline Boothe said the committee felt the decision to declassify the documents should be made by Defense Secretary James Mattis and the Trump administration.

The Pentagon did not respond to requests for comment.

Thompson was seeking answers about Projects 112 and SHAD (Shipboard Hazard and Defense) a series of covert chemical and biological weapons tests the Pentagon conducted in the 1960s and 1970s, the Vietnam War era, involving some 6,000 military personnel.

Supporters of his plan, which included the nation's major veterans advocacy groups, said that disclosure would help victims get better access to medical care as well as government benefits.

The Pentagon program aimed to identify any weaknesses to U.S. ships and troops and develop a response plan for a chemical attack.

The tests involved nerve agents like Sarin and Vx, and bacteria such as E. Coli. Sarin and Vx are both lethal. According to defense department documents, death can occur within 10 to 15 minutes of exposure to a fatal dose of Vx.

Veterans say the tests have led to serious health issues and that they need answers so they can get proper treatment. The Pentagon has released some information about the tests after a request from the Department of Veterans Affairs, but Thompson said more information is needed such as the dosages of the chemicals veterans endured.

Ken Wiseman, senior vice commander of the Virginia branch of Veterans of Foreign Wars, one of the nation's largest veterans groups, said the time has long past for the Pentagon to provide details about the tests.

"The information has no impact on national security anymore," he said.

After information about the tests was first made public in 2000, the Department of Veterans Affairs commissioned two studies to look at the impact of the tests on veterans health.

One report noted the difficulty of studying the issue because many documents remained classified. The studies did not find that veterans who participated in the tests were worse off than those that did not.

Thompson and his supporters want to know more. He went to the House floor Thursday, enraged.

"These tests were an ugly part of our history. They put veteran lives at risk. And our veterans have every right to know what it was they were exposed to, how much they were exposed to, we need to think about their safety and their security," he told colleagues.

He said he had "no idea" why the House Rules committee did not allow his amendment to go forward. He said he had not seen any listed opposition to his proposal.

The issue could still come up in the Senate, where Sen. Jerry Moran, R-Kansas, is pushing a similar plan.

"Often, the impacts of toxic exposure don't appear until long after service members have returned home from the battlefield and military records are filed away," he said in a statement.

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3.4 - WFLA (NBC-8, Video): Target 8: Pinellas mother says Marine fell through cracks, took his own life (14 July, Steve Andrews, 702k online visitors/mo; Tampa, FL)

PINELLAS COUNTY, Fla. – Joseph Ryan Rasor was born and raised in Pinellas County.

Joe joined the Marines at age 18. He shipped out to war at 19.

"You can't really plan for it," said his mother Carol Rasor-Cordero.

During his six years in the Marines, Joe deployed twice to Iraq and once to Afghanistan.

His mother noticed a slight change in Joe each time he returned home. Carol wondered about Post Traumatic Stress Disorder, or PTSD.

"I figured after three tours, there has to be something there, it wasn't observable to me," said Carol, a former Lieutenant with the Pinellas County Sheriff's Office.

Joe left the Marines in 2010. He finished up his degree and took graduate courses at the University of South Florida.

Eventually, Joe moved out west to Portland, Oregon.

In April, a sheriff's deputy knocked on Carol's door at 3 a.m.

"When I was with the sheriff's office, I was part of the hostage negotiation team. I have a lot of training in suicide prevention and I couldn't prevent my own son from taking his life," explained Carol. "And that's just a burden I'm going to have to carry in life."

Carol had spoken with Joe the day before. She told him about her new dog. He seemed happy for her.

She learned of Joe's death at 3 a.m., by noon she was on a flight to Portland. Along with Joe's dog Harley, Carol brought home his records.

As she went through them, she was shocked to discover that at age 20, the Marines put Joe on Prozac, an anti-depressant drug, then re-deployed him for more combat.

She believes the Department of Defense dropped the ball.

“If our loved ones are being given medication let us know, bring us into the fold, so that we know what’s going on with them early on, not after their deaths,” she said.

Carol knew that Joe was being treated at the V.A. in Portland for injuries he suffered in Afghanistan. She had no idea he was also being seen for PTSD.

His counselor had no idea Joe took his own life.

He told Carol that Joe showed no signs that he might hurt himself. He told her that Joe’s sessions were reduced from once a week, to twice a month. The counselor also told her that he kept very few notes.

“There’s no doubt in my mind that the system failed him just from that example,” stated Carol.

This week, at a town hall meeting on suicide at Bay Pines, Carol watched and listened to those struggling with PTSD.

One Vietnam veteran dealing with PTSD told Bay Pines health care executives that the V.A. cut off his medication.

“I crawled up in my bed thinking about killing myself,” he said.

“It was actually very moving to see grown men, veterans that served our country so well, crying openly,” explained Carol. “That should not be happening.”

Dr. Alfonso Carreno, Director Mental Health Services, assured veterans attending the town hall meeting that they can receive same day mental health care at Bay Pines.

Carol points out many occupations use psychological testing on the front end. She believes the military should employ robust psychological screening on the back end. Then, she thinks it is imperative to assist veterans making the transition from the military to the V.A. for services.

Carol Rasor-Cordero believes the V.A. and Department of Defense need to learn what she has, and they can start by listening to what Joe’s Marine buddies had to say at his funeral.

“They came up to me, gave me a hug, told me how much, how much Joe meant to them, and that he talked them out of suicide. I think that that’s such a tragedy, that there are soldiers out there, veterans who are still suffering and they’re not getting the help they need, and I think that’s unacceptable,” she said.

She knows when she got that knock on the door at 3 a.m. at least 20 other military mothers or spouses received similar news that day, and that needs to change.

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3.5 - The Cannabist: Will this be the year Congress expands veterans’ access to medical marijuana? (14 July, Bruce Kennedy, 507k online visitors/mo; Denver, CO)

The U.S. Senate Appropriations Committee on Thursday amended must-pass legislation to add language expanding access to medical marijuana for military veterans.

Again.

The Veterans Equal Access Amendment to the 2018 Military Construction, Veterans Affairs and Related Agencies Appropriations Bill would prohibit federal funds from interfering with a veteran's ability to take part in medical marijuana programs approved by states where cannabis is legal. It would also allow Department of Veterans Affairs (VA) doctors in those legal states to "make appropriate recommendations, fill out forms, or take steps to comply with such a program." An identical amendment is expected to receive a vote in the house version of the bill later this year.

Both the House and Senate passed a similar amendment last year. But that provision, as the Military Times reported in June 2017, "disappeared mysteriously" from the final VA funding bill after Republicans removed it during a concurrence vote.

Whether the latest 24-to-7 vote in favor of the amendment is lip service or a sign of larger policy changes in the works remains to be seen.

The amendment has the support of powerful veterans organizations, including The American Legion. The nation's largest veterans service group supports additional legislative steps to expedite its passage into law, said spokesman Joe Plenzler.

"The House and the Senate have attempted to do this over the past two years, yet each time the conference committee has failed to reconcile the language relating to this initiative," he said. "The American Legion would like to see the language of this bill reconciled before submission so it doesn't have to go to the committee."

Other veterans' cannabis advocacy groups, still bitter from last year's outcome, are holding a hard line.

"It is my position that any member of the House or Senate who votes against this amendment is no friend of veterans," said Roger Martin, founder of Grow for Vets USA, a Las Vegas-based non-profit that gives away medical cannabis to veterans.

Enthusiasm for the passage of this amendment is "muted" by the fact that the same language was stripped out of last year's appropriation despite passing by impressive margins in both the House and the Senate, Martin said.

That sentiment was echoed by Sean Kiernan, president of Weed For Warriors, a California-based nonprofit educating vets on the benefits of medical marijuana.

"We have been here before, then magically the amendment disappeared in reconciliation after both the House and Senate had passed it," he told The Cannabist. "Why should getting it out of appropriations (committee) give veterans hope?"

But Nick Etten, the founder and executive director of the Veterans Cannabis Project, said his organization took heart in the "strong action" taken by the senate appropriations committee.

“Healing from the wounds of war requires effective treatment options, and medical cannabis is a proven, safe and responsible choice for veterans,” he told The Cannabist.

There are nearly 19 million veterans, many of whom survived their service only to return to civilian life with battle scars seen and unseen. An increasing number of those vets — and the groups that support them — are demanding safe access to medical marijuana to treat traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and other physical and mental afflictions.

The VA has no position on the appropriations amendment, a spokesperson told The Cannabist.

The VA “is required to follow all federal laws regarding marijuana use,” the agency states on its website. That means the healthcare system’s clinicians cannot prescribe medical cannabis to their patients or complete any of the forms required for vets to take part in medical marijuana programs in states that have legalized it.

In his May “State of the VA” address, Veterans Affairs Secretary David Shulkin made the agency’s position clear. “Until the time that federal law changes,” he said, “we are not able to be able to prescribe medical marijuana for conditions that may be helpful.”

The Veterans Equal Access amendment is meaningful if only because it has the potential to remove the stigma surrounding medical marijuana, said Adam Foster, an attorney with Denver’s Hoban Law Group. Earlier this year he was part of a team that successfully lobbied to get PTSD listed as a qualifying condition for medical marijuana in Colorado.

“If veterans are getting treatment through the VA, we want them to be able to be honest with their VA doctor so they can get a comprehensive treatment plan that could include medical cannabis as well as pharmaceutical drugs,” he told The Cannabist. “That’s why we want VA doctors to become more educated about cannabis, the endocannabinoid system and how cannabis can compliment other drugs.”

The ability to be honest with their doctors about medical marijuana is also critical if those patients are to be weaned off addictive prescription drugs, he emphasized.

The risk of veterans dying by suicide is significantly higher than that of the adult civilian population, according to a recent report from the VA using 2014 data that shows as many as 20 military veterans take their own lives daily.

But Grow for Vets’ Martin previously told The Cannabist that the VA statistics don’t tell the whole story. He estimates that more than 1 million vets are currently taking opiates, most of which were obtained from VA facilities. As a result, he said, many veterans are dependent on pharmaceuticals and at a greater risk of overdose or suicide. He estimates that more than 50 vets a day die from prescription drug overdoses and suicide.

“This is but one more glaring example of how large pharmaceutical companies negatively influence our lives by stuffing billions of dollars into politicians’ election campaigns,” he said of legislators’ reticence to pass The Veterans Equal Access Amendment into law.

But attorney Foster remains optimistic that the arguments against medical marijuana are becoming less politically divided.

He points out that the new appropriations amendment was bipartisan, co-sponsored by Sen. Steve Daines (R-Montana) and Sen. Jeff Merkley (D-Oregon). He also hailed bipartisan efforts to reclassify cannabis under the Controlled Substances Act.

Introduced in April by two Florida congressmen, Republican Rep. Matt Gaetz and Democratic Rep. Darren Soto, House Bill 2020 would reclassify cannabis from Schedule I to Schedule III, allowing for banking activities and creating a clearer path for research.

The American Legion also advocates rescheduling cannabis so that more research can be done on its potential medical benefits. Earlier this week, the group expressed its support of the legislation in a letter to Rep. Gaetz that was also shared with The Cannabist.

Rescheduling cannabis would enable medical research into the efficacy of cannabis in treating PTSD, TBI, chronic pain and other afflictions that veterans face every day as a result of their combat service, Charles E. Schmidt, American Legion National Commander wrote.

“With 90 percent of Americans supporting legalization of medical marijuana today, it is time for Congress to act so that scientists are free to conduct advanced research into cannabis and PTSD/TBI, and enable the American people to have a fact-based discussion about the therapeutic value of cannabis. The lives of our veterans depend on it.”

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3.6 - Charleston Gazette-Mail: Relocated VA outpatient center hopes to provide ‘warm’ environment for veterans (14 July, Erin Beck, 435k online visitors/mo; Charleston, WV)

He didn’t talk about it for years. Now he wants people to listen.

Ernest Willey, who is from Charleston, was about 20 years old when he served in the U.S. Army in Vietnam.

“It’s funny how one year can change your whole life,” he said.

When he got back, he would crash through stoplights. He talked loud and he drank himself into oblivion. He didn’t care if he lived or died.

“Would you tell your wife?” he said. “Would you tell your kids what you’ve done?”

Willey has been going to the Charleston Vet Center for 17 years. He felt comfortable enough in 2005 to start talking about his own experiences in Vietnam.

“This is not a cure,” he said. “But it’s a way that you got to deal with it. I would have been dead or in jail if this hadn’t been here.”

The Charleston Vet Center recently moved from a 2,800-square-foot, older facility on Central Avenue in Charleston to a 4,100 square feet new building at 200 Tracy Way. A ribbon cutting is planned for July 19.

The building has more light and more space. It’s modern. There is more parking.

“We try to create an environment that’s warm and welcoming for people,” said Gary Jarrell, a licensed social worker who leads the center.

“In this building, I think we give veterans the service they deserve,” he said.

The building also has more room for group therapy, and a space for providers to offer telehealth services.

All services are free. They see veterans who served in combat zones, are survivors of military sexual trauma, family of people killed in action, drone pilots, those who provided mortuary services and veterans who worked in mental health.

About 330 vet centers operate nationwide, Jarrell said.

Jarrell had planned to pursue engineering after serving as a staff sergeant in Iraq, but changed his mind during a work study helping other veterans.

“I fell in love with what they do,” he said.

The Vet Center doesn’t have a waiting list of people who couldn’t be served in the previous location. But Jarrell said he knows, based on the number of veterans living in the area, that many are not being served.

In the new building, he hopes to be able to expand marriage and family services, and PTSD counseling. Staff members at the center encourage veterans and their families to work through adjustment back into civilian life together but the center also offers counseling services for individuals, groups, couples and families to promote growth and sustainment.

Some veterans circle the parking lot, but never take that first step inside.

For Willey, his time in Vietnam had affected his family and his life long enough.

The children would be five minutes late to leave the house, and he’d rage.

“Five minutes in Vietnam would get you killed,” he said.

He kept his gun in his bed.

He worked for the postal service, but he couldn’t work inside and instead worked as a mail carrier.

He didn’t figure out why until he started coming to the Vet Center.

“I’m boxed in,” he said.

Eventually, they began to talk about how there were words for his symptoms — anxiety. Post-traumatic stress disorder.

Willey recently sat in Jarrell’s office and he gestured to a tree a few feet outside the window.

In Vietnam, people would die for those few feet of ground.

“Tomorrow, you’d have to take that tree back again,” he said.

“This place here allows you to go back there,” he said.

When he came back, people called him a “baby-killer.” They threw bananas at him.

“What did we prove?” he said. “We proved we couldn’t fit in.”

The last four years, he started wearing a hat with a Vietnam veteran emblem.

He never talked about the day he saw butterflies, flying off a field of bodies.

“It took me 17 years to realize a butterfly’s a butterfly,” he said.

His grandbabies don’t know that story. They’ll point them out and say how pretty they are.

“I don’t want to see no butterfly,” he said, “but through the Vet Center, I say, ‘Yes honey, it looks pretty.’”

For more information on the Vet Center, call 304-343-3825.

The clinic accepts walk-ins and same day appointments are available during business hours, which are 8 a.m. to 4:30 p.m. Monday through Friday.

After hours help is available by appointment. The center offers an around the clock confidential call center where veterans can connect to other veterans to talk about their experiences or any other issues they’re having in adjusting.

The call center is staffed 24 hours a day, seven days a week and can be reached at 1-877-WAR-VETS (927-8387).

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3.7 - World Socialist Website: Trump administration signs law stripping job protections from Department of Veterans Affairs employees (14 July, Nick Barrickman, 278k online visitors/mo; Oak Park, MI)

President Trump’s signing into law of the Accountability and Whistleblower Protection Act last month marks a deepening of the administration’s attack on federal workers. The legislation erodes job protections for Department of Veterans Affairs employees; limiting their abilities and time windows to appeal unjust firings while cutting off benefits for workers who are under review for disciplinary action.

The legislation received bipartisan support, with 231 Republicans and 137 Democrats in the House of Representatives voting yes, while passing by a voice vote in the Senate. Trump signed the bill into law on June 23. The legislation was endorsed by a number of right-wing groups, including the Koch brothers-funded Concerned Veterans for America (CVA).

The Accountability and Whistleblower Protection Act “allows [the] VA to take action more expeditiously and to more easily defend its actions on appeal, as judges must now afford deference to VA’s choice of penalty and must uphold actions when VA proves misconduct by substantial evidence,” VA spokesperson James Hutton told the Washington Post.

Under the new law, VA workers will have only seven days to appeal a firing. In addition, firings will be carried out on a flimsy and circumstantial basis, allowing for “substantial evidence” rather than a “preponderance of evidence” to be marshaled to justify a dismissal. Senior officials facing termination will be deprived entirely of an independent appeals process through the Merit Systems Protection Board (MSPB). Under the new law, the Secretary of the Department of Veterans Affairs will have direct oversight of the charges, disciplinary actions taken and deciding of appeals for executive officials facing removal.

In addition, payouts of over $5,000 to workers who challenge their dismissal will need the approval of a “senior official,” supposedly in the name of stopping payouts to silence employees speaking out against the agency.

The legislation builds upon an earlier law, the 2014 Veterans Choice Act, passed by the Obama administration in the wake of the VA scandal of that year, in which officials suppressed stories of veterans dying or committing suicide after facing obscene lengths of time on federal wait lists to get care. Since 2001, nearly 128,000 US military veterans have committed suicide due to post-traumatic stress disorder and other afflictions stemming from their military service.

The Obama administration’s law made it easier for the department to fire employees at will, while reducing the time window for a VA executive to appeal a firing to just one week. In addition, the administration introduced a voucher system for veterans, allowing those fed up with the lengthy wait periods to seek help in the private sector.

“I need, as secretary, if I’m going to change this organization, the ability to remove employees that clearly no longer in my view should have the privilege of serving our veterans,” stated VA secretary David Shulkin during a press conference organized by the Christian Science Monitor last month. Shulkin, the only Obama administration holdover in Trump’s cabinet, said of the VA that he wished “to run this organization the way that the private sector runs organizations,” thus demonstrating the essentially right-wing outlook of the previous Democratic administration.

In an unprecedented move Friday, Shulkin released publicly a list of adverse actions taken against over 700 VA employees since January 20, when Trump first took office, 526 of which were firings. The department released a statement declaring, “together with the Accountability bill the president signed into law recently, this additional step will continue to shine a light on the actions we’re taking to reform the culture at VA … Veterans and taxpayers have a right to know what we’re doing to hold our employees accountable and make our personnel actions transparent.”

The list of firings gives the lie to the administration’s claim that it needs extraordinary powers to terminate government employees and enforce “accountability” within the federal workforce. While the VA fired over 2,575 employees for disciplinary infractions in 2016, the Trump administration is set to eliminate more than double that number in its first year in office, according to the Office of Personnel Management.

The Trump administration, rather than supplying the VA with the resources and staff it needs to deliver care for the millions of veterans injured in combat, is engaged in an effort to starve the agency of needed funding and resources, so as to facilitate the eventual privatization of the service altogether. The VA is currently understaffed by nearly 50,000 positions.

Between 2000 and 2014, the federal government has fired more than 77,000 workers, or roughly 5,000 a year. In addition, the number of federal government employees has remained virtually static since the 1960s, despite the growth of the US population during the intervening period.

The law will put workers even more at the mercy of their superiors. “These provisions strike at the heart of the career-run merit based civil service system by empowering the VA Secretary and political appointees to conduct wholesale political firings of VA senior executives,” stated Senior Executives Association President Bill Valdez in a letter to Congress last month. Valdez warned that the law could “trigger a return to the spoils system of patronage,” in which job positions would be filled on the basis of recipients having the appropriate political connections.

Union officials from both the SEA and the American Federation of Government Employees (AFGE), which represents over 70 percent of all VA employees, failed to return a request for comment issued by the World Socialist Web Site regarding plans to oppose the new law. Both unions embrace the Trump administration’s phony arguments about “accountability” and “discipline,” fearing that a wave of mass firings could radicalize the workforce and lead to opposition going beyond the narrow confines of the trade unions and the Democratic Party.

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3.8 - Lubbock Avalanche-Journal: Mental Health Summit highlights mental health services, partnerships, changes through Lubbock VA clinic (14 July, Ellysa Harris, 194k online visitors/mo; Lubbock, TX)

The Lubbock VA Clinic has doubled its staff and amped its efforts to provide adequate mental health care for veterans within the past eight years, according to Dr. Michael Lambert.

Its two biggest priorities regarding mental health have been to increase access for veterans and decrease rates of suicide among the veteran population, said Lambert, chief of mental health and behavioral services for the Amarillo VA Healthcare System.

During an annual Mental Health Summit in Lubbock hosted by the Amarillo VA Health Care System, Lambert and other officials from different divisions from the Amarillo and Lubbock VA clinics spoke about mental health services currently available to veterans through their locations, changes to those services and staff and partnerships with local veteran organizations like VetStar, Team RWB, StarCare and others.

Dr. Richard Siemens, chief of staff of the Amarillo VA, said mental health access for veterans has become more critical.

The number of veterans who seek mental health care continues to rise, increasing the demand for professionals to provide services for veterans suffering from suicidal ideations and cases of Post Traumatic Stress, he said.

“Veteran suicide is a major issue right now,” said Brittney Williamson, suicide prevention social worker with the VA clinics.

Veterans account for 20 percent of suicide deaths in the United States, she said, adding: “That says we need to do a little more.”

Lambert said changes in the Amarillo VA Health Care System have been focused on that.

He said the clinics have been working to meet demands by adding more nursing staff, actively looking for more psychiatrists and spreading out mental health resources through tele-health services.

The goal, he said, is to eliminate long waits to see mental health professionals and ensure same-day help is available, especially for those who need it.

“One of the things that I would like everybody to know is that we have got it,” Lambert said. “We do understand that it’s important for veterans to get care quickly. You cannot wait two months when you’re suicidal.”

Improving access is an integral part to helping those people, he said.

Dorothy Carskadon, a social worker and justice outreach coordinator for the Amarillo VA Health Care System, said seeking help and connecting with a counselor saved her life.

Carskadon is a survivor of the mass shooting that killed 13 people and injured more than 30 others in November 2009 at Fort Hood. She developed Post Traumatic Stress, eventually seeking mental health care through the VA.

Since the events of that day, Carskadon has been on a healing path and now helps other veterans from her office in Amarillo who might be recovering from their own traumatic experiences.

During her presentation at the summit, Carskadon talked about her symptoms of PTS.

A counselor helped her work through reenactment and avoidance symptoms, she said. Through that care, she learned ways to keep her past from becoming overwhelming, she said.

Carskadon said she uses those learned skills regularly and helps other veterans, too.

Williamson said rveterans or loved ones who reach out to the VA will be connected to the care they need.

Carskadon said seeking help is key to moving forward.

“You want to enjoy life,” Carskadon said. “All veterans deserve to enjoy life. It’s really about going and getting the help that you need.”

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3.9 - WCIV (ABC-4, Video): New housing facility for homeless veterans to open in North Charleston (14 July, Brodie Hart, 162k online visitors/mo; Mount Pleasant, SC)

North Charleston, S.C. — Friday brought 74 homeless Lowcountry vets one day closer to being off the streets during the grand opening of Patriot Villas in North Charleston.

“We believe what we are doing will serve and honor people,” said John Saukas, a partner of ANKAJO Properties, LLC. The group has converted the former Catalina Inn on Rivers Avenue into apartments reserved for homeless vets.

“My father would be very proud of what we are doing and I know he watches over this project. I feel like we are doing the right thing,” Saukas added.

The United States Department of Veterans Affairs (VA) is a main partner for the project, placing the veterans in the facility while serving them from an office on the villas’ campus.

“We decided to redo the motel for vets because we wanted to give a little bit of something back to the men and women who served our country,” said Saukas. “Just because you cannot serve in the military, does not mean you cannot help the people that keep the country free for all of us.”

Patriot Villas has 74 rooms, each of which has a bed, a full bathroom and a kitchen. The facility also offers a laundromat and the LCDR, Augustine G. Saukas Recreation Facility. Counseling sessions, support groups and therapy sessions may be available to the Patriot Villas community members through the VA and with the help of the Cathedral of Praise church.

Construction continues on the property, but Saukas says they plan to move some veterans in at the beginning of August.

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3.10 - KKCO (NBC-11, Video): Mental health summit addresses opioid issues (14 July, Joey Prechtl, 64k online visitors/mo; Grand Junction, CO)

Veterans are twice as likely to die from an accidental overdose than civilians. That was one of the issues discussed at the VA mental health summit on Thursday in Grand Junction.

Speakers talked about how prescribing more and more opioids creates more problems than fix.

The community came together to learn more what it can do to curb the opioid epidemic affecting veterans across the country.

"We have people on really high doses of medications that are not benign, and we have to make sure that we're providing a service that's not going to harm our patients," said Joe Lents, a clinical pharmacy pain specialist who spoke at the summit.

One of the topics Lents addressed was different ways of treating pain.

"Cognitive behavioral therapy has wonderful evidence, so does acupuncture and chiropractic care and relaxation therapy," he said. "Veterans are twice as likely to die from an unintentional overdose than the general population," he added.

Care providers on the Western Slope have seen the ugly side of opioid addiction.

Sheldon Smith, who is Montrose County's Veteran Service Officer said, "it comes to a point where they're willing to commit crimes to get money so they can get drugs off the street."

He added that he has seen the benefits of other ways of pain management.

"Using acupuncture instead of drugs actually reduces their pain and helps them work their way towards dependence," he said.

The VA is working with each patient individually, rather than doing a one size fits all solution.

"We're relying less on opioids and more on non-opioid options and even nonpharmacy options," Lents said.

The responsibility also falls on the doctor when it comes to prescribing. Smith said doctors need to be more aware and educate the veterans on other alternatives.

Stats show 78 people die every single day across the country due to an opioid overdose.

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3.11 - Altus Times: VA opens outpatient clinic. Vets' access to care now local (14 July, Katrina Goforth, 40k online visitors/mo; Altus, OK)

For many U.S. Veterans, the toll of service is lasting. The U.S. Census Bureau reports that there were 3.8 million veterans with service-connected disabilities of the 19.3 million veterans in the U.S. in 2014, the most recent year for which data was collected.

The National Department of Veterans Affairs has 1,221 outpatient sites available for veterans and 144 hospitals. Veterans have access to disability compensation and health care through Veterans Affairs, but access to services in mental health, primary care, and telehealth services is often limited by the location of a VA site.

For many, driving to the nearest VA clinic or hospital is not possible.

With the addition of the Altus VA Outpatient Clinic, veterans seeking primary care will have local access to doctors and lab services through Veterans Affairs.

“This clinic provides access to a primary care physician exclusively for veterans,” Teresa Harmon with VA Public Affairs said. “They’ll still have their medication mailed out and access to diabetic eye exams and telehealth services.”

Veterans Affairs has begun to utilize telehealth in different areas. It’s available for patients requiring mental health, dermatology, pulmonary evaluation, and primary care services.

“We’re beginning to do more with telehealth,” Harmon said. “Patients can sit at a monitor and speak with a physician or psychiatrist without needing to travel to Oklahoma City or Lawton or Wichita Falls.”

Locally, Disabled American Veteran, or DAV, Transportation utilizes volunteers to transport veterans to VA sites in Fort Sill or Oklahoma City. Though the need is there, volunteers who have the time and qualifications are few.

Patients who are currently going to other VA sites can transfer to the Outpatient Clinic in Altus with a simple phone call.

“We’ve partnered with Valor Healthcare and kept the same staff we’ve always had,” Harmon said. “Patients will see the same familiar faces they’ve known and they won’t have to make the commute for primary care.”

Patients who see specialists may still be required to travel to other VA sites for treatment.

The grand opening of the Altus VA Outpatient Clinic is tentatively scheduled for Aug. 11, but appointments are available in the meantime.

To set up an appointment, call the VA Outpatient Clinic at 580-482-0721.

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4. Women Veterans

4.1 - The Herald-Sun: The military discharged her. Then she found solace in writing (13 July, Ana Irizarry, 189k online visitors/mo; Durham, NC)

Tracy Crow’s first few weeks as a military journalist were filled with an editor’s red ink corrections.

Eventually she became a highly respected and decorated combat correspondent, she said, until she had an affair with a general.

“I left under honorable discharge,” she said. “But I left under conditions that were certainly less than honorable.”

Crow, who served in the Marine Corps from 1977 to 1987, will speak at “Writing to Heal: A Veteran’s Perspective,” an event Saturday being held by the Durham VA Medical Center and Dress for Success Triangle NC.

She will launch her new book “It’s My Country Too: Women’s Military Stories from the American Revolution to Afghanistan” and sign copies with co-author Jerri Bell.

Crow said the book talks about women’s contributions to the military since the Revolutionary War.

“We felt from day one that we were writing this book for all women,” she said. “Not just women veterans, but the generations to come because women’s stories have been discounted for so long – for 250 years – and right now it’s very prevalent with all this discussion about women in combat, women can’t do this and women can’t do that.”

Crow, originally from Greensboro, said she will also discuss how writing has helped her heal, although it took a while before she was able to talk about it.

She avoided talking about the affair and her discharge until her memoir professor at Eckerd College in Florida persuaded her to write about her military experience one day after class.

“I don’t know what it was,” Crow said. “I don’t know if it was because I was standing underneath the light of God – it was a street lamp – but I couldn’t lie to Professor Helen Wallace … she’s just like the personified version of truth. You cannot lie to this woman.”

Rifle range

Women account for 15 percent of active-duty personnel in the U.S. military.

Almost 20 percent of women veterans who served in Iraq and Afghanistan have been diagnosed with post traumatic stress disorder, according to the National Center for PTSD.

Crow wrote her first story about training at the rifle range and hitting every target but her own.

Her class loved the story but said she missed the heart of it.

“They said the real story of this rifle range experience is how did it feel to have to beg and plead your way there because a marine colonel said you weren’t good enough as a woman to cover his fifth marine regiment in the desert if you’d never fired a weapon?” Crow said.

“How did it make you feel to be told that you weren’t a good enough marine because you were a woman?”

Crow’s writings taught her the value of owning and writing one’s own life story, an idea she will stress Saturday.

“There’s a healing quality to it as well,” she said. “We’re all aware of what’s happening right now with ... post traumatic stress disorder, and one of the things we do know is that writing about the event within your life is a pathway towards healing.”

Crow sees her military storytelling as an obligation.

“Those of us who are willing to go to those dark places and willing to expose those things – and we can – it’s almost like we have an obligation. Because not everybody can or will.”

A safe outlet

Jillian Thompson, a music therapist at the Durham VA Medical Center, said writing can be a safe way for people to express their thoughts and emotions.

“It gives them an outlet to get it out in a safe place,” she said. “They learn to express their feelings by writing so that way they don’t have to share it with others, but they don’t have to hold it in at the same time.”

Thompson holds weekly creative writing workshops for veterans with PTSD, military sexual trauma and other mental health conditions. For Saturday, her class wrote about how writing is a healing process for them. Those stories will be shared and on display at the event.

Dress for Success Triangle NC will also be at the event. Diana Graham, the program’s veteran coordinator, said women can go to the Durham location – at Northgate Mall – after the event for free career coaching.

The event will be from 9 a.m. to 11 a.m. in the medical center’s atrium and is open to all. For more information go to bit.ly/2ujVLWZ

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5. Appeals Modernization

6. Strategic Partnerships

6.1 - Mlive (Video): Middle-schooler's lemonade stand raises money for Saginaw VA Hospital (14 July, Von Lozon, 10.8M online visitors/mo; Ann Arbor, MI)

SAGINAW TWP, MI -- During summer break, some kids ride their bikes, go for a swim or simply play with friends.

Other kids like 11-year-old Samantha Stricker sell lemonade -- at a home-built lemonade stand that her and her mother Kelli Stricker assembled in two days -- and give all proceeds to a worthy cause.

The soon-to-be sixth-grade student at White Pine Middle School is selling squeezed lemonade from Thursday, July 13, until Saturday, July 15, outside American Legion Post 439's building, 5190 Weiss St. All the money raised goes to the Aleda E Lutz VA Medical Center.

Her goal was to raise $500 to give to the hospital, but she ended up raising a little more than $500 her first day of business. According to Samantha's mother, Kelli Stricker, six gallons of lemonade were sold on Thursday alone.

"Now I am getting ready to go home and refill," Kelli Stricker said Friday. "So we will be going through 12 gallons today.

The first customer to buy lemonade on Thursday, according to Kelli Stricker, gave Samantha $120.

The Strickers continued to sell lemonade Thursday despite a rainstorm coming through the area.

"Nobody came; we were afraid of losing our tent so we held onto it for 15 minutes," Kelli Stricker said. "The water was above our ankles (Thursday). It was fun!"

Business was booming so much that it didn't take long for the Strickers to buy all the lemons a local Meijer store had.

"There's none left at Meijer right now," Kelli Stricker said. "We cleared them out.

"The house smells like lemons right now."

Even though Kelli Stricker and Samantha's father Robert Stricker helped the 11-year-old set everything up and make the lemonade, the idea for the stand was all Samantha's.

Samantha began the lemonade stand two years ago in her driveway. She was originally going to keep the money, but she decided "that some people needed it more than I did, so I decided to (donate to) the veterans."

"The first year, I gave money to just one solider, but then the second year I wanted to (donate to) all the hurt soldiers so I went to the VA hospital, and I'm doing the same one this year," Samantha said.

Samantha has a camp to go to next Monday and Tuesday, but she and Kelli Stricker plan on delivering the money personally to the hospital Wednesday, July 19.

The Strickers will be selling lemonade at the same location Saturday, July 15, from 11 a.m. until 5 p.m.

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6.2 - The Journal: Montezuma Hearing in Cortez thanks veteran customers. Clinic celebrates three years in Veterans Choice program (14 July, Stephanie Alderton, 43k online visitors/mo; Cortez, CO)

The Montezuma Hearing Clinic held its first appreciation dinner for veteran clients.

The clinic, on Cottonwood Street in Cortez, provides hearing aids for a large number of Montezuma County veterans. It’s one of the few hearing clinics in the region that participate in the Veterans Choice program, which allows community health providers to serve people enrolled in the U.S. Department of Veterans Affairs healthcare plan. Nearly 70 veterans and family members responded to the clinic’s invitation to the July 7 cookout, and organizer Scott Story said he expects to make it an annual event.

Montezuma Hearing joined the Choice program three years ago, Story said, and he believes it’s been beneficial for both the clinic and local veterans.

“It’s a way we see that we can help serve back to those that have served us,” he said.

At the cookout, he and a few other staff members served beans, brisket and pulled pork under canopies outside the clinic. Several veterans stopped to compliment the chef on how good the food was. Many were longtime hearing aid clients, but some had started coming more recently.

Carole Cole said she and her husband, Bud, a World War II veteran, had only recently started taking advantage of Veterans Choice programs.

“We didn’t know we could do this,” she said. “It’s been a big help to us.”

Montezuma County deputy Donnie Brown stopped by with one of the sheriff’s new mounted patrol horses, recently renamed Rebell. Several guests came up to pet the horse and take pictures. Brown said he’s trying to bring Rebell to as many crowded events as possible as part of his training.

“He’s doing well so far,” he said.

Story said he hopes to host many more veterans appreciation events in the future.

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6.3 - WSGW (AP-790): Saginaw Township Girl Selling Lemonade To Help Veterans (13 July, Bill Hewitt, 2k online visitors/mo; Saginaw, MI)

For years, young people have had a lemonade stand in front of their home.

An 11-year-old Saginaw Township girl, Samantha Stricker, is taking the concept to a new level. She’s heard of kids selling lemonade for cancer or other charities, but never to help veterans.

It’s the third year for her lemonade stand, raising $250 in the first two years. She has a goal of $500 this year.

Samantha’s lemonade stand, in front of American Legion Post 439, 5190 Weiss Road, west of Center Road, opened Thursday and will be open noon till 6:00 p.m., Friday and 11:00 a.m., till 5:00 p.m., Saturday.

Her mother , Kelly, says the lemonade stand was Samantha’s idea. She helped her daughter make the lemonade stand and the lemonade. Sons of American Legion member Terry Shark is encouraged by the girl’s efforts.

Proceeds from the lemonade stand will be used by the Aleda E. Lutz V. A. Hospital in Saginaw to buy blankets and personal care products for patients.

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7. Supply Chain Modernization

7.1 - Healthcare IT News: Senate passes VA appropriations bill, omits Cerner EHR funding (14 July, Jessica Davis, 438k online visitors/mo; Chicago, IL)

The Senate Appropriations Committee passed the 2018 Military Construction and Veterans Affairs bill on Thursday, which provides the agency with $192.8 billion in total funding.

Included in the funds is $88.9 billion in discretionary funding - $6 billion more than the fiscal year 2017. But the amount is $568 million less than what was proposed in the President's budget request.

While it allows $70.7 billion in the fiscal year 2019 advance funding for veterans healthcare -- including $1.3 billion for telehealth services -- there is no mention of funding to replace VA's outdated VistA electronic health record with Cerner.

As the decision to move to Cerner was announced by VA Secretary Shulkin in June, the committee did not have had the time to adjust the budget for the fiscal year 2018.

"Given the lack of information about the cost of a new EHR, but the Committee's awareness of the final cost estimate of the DoD acquisition, it can be assumed the VA total cost will exceed previous estimates for VistA Evolution," the bill states.

"To that end, in its oversight capacity, the Committee will re-evaluate, with the Committee on Appropriations of the House of Representatives, the constraints on the obligation or expenditure of funding for the new acquisition at the appropriate time," it continues.

What's interesting is that when the House Appropriations passed the funding for VA soon after the announcement was made about the move to Cerner, the committee provided the agency with $65 million for the EHR modernization.

Much like with the House Appropriations bill, the Senate applied similar provisions for the EHR modernization. The committee expects the VA to share clear metrics and goals for interoperability -- including timelines.

Further, the VA must "ensure clinician feedback is sought and considered as the respective EHR systems are modernized, and to update the VA/DoD Interagency Program Office guidance to reflect agreed-upon metrics and goals."

"The need for well-functioning, up-to-date EHR technology is absolutely critical as VA plans for a shift to a model of care that greatly expands its use of care in the community," the bill states.

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8. Other

8.1 - Courier-Journal (Video): Brownsboro Road VA site still tops despite Jewish Hospital speculation (14 July, Darla Carter, 2.1M online visitors/mo; Louisville, KY)

Though Jewish Hospital was discussed as a possible home for a new Veteran Affairs medical center, the controversial Brownsboro Road location continues to be the top site.

The idea of using Jewish Hospital has been part of general community speculation about what might happen to the facility, which is being sold by KentuckyOne Health.

An environmental impact study, released in April, concluded that a site at Brownsboro Road and the Watterson Expressway would meet the department's needs to build a replacement for the aging Robley Rex VA Medical Center.

The department issued a statement this week saying, "At the completion of our Environmental Impact Study (EIS), VA received several alternative proposals for the future project, including the Jewish Hospital at 200 Abraham Flexner Way."

But Brownsboro Road continues to be the "preferred alternative," according to the statement.

It went on to say, "At this time, VA has not identified a new preferred alternative site. The next near term steps require that VA will execute a Record of Decision which will be available once completed."

The Louisville VA is awaiting that decision from the U.S. Department of Veterans Affairs, but it's uncertain when that will come, said Judy Williams, a spokeswoman for the hospital.

After the decision is made, the VA will "move forward with completion of design for the chosen alternative," the statement said.

The Brownsboro Road property was purchased in 2012 for $12.9 million and has drawn opposition for various reasons, including traffic concerns.

The environmental study found that traffic congestion would worsen as a result of the nearly $1 billion project, though freeway intersection changes could minimize that, The Courier-Journal reported. The nearby city of Crossgate would experience drawbacks, such as traffic and localized air pollution, the study noted.

KentuckyOne Health announced in May that it plans to sell Jewish and several other facilities in and near Louisville to "focus its operations on a smaller footprint centered in central and eastern Kentucky."

The other properties include Sts. Mary & Elizabeth Hospital, Frazier Rehab Institute, Medical Centers Jewish East, South, Southwest and Northeast, Jewish Hospital Shelbyville, Saint Joseph Martin and KentuckyOne Health Medical Group provider practices in Louisville and Martin.

In the spring, Jewish & Sts. Mary & Elizabeth hospitals received D's from a watchdog organization called The Leapfrog Group that issues hospital safety grades. The facilities scored poorly in several categories, including Methicillin-resistant Staphylococcus aureus (MRSA) and C. difficile, which are both hospital-acquired infections, as well as intensive-care physician staffing.

Daniel Grauman, managing director and chief executive officer of Veralon, a national health care management consulting firm in Philadelphia, said potential buyers of hospital properties tend to take a comprehensive approach when evaluating them.

A potential buyer "would be looking at all aspects of the hospital, its operations, the programs and services, the relationship to its physicians and its medical staff and, certainly, its performance in terms of clinical offerings and quality measures, and of course, financial performance," including profitability and debt, he said.

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Subject: [EXTERNAL] 17 July Veterans Affairs Media Summary and News Clips
Date: Mon Jul 17 2017 04:15:27 CDT
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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

17 July 2017

1. Top Stories

1.1 - The Atlantic: How VA Reform Turned into a Fight Over Privatization (17 July, Russell Berman, 23.9M online visitors/mo; Washington, DC)
In 2014, the Department of Veterans Affairs was mired in a scandal. An inspector general's report had found "systemic" manipulation by government officials to hide lengthy and growing wait times at its medical centers. Veterans were waiting months for appointments, and dozens may have died because they could not get treated in time.

Hyperlink to Above

1.2 - The Hill: VA secretary vows to bring down veteran suicide rate (16 July, Julia Manchester, 11.8M online visitors/mo; Washington, DC)
Veterans Affairs Secretary David Shulkin pledged to combat suicide among veterans in a pre-taped interview on Sunday, saying the current veterans suicide rate is "unacceptable." "The issue of veterans suicide is our number one clinical priority in the Department of Veterans Affairs, and it's really the only clinical priority that I talk about as our major focus," Shulkin told John Catsimatidis on AM 970 in New York on Sunday.

Hyperlink to Above

1.3 - The Washington Times (AP): Top officials at veterans hospital removed from duty (17 July, 10.8M online visitors/mo; Washington, DC)
Two top officials at a New Hampshire's only hospital for veterans have been removed following a report alleging "dangerously substandard care" at the facility. The Boston Globe reports (http://bit.ly/2utP3xD) Veterans Affairs Secretary David Shulkin removed Manchester VA Medical Center Director Danielle Ocker and Chief of Staff James Schlosser Sunday.

Hyperlink to Above

1.4 - The Boston Globe: Top 2 officials out at Manchester VA hospital (16 July, Andrea Estes and Jonathan Saltzman, 8.8M online visitors/mo; Dorchester, MA)
Veterans Affairs Secretary David J. Shulkin on Sunday removed the two top officials at the Manchester VA Medical Center and ordered a "top-to-bottom" review of New Hampshire's only hospital for veterans. Shulkin's action came within hours after the Boston Globe published a Spotlight Team report detailing what several doctors and other medical staffers allege is dangerously substandard care given at the facility.

Hyperlink to Above

1.5 - Union Leader: Top officials removed at Manchester VA after allegations of poor care and conditions (16 July, Michael Cousineau, 312k online visitors/mo; Manchester, NH)
Two top officials at the Manchester VA Medical Center have been removed from their posts pending a review of whistleblower allegations of poor care and conditions, officials announced Sunday.

Hyperlink to Above

1.6 - Commercial-News: Soothing souls: VA chaplains tend to vets' spiritual health (16 July, Mary Wicoff, 191k online visitors/mo; Danville, IL)

Healing of the spirit, as well as the body, takes place at the Veterans Affairs Illiana Health Care System. “We want to help them (veterans) heal completely, not just bodily, but spiritually, as well,” said Thomas Mills, chief of the chaplain service since 2013. Five ministers make up the chaplain staff, and a Catholic priest also provides services.

Hyperlink to Above

1.7 - WNYM (SRN-970, The Cats Roundtable, Audio): Veterans Administration Secretary David Shulkin – Thing better for Vets? (16 July, John Catsimatidis, 19k online visitors/mo; New York, NY)
In this ten-minute interview, John Catsimatidis speaks with Secretary Shulkin about VA’s various services, VA reform, and improvements in access to care.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - The Washington Times (AP): Georgia veterans office closing for a week for training (16 July, 10.8M online visitors/mo; Washington, DC)
Offices of the Georgia Department of Veterans Service will be closed for several days this month. Agency officials say staff will participate in annual training from Monday through Friday. They say the closure includes all veterans field service offices.

Hyperlink to Above

2.2 - Townhall: "Forever GI Bill" Could Be One Bright Spot in Divided Washington (16 July, Jennifer Van Laar, 8.9M online visitors/mo; Arlington, VA)
A bill introduced Thursday seeks to create the largest expansion of veterans benefits in over a decade. Dubbed the "Forever GI Bill," the Harry W. Colmery Veterans Educational Assistance Act of 2017 would provide technical fixes and improvements to the post-9/11 GI Bill, creating permanent benefits to those who served that are not tied to the whims of a political season.

Hyperlink to Above

2.3 - WMUR (ABC-9, Video): Immediate action taken at Manchester VA hospital after Boston Globe report. Serious allegations brought to light by whistle-blower group (16 July, Cherise Leclerc, 2.1M online visitors/mo; Manchester, NH)
Disturbing accusations from a group of whistleblowers have been brought to light against Manchester’s VA Medical Center in a report published by the Boston Globe’s Spotlight team. On Sunday, U.S. Secretary of Veterans Affairs David Shulkin announced immediate action, including staffing changes.

Hyperlink to Above

2.4 - Arkansas Democrat-Gazette: After protest, VA hospital in Little Rock hiring to replenish nurse ranks (16 July, Hunter Field, 868k online visitors/mo; Little Rock, AR)
Two weeks after protesting outside John L. McClellan Memorial Veterans Hospital in Little Rock, nurses at the facility are "cautiously optimistic" about steps being taken to address staffing shortfalls. As of last week, Central Arkansas Veterans Healthcare System had offered jobs to 36

new nurses, begun the recruitment process with 52 more and started orientation for 13 new nursing staff members.

Hyperlink to Above

2.5 - Commercial-News: Chaplains help vets in various ways (16 July, Mary Wicoff, 191k online visitors/mo; Danville, IL)
Chaplains at the Veterans Affairs Illiana Health Care System are on call 24 hours a day — whether in person, by phone or through computer. A new teleconferencing feature is available to veterans so they can speak with a chaplain from their home. The VA provides a camera that attaches to a computer; if the veteran doesn't have a computer, the VA will provide a tablet.

Hyperlink to Above

2.6 - KXXV (ABC-25, Video): Vets learn about benefits at fair in Waco (16 July, Ryan Fite, 83k online visitors/mo; Waco, TX)
Veterans in Central Texas are getting an idea about the benefits they could receive. At a benefit fair in Waco today, the Texas Veterans Land Board along with the Veterans Affairs Systems and Texas Veterans Commission provided veterans and their families with information on state programs. Those programs include home, land and home improvement loans.

Hyperlink to Above

3. Access to Healthcare

3.1 - Pittsburgh Post-Gazette: Thank you, VA workers, for the great care I've received (17 July, Ralph D. Deltondo, 4.8M online visitors/mo; Pittsburgh, PA)
I am writing with pleasure to give praise where praise is due — to the Veterans Affairs hospital in Oakland. I am a World War II veteran and will be celebrating my 91st birthday Aug. 8. I have been utilizing the services available to me at the VA hospital over this past year. I have found, without exception, the doctors, nurses and employees whom I've encountered to be first-rate.

Hyperlink to Above

3.2 - The Tennessean (USA Today Network, Video): With Medicaid cuts still in Trumpcare bill, many veterans remain opposed (16 July, Jake Lowary, 2.1M online visitors/day; Nashville, TN)
Though the revised American Health Care Act includes changes that could woo Republican moderates and opponents enough to support the legislation, many veterans and mental health advocates say it still would jeopardize benefits for millions of veterans.

Hyperlink to Above

3.3 - Denton Record-Chronicle (Houston Chronicle): Veterans need proper treatment, not the boot (17 July, Editorial Board, 194k online visitors/mo; Denton, TX)
After a return from Iraq, infantryman Dustin Greco relied on pot and beer to try to calm his thoughts, according to San Antonio Express-News reporter Martin Kuz. At age 20, Greco failed a drug test, and the military booted Greco out of the Army with a less-than-honorable discharge, or in military parlance "bad paper," in 2010. The same year, a therapist with the Department of Veterans Affairs diagnosed him with a depressive disorder related to his time in the military.

Hyperlink to Above

3.4 - Lima News: Only a free market can save US health care system (16 July, Thomas J. Lucente Jr., 167k online visitors/mo; Lima, OH
There is a joke — or not so much of a joke — among American Indian tribes that warns against getting sick after June. You see, the federal government already has a single-payer health care system. Two actually. The Department of Veterans Affairs runs a system for veterans and the U.S. Indian Health Service, run by the Department of Health and Human Services, exists for 2.5 million American Indians.

Hyperlink to Above

3.5 - VTDigger: PTSD Center in White River Junction Poised for Full Funding (16 July, Elizabeth Hewitt, 153k online visitors/mo; Montpelier, VT)
A national Veterans Affairs center headquartered in White River Junction is likely to be fully funded in the next fiscal year. In the version of a budget bill that passed the Senate Appropriations Committee on Thursday, the National Center for Post-Traumatic Stress Disorder was fully funded at $40 million. The Trump administration's budget request for the center was $19.7 million, according to legislative documents.

Hyperlink to Above

3.6 - New Hampshire Public Radio: Manchester VA Director, Chief of Staff Removed Pending Investigation (16 July, Peter Biello, 150k online visitors/mo; Concord, NH)
Two top officials at the Department of Veterans Affairs Medical Center in Manchester have been removed pending a review of conditions alleged by a Boston Globe report detailing unsanitary operating rooms and allegations of substandard care. Medical Center Director Danielle Ocker will be replaced by Alfred Montoya, current director of the VA Medical Center in White River Junction, Vermont.

Hyperlink to Above

3.7 - The Journal: Veteran carries weight of war (17 July, Tim Cook, 83k online visitors/mo; Martinsburg, WV)
For nearly 50 years, the same questions resurface over and over in his mind. Why did our country really have to get involved? Why were our patriotic military service members disrespected and sacrificed so casually? If we had to fight, why did our political leaders hamstring our military so much during the war? Why didn't we learn from history?

Hyperlink to Above

3.8 - NH1 News (TV-1): Veterans Affairs launches review of Manchester medical center after poor care allegations (16 July, Concord, NH)
The Veterans Affairs Office is launching a review of the Manchester Veterans Affairs Medical Center following allegations of poor conditions and patient care. Boston Globe's Spotlight Team published an article Saturday that made public the claims of patients and doctors who described the alleged issues within the hospital, including an operating room abandoned because of flies and patients struggling to get any care.

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Milwaukee Journal Sentinel: Chin Up: Famous Racing Sausages 5K helps support Fisher House (16 July, Lori Nickel, 4.8M online visitors/mo; Milwaukee, WI)
Sometimes a run is a little more than just a run. Dave Van Thiel served in the U.S. Army from 1971-'73 and then worked at the Zablocki Veterans Affairs Medical Center in Milwaukee for 30 years, eventually becoming the head of the social work department. When he retired, he decided to continue his service by volunteering at the VA's new Fisher House, which opened last year.

Hyperlink to Above

6.2 - Argus Leader (Video): Washington grad uses Army experience to help fight suicide (16 July, Trevor Mitchell, 439k online visitors/mo; Sioux Falls, SD)
Mercado said they're working to get the app into the hands of the VA — which he calls a national leader in prevention of military suicide — to help spread the word among veterans. The app was a considerable part of why Mercado was named the 2017 Military Times Service Member of the Year for the Army.

Hyperlink to Above

7. Supply Chain Modernization – No Coverage

8. Other – No Coverage

1. Top Stories

1.1 - The Atlantic: How VA Reform Turned into a Fight Over Privatization (17 July, Russell Berman, 23.9M online visitors/mo; Washington, DC)

In 2014, the Department of Veterans Affairs was mired in a scandal.

An inspector general's report had found "systemic" manipulation by government officials to hide lengthy and growing wait times at its medical centers. Veterans were waiting months for appointments, and dozens may have died because they could not get treated in time.

Spurred to action, Congress created a program aimed at temporarily alleviating the strain on the VA: Veterans who lived more than 40 miles from a health-care facility or who had to wait more than 30 days for an appointment could take their benefits outside the system and seek treatment from private doctors.

Veterans groups backed the move as a necessary response to a crisis. The Choice Program, as it was called, would allow veterans to get the care they needed while giving policy-makers time to make broader fixes at the Department of Veterans Affairs, which suffered from mismanagement and insufficient resources.

Three years later, attempts by Republicans in Congress and the Trump administration to extend and significantly expand the Choice Program have given these groups and leading Democrats a new worry: a creeping privatization of the VA.

"This particular program was authorized as a temporary fix in the midst of a crisis,"said Allison Jaslow, executive director of Iraq and Afghanistan Veterans of America. "We always viewed it as an experiment." Veterans groups were alarmed at the Trump administration's budget request, which while increasing funding for the department overall, proposed to make permanent spending for the Choice Program while cutting other areas of the budget, including benefits for disabled veterans. The plan fed concerns that Republicans would siphon off money from the core health system to expand private-sector options for veterans. "It is a 'stealth' privatization attempt which The American Legion fully opposes," wrote Charles Schmidt, national commander of the nation's largest veterans organization. "Choice should not be advanced to the detriment of cost of living increases for veterans."

The Choice Program was due to expire this summer, but Congress passed, and President Trump signed, legislation to extend the program at least until its funding ran out. The VA now says it needs a new bill to keep the program running, but lawmakers in the Senate want to use the impending deadline to write a law that would revise Choice and give veterans much more flexibility to seek private care outside the VA health system. There's even talk that Republicans would tie legislation expanding private health-care options for veterans to an increase in the debt ceiling, hoping that linking a popular measure to an unpopular one would solve two problems at once.

Veterans affairs has long been a bipartisan issue on Capitol Hill, and the $16 billion legislation lawmakers passed responding to the 2014 crisis and making it easier for the government to fire or punish senior executives was one of the few collaborative efforts to succeed in the final years of the Obama administration. Even now, despite concerns on the left about the direction Republicans are going, the debate over the future of veterans health is far more civil than the rancorous fight over civilian health-care and the GOP's proposed replacement for the Affordable

Care Act. The parties share some common ground: Liberal Democrats acknowledge the need for veterans to have access to private care in some circumstances, and Republican leaders insist they remain committed to a “robust” Veterans Health Administration.

Yet the specter of privatization has hovered over the debate in ways that echo long-running arguments over public education, where Democrats have opposed GOP efforts to enact voucher programs—and to a lesser extent, expand charter schools—on the grounds that they would divert funding and institutional support for traditional public schools. “If there’s some veteran in South Dakota, or Vermont who lives a zillion miles away from a VA hospital, should that person be able to get their health care across the street in their community? Who would argue against that?” Senator Bernie Sanders of Vermont said last week at a hearing to consider a range of veterans-affairs legislation, including a Republican proposal to expand the Choice Program.

“But here is the problem: While we want to give veterans choice, we do not want to do it in a way which dismantles the VA,” Sanders continued. “We want to strengthen the VA. What we don’t want to do is dismantle the VA piece by piece and put that money into the Choice Program.”

As Sanders has pointed out, the GOP proposals to direct more money to private care come at a time when the VA has some 45,000 vacancies. Under its new secretary, David Shulkin, the department has also begun publishing, under a new office dedicated to accountability and the protection of whistleblowers, a list of employees it has either removed or suspended for violations. The first report, posted last week and covering the first six months of the year, ran 27 single-spaced pages.

Republicans have been increasingly sensitive to the suggestion that they want to privatize a health-care system that dates back to the Civil War and now serves 22 million veterans. They acknowledge that despite the 2014 scandal and continued issues with wait times, many veterans are happy with their care. “I think that’s just a false narrative,” Representative Phil Roe of Tennessee, chairman of the House Veterans Affairs Committee, told me when I asked about privatization concerns. He pointed to a VA budget that has nearly doubled in the eight years he’s been in Congress—although that increase has been necessitated, in part, by the hundreds of thousands of troops who have returned home from Iraq and Afghanistan during that time. At last week’s hearing, the Republican chairman of the Senate Veterans Affairs Committee, Johnny Isakson of Georgia, also pushed back against Sanders and other Democrats warning of a rush to privatize. “There is no game plan on this committee to bleed any system dry,” he said.

Shulkin, who has gotten off to a fast start as the only Obama holdover to join the new president’s Cabinet, has backed away from a Trump campaign idea to give every veteran a card that they could use for treatment outside the VA system.

“I am not in support of a program that would lead toward privatization or shutting down the V.A. programs,” the secretary told a Senate committee last month. And although Shulkin has proposed to do away with the Choice Program’s restrictions based on geography and wait time, he said he did not want to make the program completely open-ended or reduce the VA’s role in coordinating a veteran’s care among doctors. “Unfettered Choice is appealing to some, but it would lead to essentially, I believe, the elimination of the V.A. system altogether,” Shulkin said. “It would put veterans with very difficult problems out into the community with nobody to stand up for them and to coordinate their care.”

The most aggressive advocates for increased private access for veterans' care is the group, Concerned Veterans for America, a conservative organization backed by the Koch network and run out of the Virginia office of their main advocacy arm, Americans for Prosperity. Yet even CVA isn't embracing the privatization label in full. "We think the provider system needs new governance, but nobody on Capitol Hill is talking about the VA health-care system off to a private company and just having them run it," Dan Caldwell, CVA's director of policy, told me.

As CVA sees it, the VA needs to transition away from a structure built around the generation of veterans who served in World War II and Korea and who over the next decade or so will be dying off. The population of veterans will decrease, and they will be more geographically disperse. "You're inevitably going to have to rely more on community care and private sector care," Caldwell said.

The group has proposed turning the VA health system into a government-chartered non-profit corporation—a similar type of entity that Trump envisions for the air traffic control system, and what Democrats see as privatization. Yet Caldwell argued that the proposal would still allow veterans who want to get their care through the VA to continue doing that. "You need to have freedom of choice, and you need to have competition for the system to succeed," Caldwell said. "But you don't need to dismantle the system to make that happen."

That kind of restructuring has not gained much support among top Republicans. They remain focused on expanding the Choice Program—or Choice 2.0, as some are calling it—despite the mixed reviews it has received from veterans who have had to navigate a bureaucratic maze to get approval for non-VA care. "To be kind, it was a little bumpy," Roe said of the rollout. "It's working better now." Democrats haven't been as charitable, and Shulkin acknowledged that the program hadn't worked well for many veterans.

The administration is proposing to consolidate several community-care programs into a single entity and allowing veterans to decide with their primary VA provider whether to seek treatment in or out of the system, which would take the place of the current rules based on geography and waiting times. Lawmakers are open to the idea, but they've expressed concerns about how the VA will hold private doctors and facilities to the same standards it has for itself. "Sending veterans into the private sector does not absolve the VA of the responsibility for the care and benefits that veteran receives," Senator Jon Tester of Montana, the top Democrat on the veterans committee, said during the hearing.

"You can outsource service," Tester warned later, "but I don't know that you can outsource responsibility."

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1.2 - The Hill: VA secretary vows to bring down veteran suicide rate (16 July, Julia Manchester, 11.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin pledged to combat suicide among veterans in a pre-taped interview on Sunday, saying the current veterans suicide rate is "unacceptable."

“The issue of veterans suicide is our number one clinical priority in the Department of Veterans Affairs, and it’s really the only clinical priority that I talk about as our major focus,” Shulkin told John Catsimatidis on AM 970 in New York on Sunday.

A 2014 VA study found that an average of 20 veterans a day commit suicide, and six out of every 20 veterans who commit suicide utilize VA services.

“This is an unacceptable statistic that 20 veterans a day are taking their life to suicide. So we are going to do everything that we possibly can. We’re reaching out to community groups, to academic groups. We’re doing research in this area. We’re trying new therapies and treatments. And I certainly hope that we can have a big impact on this problem,” he continued.

“I can’t commit that I know exactly everything that’s going to work, but I can commit that we’re going to do everything possible to try to get that number down to zero,” he said.

The VA has been plagued by scandals recently, most notably in 2014 when long wait times for medical care at VA hospitals were reported, and employees attempted to cover them up.

President Trump signed a reform bill aimed at making it easier for the VA to fire employees who were accused of misconduct.

“Another area that we’re committed to changing is to really make sure our employees are held accountable for their actions and their behaviors. When they deviate from those accepted practices, we’re going to make sure the appropriate disciplinary actions are administered,” Shulkin said.

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1.3 - The Washington Times (AP): Top officials at veterans hospital removed from duty
(17 July, 10.8M online visitors/mo; Washington, DC)

BOSTON - Two top officials at a New Hampshire’s only hospital for veterans have been removed following a report alleging “dangerously substandard care” at the facility.

The Boston Globe reports (http://bit.ly/2utP3xD) Veterans Affairs Secretary David Shulkin removed Manchester VA Medical Center Director Danielle Ocker and Chief of Staff James Schlosser Sunday.

Ocker has been replaced with Alfred Montoya, the director at a VA hospital in Vermont, and Schlosser’s replacement has yet to be named.

Their removal comes after 11 physicians and medical employees contacted a federal whistle-blower agency saying the facility is endangering patients.

The agency says they have found “substantial likelihood” the employees’ allegations are true.

Shulkin has ordered a “top-to-bottom” review of the medical center. Ocker and Schlosser have been removed pending the review’s outcome and remain VA employees.

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1.4 - The Boston Globe: Top 2 officials out at Manchester VA hospital (16 July, Andrea Estes and Jonathan Saltzman, 8.8M online visitors/mo; Dorchester, MA)

Veterans Affairs Secretary David J. Shulkin on Sunday removed the two top officials at the Manchester VA Medical Center and ordered a “top-to-bottom” review of New Hampshire’s only hospital for veterans.

Shulkin’s action came within hours after the Boston Globe published a Spotlight Team report detailing what several doctors and other medical staffers allege is dangerously substandard care given at the facility.

The hospital’s chief of medicine, Dr. Stewart Levenson, said he had “never seen a hospital run this poorly.”

The staffers, who reported the Manchester hospital to a federal whistle-blower agency, described an operating room infested with flies, veterans with crippling spinal damage that might have been prevented, and surgical instruments that are obsolete and sometimes unsterile.

“These are serious allegations and we want our veterans and our staff to have confidence in the care we’re providing,” said Shulkin in a written statement. “I have been clear about the importance of transparency, accountability, and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations.”

Shulkin removed the hospital director, Danielle Ocker, and replaced her with Alfred Montoya, the current director at the White River Junction VA in Vermont. He also removed chief of staff James Schlosser, saying he would name Schlosser’s replacement soon.

Ocker and Schlosser have been removed pending the outcome of the review. They remain VA employees and will be assigned other duties, according to a VA spokesman.

The Globe reported that 11 physicians and medical employees at the Manchester VA — including the hospital’s retiring chief of medicine, former chief of surgery, and former chief of radiology — had contacted a federal whistle-blower agency and the Globe to say the facility is endangering patients.

The Office of the Special Counsel, the whistle-blower agency, already found a “substantial likelihood” that the whistle-blowers’ allegations were true.

It ordered the VA’s Office of the Medical Inspector to launch an investigation, which started in January.

But on Sunday, Shulkin went further, ordering the Office of Medical Inspector and the VA Office of Accountability and Whistleblower Protection to head to Manchester on Monday to conduct a thorough investigation of the facility and the employees’ complaints.

Dr. William “Ed” Kois, the head of the Manchester VA spinal cord clinic who galvanized 10 other medical staff to join him in blowing the whistle about problems at the hospital, said he was “cautiously elated” by the news.

“There’s no way, if an honest VA investigation occurs, that they’ll be brought back,” said Kois of Ocker and Schlosser. “It’s just overwhelming, the evidence of the dissatisfaction of staff members, but up until we broke the ice, people have been very afraid of retribution and retaliation.”

Kois said that he believes the VA’s Office of the Medical Inspector has so far done only a cursory job digging into the problems. And he hoped Shulkin’s vow to do a top-to-bottom investigation means the VA will drill deeper.

Despite the problems at the facility, it was in 2016 given four out of five stars by the Department of Veterans Affairs, which, before the story was published, defended that decision.

The whistle-blowers have alleged that the four top administrators, including Schlosser, the only doctor, were more concerned with performance ratings than with properly treating the roughly 25,000 veterans who go to Manchester for outpatient care and day surgery annually.

But Stewart Levenson, the retiring chief of medicine, downplayed the significance of quality ratings for a facility such as Manchester, which stopped providing inpatient care in 1999 and refers its patients to other VA hospitals or private specialists for an increasing number of services.

Levenson is one of seven high-ranking doctors who have given up leadership positions or decided to leave the hospital this year.

Andrea Amodeo-Vickery, a Manchester lawyer who helped organize the 11 whistle-blowers, urged Shulkin to come to Manchester himself and meet with the whistle-blowers personally.

“Shulkin needs to come and meet with these guys and hear from them first-hand what the problems are,” she said.

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1.5 - Union Leader: Top officials removed at Manchester VA after allegations of poor care and conditions (16 July, Michael Cousineau, 312k online visitors/mo; Manchester, NH)

Two top officials at the Manchester VA Medical Center have been removed from their posts pending a review of whistleblower allegations of poor care and conditions, officials announced Sunday.

“The VA Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection are being sent in beginning Monday to conduct a top-to-bottom review of the Manchester VAMC,” including reviewing allegations published in the Boston Sunday Globe, according to the U.S. Department of Veterans Affairs.

Effective immediately, Danielle S. Ocker, the medical center director, and James E. Schlosser, chief of staff, were removed pending the review, according to a VA spokesman.

“I’m very encouraged by their willingness to take immediate action, to be transparent with it,” Gov. Chris Sununu told the New Hampshire Union Leader.

Sununu, who talked with U.S. Secretary of Veterans Affairs David Shulkin on Sunday, alluded to previous complaints about slow and poor service at veterans hospitals around the country.

“Despite previous administrations who swept issues under the rug, Secretary Shulkin has proven that he is willing to take immediate action so that we can restore confidence in the system,” Sununu said in a statement.

The Boston Sunday Globe reported that 11 physicians and medical employees — including the hospital’s retiring chief of medicine and former chief of surgery — had contacted a federal whistleblower agency. The Globe Spotlight Team reported that the Manchester VA was “endangering patients.”

That whistleblower agency, the U.S. Office of the Special Counsel, found a “substantial likelihood” of legal violations, gross mismanagement, abuse of authority, and a danger to public health, according to a January letter obtained by the Globe to one of the doctors who alleged wrongdoing.

“I have never seen a hospital run this poorly — every day it gets worse and worse,” said Dr. Stewart Levenson, chief of medicine, an 18-year hospital veteran who was among the whistleblowers. “I never thought I would be exposing the system like this. But I went through the system and got nowhere.”

Shulkin, the Veterans Affairs secretary, said Sunday: “These are serious allegations, and we want our veterans and our staff to have confidence in the care we’re providing. I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations.”

Met with Shaheen, Kuster

Some of the doctors previously met last year with U.S. Sen. Jeanne Shaheen, D-NH, and Rep. Annie Kuster, D-NH, to discuss their concerns.

“The reports concerning the Manchester VA Medical Center are simply unacceptable,” Kuster said in a statement Sunday. “Our veterans deserve much better. I was deeply concerned when I met last year with the group of VA doctors. As a member of the House Veterans Affairs Committee, I brought these concerns to the Office of the Inspector General. I appreciate the seriousness with which Secretary Shulkin is taking this matter, and I will continue to monitor the investigation closely and provide assistance through the House VA Committee.”

In a statement, Shaheen said, “No veteran should experience the substandard care described in this report. “After being informed of these allegations in a meeting with doctors from the Manchester VA, I raised their concerns with the VA Office of Special Counsel and the VA Office of the Inspector General for further investigation,” Shaheen said. “I will continue to work with the VA and, going forward, Secretary Shulkin to investigate these claims and urge that the agency immediately address any shortfalls.”

Boston Globe report

According to the newspaper's report:

• "A Boston neurosurgeon lamented that several Manchester patients sent to him had suffered needless spinal damage, including paralysis, because the hospital had not provided proper care for a treatable spine condition called cervical myelopathy." wrote the Globe.

"Only in 3rd World countries is it common to see patients end up as disabled from myelopathy as the ones who have been showing up after referral from you," wrote Dr. Chima Ohaegbulam of New England Baptist Hospital, to a doctor at the Manchester VA in 2014, according to the Globe.

• Galen Warman, an Air National Guard veteran from Concord, injured his neck in a car accident in 2007 and later developed severe back pain. "I was eating painkillers like Chiclets," he told the Globe.

Warman never had a MRI of his neck during his eight years visiting the Manchester VA until a doctor saw him in 2015 and ordered the test, which showed severe spinal cord compression. Warman had successful surgery.

"It was just a new lease on life," the 66-year-old Warman told the Globe.

• Three patients had their surgeries canceled last month when two kits of surgical instruments supposedly sterilized showed what appeared to be rust or blood stains.

• The Globe reported doctors stopped using one of four operating rooms last October. One nurse told the newspaper that she had seen flies in that operating room since she started working there 16 years earlier.

A Manchester VA spokesman told the Globe that Manchester had dealt with the fly infestation since at least 2007, spending $1.1 million that year to repair masonry, which was partly to control pests. The hospital also spends about $55,000 a year on pest control.

Four stars out of five

The VA gave the Manchester hospital four stars out of a possible five when the department rated hospitals in 2016, according to the newspaper. Manchester was ranked above average for both the overall patient experience as well as job satisfaction for employees. The national VA also ranked Manchester near the top for minimizing the amount of time patients had to wait to see both primary care providers and specialists.

A spokesman for the VA in Washington, Gina Screen, told the Globe that the hospital earned its four-star rating.

"While there are known breaches to Manchester VA Medical Center's environmental standards as it relates to cluster flies in one of the surgical suites, all appropriate actions have been taken" to fix the problem, she wrote.

David Kenney, chairman of the NH State Veterans Advisory Committee, said the Globe article "doesn't bring up anything on the progress that has been made" at the hospital. He said the star-rating system "can be misconstrued in the public eye" and perhaps a new system should be developed.

Rep. Carol Shea-Porter, D-NH, said, "Today's Spotlight report is deeply concerning. I support the Department of Veterans Affairs' decision to conduct a full investigation and will continue to closely monitor this situation. New Hampshire veterans deserve the highest standard of care."

Sen. Maggie Hassan, D-NH, said "the poor conditions and quality of care alleged by whistleblowers at the Manchester VA are completely unacceptable." She called for a full-scale investigation.

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1.6 - Commercial-News: Soothing souls: VA chaplains tend to vets' spiritual health (16 July, Mary Wicoff, 191k online visitors/mo; Danville, IL)

Healing of the spirit, as well as the body, takes place at the Veterans Affairs Illiana Health Care System.

"We want to help them (veterans) heal completely, not just bodily, but spiritually, as well," said Thomas Mills, chief of the chaplain service since 2013.

Five ministers make up the chaplain staff, and a Catholic priest also provides services.

Combat veterans have been to places and seen things that have made an impact on their lives, Mills said, and some need counseling to deal with guilt or grief, for example. Other veterans simply need to talk or discuss spiritual issues.

Veterans are given the option to use the chaplain services. If they say no, Mills says, "We're here if you need us."

Two veterans who volunteer with the chaplain service have positive things to say about the department.

"People come down needing to talk and get counseling," said Jonathon Burbage of Danville, a Navy vet who served from December 1998 to July 2005. "I hear guys say all the time that it's helped them."

"There's a reward in seeing people grow spiritually and leaving their demons behind," said Burbage, who has dealt with his own demons. "It's comforting to see them improve."

Herman J. Young of Danville, a volunteer since 2008, summed up the chaplain service: "It's excellent. It's kept me above water."

Young, who served with the Marines in the 1970s, had suffered from depression.

“They can help you spiritually, with relationships, and with substance abuse and depression. They give quite a bit of counseling,” he said.

Veterans can make appointments on a regular basis, he said, or come when needed.

The ministers on staff at the VA are: Mills, Church of God (Cleveland, Tenn., branch); Ron Ziemer, United Church of Christ; and Brian Manigold, United Methodist, all full-time; Lael Dixon, Free Methodist, part-time; and Lorenzo Bolden, Baptist, weekends and palliative care.

A Catholic priest, the Rev. Deusdedit Byomuhangi (known as Father Deus) is paid to say Mass on Sundays and is on call to provide rites and services, such as anointing of the sick. He also serves at Presence United Samaritans Medical Center.

EACH VET UNIQUE

Not just anyone can wander in and start ministering to the veterans.

The chaplains must hold a minimum of a master of divinity, have taken at least 800 hours of clinical pastoral training, and be endorsed by a denomination that’s recognized by the VA.

The chaplains are not allowed to evangelize to the veterans and staff, and they protect veterans from others who try to do so.

“It’s about the patient; it’s not about us,” Mills said. He can’t share his own views, for example, unless a veteran asks a direct question.

The chaplains are mandated to provide spiritual-care plans to veterans on palliative care, in acute mental health, long-term care and residential. They will draw up plans, like a doctor would do, to address a veteran’s spiritual needs, such as seeing a chaplain twice a week or addressing certain issues.

Then, re-assessments must be done after a certain period of time.

A veteran must be able to give consent to receive care from a chaplain.

Some are atheists, and some prefer to work with their own ministers or pastors.

“Each veteran’s spiritual care is unique,” Manigold said.

The chaplains have come across Wiccans, Muslims, Jehovah’s Witnesses, Mormons, Jews, Zen Buddhist and others. The most common are Church of Latter-Day Saints and Jehovah’s Witnesses, followed by Muslims.

Members of those groups often like to speak with their own clergy or representatives, and the chaplains will call someone, using a list of religious groups in the area. The VA has a good relationship with the Central Illinois Mosque and Islamic Center in Champaign.

“We’re not here just for Christians,” Mills said.

HISTORIC SITES

The two chapels, dedicated in 1901, are listed on the National Park Service Registry of Historic Places. The VA chaplain service was formed in 1945.

The Catholic chapel, which contains the Blessed Sacrament, has a crucifix and other religious symbols on view.

The veterans chapel, which used to be known as the Protestant chapel, has been neutralized, which means that any faith may use it. Thus, Christian symbols are put away when not in use. There's a single kneeler for those who prefer that method of worship.

"We have to meet the needs of every veteran," Mills said.

There's also a room in Building 98 that has been converted into a chapel for use by veterans and staff.

'GOD'S CALL'

Manigold, a native of Grandridge, has been with the VA chaplain service for almost eight years. He has served as pastor at churches in Illinois for 26 years, most recently in Carbondale.

As a chaplain, he doesn't have to worry about administrative issues — that's Mills' job, he noted with a smile — which he did as a pastor.

"I get to do more face-to-face, and provide spiritual care," he said. He also likes to listen to the veterans' stories.

"I'm very thankful to be here," he said.

Dixon, a native of Kansas, came to the area in 1972 and served 26 years as a pastor in Indiana. He knew someone who had been through clinical pastoral education, and decided to make the transition in 1993.

He came to Danville in 1995, and was chaplain at United Samaritans Medical Center for 12 years.

"This is God's call," he said. "We get to touch so many people that the church never touches."

For example, during the Vietnam War era, some churches had difficulty assimilating the veterans who returned.

"A lot of veterans had a negative response to that," he said. Some of those vets believe in God and still pray, but they've never had people around them who supported them in their religious life.

Mills is one of three veterans on the chaplain staff. He served 21 years in the Air Force; Bolden was in the Air Force and Ziemer served in the Navy.

Mills said, "It was like coming home to my own people — being able to connect with the veterans and helping them on their journey."

When he tells a veteran, "I've been there, done that, got the video," the vet feels a connection.

Mills came to Illiana as a clinical chaplain in 2007, and was acting chief from 2010-13.

Dixon said being a VA chaplain has caused him to be aware of veterans and their needs. Manigold said his wife is a veteran, and family members have served, so he understands the needs, as well.

The chaplain service is not allowed to promote itself through a website or social media; rather, Mills tries to keep medical providers aware of the department's services, and through word of mouth.

FYI

The chaplain service can be reached at 554-4531, or call 554-3000 and ask for chaplain service. The office is located in Building 101, near Ward 6.

Mass is offered at 9 a.m., and a Protestant service is at 10:30 a.m. Sunday. The chapels (Building 49) are used from Easter to Nov. 1; the Social Activities Room is used in the winter.

Three ecumenical services are held each Sunday in the locked wards, as well.

Both chapels are open during the day so veterans can sit and meditate.

VOLUNTEERS NEEDED

Volunteers help out with Sunday services in the chapel, but more are needed. Duties include helping veterans with mobility issues to get to and from the van that transports those who wish to attend from long-term care wards and from the Green Homes. The Masonic Lodge provides services a couple of times a month. Trained staff drive the van and assist the veterans in case of medical need.

Volunteers also assist veterans during services with such things as turning the pages in their hymnals, helping them get to the restrooms and anything else the veterans need within the capabilities and guidelines of the volunteer.

Anyone who wishes to help may contact Voluntary Services coordinator Jennifer Sheehan-Wells at 554-5212.

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1.7 - WNYM (SRN-970, The Cats Roundtable, Audio): Veterans Administration Secretary David Shulkin – Thing better for Vets? (16 July, John Catsimatidis, 19k online visitors/mo; New York, NY)

In this ten-minute interview, John Catsimatidis speaks with Secretary Shulkin about VA's various services, VA reform, and improvements in access to care.

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2. Veteran and Employee Experience

2.1 - The Washington Times (AP): Georgia veterans office closing for a week for training (16 July, 10.8M online visitors/mo; Washington, DC)

ATLANTA - Offices of the Georgia Department of Veterans Service will be closed for several days this month.

Agency officials say staff will participate in annual training from Monday through Friday. They say the closure includes all veterans field service offices.

The offices will reopen July 24.

Georgia Department of Veterans Service Commissioner Mike Roby calls the training “the most thorough and intense” the department has held. He says it will include experts with the U.S. Department of Veterans Affairs.

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2.2 - Townhall: "Forever GI Bill" Could Be One Bright Spot in Divided Washington (16 July, Jennifer Van Laar, 8.9M online visitors/mo; Arlington, VA)

A bill introduced Thursday seeks to create the largest expansion of veterans benefits in over a decade. Dubbed the "Forever GI Bill," the Harry W. Colmery Veterans Educational Assistance Act of 2017 would provide technical fixes and improvements to the post-9/11 GI Bill, creating permanent benefits to those who served that are not tied to the whims of a political season.

Charles E. Schmidt, American Legion National Commander, said the changes are overdue.

“We believe that all veterans who have honorably served this nation have earned education assistance as partial compensation for the sacrifices they have made. Unfortunately, many who have served in uniform are currently left behind.”

The bill enjoys bipartisan support in the House and is supported by numerous veterans organizations.

Under this bill, Purple Heart recipients would receive full GI Bill benefits. Currently, access to full benefits depends on the number of days in active duty, with no exceptions for our wounded veterans. Jonathan Richard Goldman, a Marine Reservist and Purple Heart Recipient, said:

It was an honor to deploy to Fallujah in 2006 and take part in the mission, which I still believe in after all these years. Coming home and continuing my education was; however, not what I expected. My active duty days were counted as points towards education, regardless of the days I was shot at, and had bombs explode underneath me. And given my Purple Heart, the obsession with days accrued versus deeds done, and blood spilled, is truthfully criminal. Additionally, it lifts the current 15-year time limit to use benefits, extends full GI Bill eligibility to some members of the National Guard and reservists, allows survivors of those killed in action to

participate in the Yellow Ribbon program, and allows GI Bill recipients whose schools close mid-semester to have their loans forgiven.

HR 3281 has 58 sponsors and is scheduled for a hearing Monday in the House Veterans Affairs Committee.

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2.3 - WMUR (ABC-9, Video): Immediate action taken at Manchester VA hospital after Boston Globe report. Serious allegations brought to light by whistle-blower group (16 July, Cherise Leclerc, 2.1M online visitors/mo; Manchester, NH)

Disturbing accusations from a group of whistleblowers have been brought to light against Manchester's VA Medical Center in a report published by the Boston Globe's Spotlight team.

On Sunday, U.S. Secretary of Veterans Affairs David Shulkin announced immediate action, including staffing changes.

According to a press release sent by Shulkin's office, the director and chief of staff of the Manchester VA have been removed from their positions pending an investigation.

The VA Office of the Medical Center and the VA Office of Accountability and Whistleblower Protection are being sent in tomorrow to review the hospital.

Gov. Chris Sununu said the allegations were serious.

"I immediately contacted the executive director, then immediately contacted the secretary of the VA himself, Dr. Shulkin, in Washington, D.C.," he said.

Sununu said that although he does not have direct jurisdiction over the VA, he is calling for an investigation.

"These are our constituents, our citizens getting services there," he said. "So we're making sure that communication is clear, everything is transparent, there's nothing that is going to be put on the back burner."

U.S. Rep. Annie Kuster, D-N.H., who is a member of the House Veterans Affairs Committee, said in a statement: "I appreciate the seriousness with which Secretary Shulkin is taking this matter, and I will continue to monitor the investigation closely."

Sen. Jeanne Shaheen, D-N.H., said, "No veteran should experience the substandard care described in this report."

"The poor conditions and quality of care alleged by the whistleblowers at the Manchester VA are completely unacceptable," said Sen. Maggie Hassan, D-N.H.

"I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations," Shulkin said in a Sunday statement.

The VA said the director of the VA Medical Center in White River Junction, Vermont, will serve as the new director of the Manchester VA.

A new chief of staff will be announced shortly.

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2.4 - Arkansas Democrat-Gazette: After protest, VA hospital in Little Rock hiring to replenish nurse ranks (16 July, Hunter Field, 868k online visitors/mo; Little Rock, AR)

Two weeks after protesting outside John L. McClellan Memorial Veterans Hospital in Little Rock, nurses at the facility are "cautiously optimistic" about steps being taken to address staffing shortfalls.

As of last week, Central Arkansas Veterans Healthcare System had offered jobs to 36 new nurses, begun the recruitment process with 52 more and started orientation for 13 new nursing staff members.

The hospital initially closed 19 beds because of the nursing shortage, but it soon consolidated patients and staff members on two of the three surgical units, freeing up beds in the other unit and allowing staff members to be "flexed" to that area, hospital spokesman Chris Durney said. The hospital has retained its normal level of services through the struggles, Durney said.

The local chapter of the American Federation of Government Employees still has some concerns, but chapter President Barbara Casanova said in an interview that the union has seen promising signs. Since the protest, for example, the ratio of on-duty nurses to patients has improved, she said.

"The numbers are really good right now," Casanova said. "Our big fear, though, is that they'll go back in the toilet when no eyes are watching."

The central Arkansas Veterans Affairs system's hiring struggles fit into a larger trend of nursing shortages at other Arkansas hospitals and at VA facilities nationwide.

The VA inspector general found in a 2016 report that the agency was losing nurses at an alarming rate, and recent data indicate that the bulk of the VA's nearly 50,000 vacancies are for medical staff positions.

U.S. Sen. John Boozman, R-Ark., questioned VA leaders on Tuesday about the Little Rock staffing shortages during a hearing of the Senate Veterans' Affairs Committee.

Dr. Tom Lynch, VA assistant deputy undersecretary for health clinical operations, told Boozman that the agency had been focused on central Arkansas.

"Nursing has been a problem for all of health care," Lynch said. "We have been working aggressively in Little Rock. We have had our chief nursing officer working with the facility to identify staff in nursing to get to the facility."

Boozman agreed with Lynch that the hiring struggles reached beyond the VA, adding that the VA could have "tremendous influence and be a leader in the direction forward."

While the Arkansas State Board of Nursing doesn't track employment data, Executive Director Sue Tedford said the $10,000-$15,000 signing bonuses central Arkansas hospitals are offering indicate a local nursing shortage.

In May, CHI St. Vincent announced a partnership with the University of Arkansas at Little Rock to address the nursing shortage. Chad Aduddell, CHI St. Vincent's chief executive officer, said at the time that central Arkansas alone had a shortage of 700 nurses, and he expected that number to increase.

Even before the June 26 union demonstration, the central Arkansas VA health system has been working to address the shortage, Durney said. Administrative staff members have attended 10 external recruiting fairs in the past year, and the hospital started a social media campaign in January to attract more help.

Casanova said the nurses decided to protest last month because they thought staffing levels had deteriorated to the point of hurting the quality of patient care.

"The biggest complaint I heard from nurses was 'I can't be a nurse because I'm too busy putting out fires,'" Casanova said. She also expressed concerns about nurses being moved from specialty areas to other areas where they lacked competency.

Central Arkansas VA leaders approached the union with an action plan to resolve the complaints, and they have implemented a series of initiatives to improve employee morale, Durney said.

The system hopes to hire 45 new nurses in medical/surgical positions, offering up to $15,000 in recruiting incentives.

It will implement a "referral and stay" bonus program for experienced medical/surgical and critical-care registered nurses.

VA traveling nurses and nearby medical centers are providing nursing support until the system hires enough nurses of its own.

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2.5 - Commercial-News: Chaplains help vets in various ways (16 July, Mary Wicoff, 191k online visitors/mo; Danville, IL)

Chaplains at the Veterans Affairs Illiana Health Care System are on call 24 hours a day — whether in person, by phone or through computer.

A new teleconferencing feature is available to veterans so they can speak with a chaplain from their home. The VA provides a camera that attaches to a computer; if the veteran doesn't have a computer, the VA will provide a tablet.

“It’s all about the veteran,” said Thomas Mills, chief of chaplain service. “If we can help them live their lives better through technology, it’s a good thing.”

So far, the program doesn’t have any users, but Mills hopes to spread the word.

A veteran who thinks he or she might need spiritual guidance via computer needs to start with his local provider or primary care team. The provider will make arrangements through the VA’s televideo health department to set up the equipment.

Then, the veteran and chaplain can talk face-to-face over the computer, and address any spiritual concerns that the veteran might have.

This is helpful to veterans who live a distance from the Danville VA, such as those served by the outpatient clinics in Peoria, Bloomington, Decatur, Mattoon and Springfield.

The chaplain service offers many other services to veterans.

One is the Warrior to Soul Mate, which helps veterans and their partners work on their relationships through workshops and retreats.

Mills said the free program is offered four times a year — two in Danville and two in other cities, such as Champaign, depending on where the participants live. The nine-hour training helps veterans improve their relationship with a spouse or partner, Mills said, explaining that support is crucial to a vet’s overall well-being.

In addition, the chaplain service makes reading material and CDs available.

For example, there are displays of pamphlets set up at various sites across the VA, including one at the chaplain service, at the library, in Buildings 58 and 98, and in palliative care.

A series of booklets called “God Understands” was provided by the American Bible Society. Those booklets are free to veterans.

For those who have trouble with their eyesight, CDs on religious topics are available at no charge.

Other items are free, too, including dog tags with scriptures on them, crosses and crucifixes, Star of David, Book of Mormon, Bibles, Qur’ans, crescent moon and other items special to a particular faith.

All chaplain services are provided at no charge. Even at Sunday services, no collection is taken; instead, a basket is available for those who want to make a donation.

Otherwise, the chaplain service is funded through the national chaplain center. Also, sometimes, people will make a bequest in their will, with money going to the chaplain service.

The chaplains also preside at funerals, again at no charge, and pastors from the community may use the chapel for a funeral at no charge.

Besides meeting with veterans, chaplains keep busy with duties such as:

• Services on Ash Wednesday, Good Friday, Thanksgiving, Palm Sunday, Christmastide/Christmas Eve and others. They also do a Blessing of the Hands ceremony for nursing staff, Blessing of the Bikes and baptisms.

• A semi-annual remembrance service (April and October) to honor the veterans who have died on campus. About 100 veterans a year die at the VA, Mills said.

• Working with numerous groups, such as grief and addiction recovery. Bereavement support is offered to families, as well.

• 9/11 Remembrance Service and National Day of Prayer.

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2.6 - KXXV (ABC-25, Video): Vets learn about benefits at fair in Waco (16 July, Ryan Fite, 83k online visitors/mo; Waco, TX)

Veterans in Central Texas are getting an idea about the benefits they could receive.

At a benefit fair in Waco today, the Texas Veterans Land Board along with the Veterans Affairs Systems and Texas Veterans Commission provided veterans and their families with information on state programs. Those programs include home, land and home improvement loans.

Ken Walllingford of the Texas Land Board said it's not too late for those interested to reach out for help.

"Texas has the second highest veteran populated state in the country at 1.7 million veterans," Wallingford said. "So this is the way we go into the local communities to offer these benefits to area veterans that quite frankly not familiar with any entitlements that they may or may not be available to them."

The next benefits fair will be held in the North Texas town of Tomball on August 19th.

For more information, visit the Veteran Land Board website.

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3. Access to Healthcare

3.1 - Pittsburgh Post-Gazette: Thank you, VA workers, for the great care I've received (17 July, Ralph D. Deltondo, 4.8M online visitors/mo; Pittsburgh, PA)

I am writing with pleasure to give praise where praise is due — to the Veterans Affairs hospital in Oakland.

I am a World War II veteran and will be celebrating my 91st birthday Aug. 8. I have been utilizing the services available to me at the VA hospital over this past year. I have found, without exception, the doctors, nurses and employees whom I've encountered to be first-rate.

As with most service organizations, you always hear the negatives but never hear the positives. I have had a few health challenges over this past year, and everyone who worked with me treated me with the utmost respect and dignity. They took their time explaining the procedures that I was to undergo and, more important, they listened to my concerns and answered all my questions.

The equipment at this hospital is state of the art, and the doctors are the best of the best in their fields. I have no problem whatsoever recommending their services. I am also very thankful and grateful for the care that I've received and will continue to receive.

We veterans appreciate what they are doing for us, and I want to thank every single person I've interacted with over this past year.

RALPH D. DELTONDO
Stowe

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3.2 - The Tennessean (USA Today Network, Video): With Medicaid cuts still in Trumpcare bill, many veterans remain opposed (16 July, Jake Lowary, 2.1M online visitors/day; Nashville, TN)

Though the revised American Health Care Act includes changes that could woo Republican moderates and opponents enough to support the legislation, many veterans and mental health advocates say it still would jeopardize benefits for millions of veterans.

Specifically, they oppose the steep cuts to Medicaid, which they argue about 1.75 million veterans and some 600,000 family members depend on to supplement benefits not provided by the VA.

The revised version, released Thursday, still aims to cut some $800 billion in Medicaid benefits and faces opposition from enough Senate Republicans to put the passage of the bill at risk.

Emily Blair, Manager of military and veterans policy at NAMI, the National Alliance on Mental Illness, said many veterans may have a primary care physician at VA, but their benefits don't cover mental health services, which can include conditions like post-traumatic stress or substance abuse.

"A lot of them are rural veterans …so they rely on Medicaid to supplement their mental health care benefits," she said.

Some 43,000 veterans in Tennessee stand to lose some benefits, according to figures released by Families USA and VoteVets, a progressive veterans organization. Blair said she's heard "a large expression" of opposition to the proposed legislation.

One of those, Kelly Gregory, is an Air Force veteran battling stage 4 breast cancer. She depends solely on Medicaid.

"In purely self-interest terms, it is good policy to bring as many of your citizens as possible inside the health care system. The new bill and these new amendments make even larger cuts to Medicaid than before," she said.

She met recently with Sen. Bob Corker's staff in Nashville, which she felt went well. After Corker's statement Thursday that suggested he supported the bill advancing toward floor debates, she said she was "extremely disappointed."

"I can tell the story of why I'm going to die a completely preventable death, but I don't know what to tell my senator (so) that he should care," Gregory said.

"I can make the practical argument. I can make the moral argument. I don't know what to tell him that will make him understand why (Corker) should care. At the end of the day that's what it's about."

Republican lawmakers have often said the legislation would give states more "flexibility" to tailor care, and are hoping an extra $45 billion to combat the nationwide opioid epidemic will help garner the votes to pass the bill. In comparison, just $2 billion for the opioid epidemic was included in the first Senate version.

Blair says the "flexibility" talk and Medicaid cuts are basically "a cost-shift" to the states, which then will bear the burden of finding a way to offer coverage to veterans.

"If states aren't able to balance their budgets and come up with that extra revenue to pay for the increase in the Medicaid plans for that population, these veterans are either going to lose their coverage or see weakened coverage," Blair said.

Veterans in states like Illinois, which has faced years of a budget crisis, would be especially at risk under the proposal, Blair said.

Blair said the 1.75 million veterans are largely those who have had "other than honorable" discharges, often called "paper discharges," that she said many times result from behavioral or disciplinary issues that were connected to their military service.

Blair said she's familiar with a Montana veteran who relies solely on Medicaid coverage because he doesn't live near a VA facility.

"Now that, to a point, the Trump administration and Senate Republicans are trying to pull the rug out from our veterans," she said.

But the VA has recently made strides to allow some of those veterans to access specific services like emergency behavioral health, at the VA, though they might still not be eligible for full benefits.

VoteVets was extremely critical of the revised bill, saying in a tweet "Just as w/ previous editions, one cannot support this new healthcare bill & ever again describe themselves as either pro-life or pro-veteran."

Other major veterans organizations like the Veterans of Foreign Wars, AMVETS and Disabled American Vets, have been largely silent on the legislation.

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3.3 - Denton Record-Chronicle (Houston Chronicle): Veterans need proper treatment, not the boot (17 July, Editorial Board, 194k online visitors/mo; Denton, TX)

After a return from Iraq, infantryman Dustin Greco relied on pot and beer to try to calm his thoughts, according to San Antonio Express-News reporter Martin Kuz.

At age 20, Greco failed a drug test, and the military booted Greco out of the Army with a less-than-honorable discharge, or in military parlance "bad paper," in 2010. The same year, a therapist with the Department of Veterans Affairs diagnosed him with a depressive disorder related to his time in the military. "It didn't mean anything that I'd served in Iraq or was trying to get help. They just wanted me out," Greco told Kuz.

Greco's story is all too common. Military veterans deserve treatment for mental conditions related to their service; they don't deserve the boot.

Under Department of Defense regulations, the military services are required to assess the impact of post-traumatic stress syndrome and traumatic brain injury before discharging certain service members for misconduct. But policies aren't always followed, according to a May Government Accountability Office report.

The military discharged almost 92,000 service members for misconduct from 2011 through 2015. More than 62 percent had been diagnosed with a mental health condition in the two years prior to their separation, and of those, 23 percent received other-than-honorable discharges, according to the GAO report.

The military must recommit itself to ensuring its screening, training and counseling policies fairly assess conditions contracted on the job and that these are fully taken into account before service members are discharged.

Veteran discharges are critical to this group's future. Although the VA has begun providing mental health care for 90 days to those with other-than-honorable discharges, most service members in this category are stripped of some or all of their medical, housing, education and additional benefits that could help them readjust to civilian life.

"Bad paper" can make it impossible for ex-service members to obtain jobs that use their military skills, such as those in the public safety sector. Without adequate health care and carrying the burden of "bad paper," these veterans can be more likely to become homeless, substance abusers or incarcerated — or to commit suicide. In other words, one mistake can lead to a stigmatizing military status that can undermine an entire life.

War wounds can be invisible. But veterans' service should be indelibly etched on our national conscience. Labeling a veteran with a-less-than-honorable status without the most thorough consideration is a less-than-honorable course of action for our country.

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3.4 - Lima News: Only a free market can save US health care system (16 July, Thomas J. Lucente Jr., 167k online visitors/mo; Lima, OH

There is a joke — or not so much of a joke — among American Indian tribes that warns against getting sick after June.

You see, the federal government already has a single-payer health care system. Two actually. The Department of Veterans Affairs runs a system for veterans and the U.S. Indian Health Service, run by the Department of Health and Human Services, exists for 2.5 million American Indians.

Most Americans are familiar with many of the troubles plaguing the VA system, where some 307,000 of America's finest died while their applications for care were processed. Exact numbers are not known because of shoddy record keeping. One vet who died in 1988 still had a pending application in the system in 2014.

Less known to Americans is the abomination known as the Indian Health Service. Its Fiscal Year 2017 budget was $6.6 billion, an increase of 53 percent since 2008.

The joke mentioned above refers to the Catastrophic Health Emergency Fund, which has a budget of $53 million. Historically, it has been depleted by June every year, though federal officials said increased allocations keep the fund solvent until about August.

American Indians also joke that if you need quality health care, then commit a crime because prison health care is better than that provided by the Indian Health Service.

The VA and the Indian Health Service suffer from the same problems of any government-run health care system the world over. Funding will always be hostage to politics.

Take the British system.

A study a couple of years ago found that some 750 patients died each month in government hospitals because of poor care. The man in charge of Britain's health care system, Jeremy Hunt, has suggested parents should go online to diagnose their children's rashes rather than burden the government health care system.

British dental care is so bad that charities that work in the developing world are stepping in to provide dental care to the Brits because more than 60,000 people are hospitalized each year with tooth decay. Dentists, once they reach their yearly quota of patients, stop working because there is no incentive for them to take more patients.

This is what happens when government seize the health industry: Funding shortages, higher costs, inefficiencies, quotas, waiting lists, rationing, death panels, substandard care, unnecessary deaths, labor shortages, etc.

This is not a theoretical debate. All one has to do to see the problems with government-run health care is look around. One doesn't have to look far as there are two failing government-run systems right here in the United States.

Three, really, if you recognize that health care in the United States is largely government run already.

Each new reform of health care during the last 100 years has been simply to fix the previous reform of health care by taking another step down the path of socialized medicine.

And here we are doing it again. We are debating health care reform to reform previous health care reform.

Unfortunately, one thing has become clear in the last few months of the national debate on health care: The people have already lost. The Republicans and Democrats essentially want the same thing, a government-run health care system. They are simply arguing over the specifics.

It takes a special mind to believe government can successfully run a health care system for 326 million Americans when it can't even run a system for 2 million American Indians.

What is ignored in the debate is that even if government-run health care could provide excellent care — a notion disproved with the examples above as well as by common sense and the laws of economics — the ends do not justify the means. One cannot care for the individual while supporting a collectivist notion such as socialized medicine that essentially forces people to be slaves to the state.

Any system that forces people to do something is morally wanting and antithetical to a free people.

Proponents of government-run health care argue, nonsensically, that the rest of the world is doing it.

The United States should be a beacon of liberty to the rest of the world. That means we should not steal money at the point of a government gun from those who earned it and give it to those who didn't, regardless of what the rest of the world is doing.

The only real reform that can save the American health care system is one based on liberty and the free market. This is not theoretical. Examples proving it are readily available to those who want to see.

Unfortunately, big government statists are notoriously blind.

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3.5 - VTDigger: PTSD Center in White River Junction Poised for Full Funding (16 July, Elizabeth Hewitt, 153k online visitors/mo; Montpelier, VT)

WASHINGTON — A national Veterans Affairs center headquartered in White River Junction is likely to be fully funded in the next fiscal year.

In the version of a budget bill that passed the Senate Appropriations Committee on Thursday, the National Center for Post-Traumatic Stress Disorder was fully funded at $40 million.

The Trump administration's budget request for the center was $19.7 million, according to legislative documents.

The center, headquartered in White River Junction, focuses on researching and developing treatments for post-traumatic stress disorder, which can affect veterans who have been through combat or other stressful experiences.

The center, which is a division of the Department of Veterans Affairs, also works to spread information throughout the country to improve treatment of PTSD among veterans and the general public, according to its website.

The proposal the Senate committee approved last week would put funding for the center at levels equal to the current fiscal year.

The bill, which sets the funding levels for military construction and Veterans Affairs, was the first of 12 appropriations bills the committee approved this year. The 31-member committee passed the bill unanimously.

The budget includes $88.9 billion in spending on a wide range of military infrastructure projects and veterans' services, an increase of $6.1 million over the current fiscal year.

Speaking at a Senate Appropriations Committee hearing Thursday, Sen. Patrick Leahy, D-Vt., vice chair of the committee, praised several initiatives in the legislation — including funding for the center in White River Junction.

A parallel budget bill that passed the House Appropriations Committee earlier this year also includes full funding for the PTSD research center.

Other items in the Senate bill include $9.5 billion for construction of military infrastructure projects such as housing for military families and operational facilities.

It also increases the money available for medical services through the VA by $1.9 million, for a total of $46.8 billion.

There was strong support for the legislation in the committee last week, with lawmakers on both ends of the political spectrum praising the bill.

The bipartisan vote played out against a backdrop of uncertainty and turmoil surrounding the larger budget picture.

Typically, each chamber's budget committee set spending limits for the next fiscal year. However, neither the House nor Senate has yet approved budget numbers for fiscal year 2018.

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3.6 - New Hampshire Public Radio: Manchester VA Director, Chief of Staff Removed Pending Investigation (16 July, Peter Biello, 150k online visitors/mo; Concord, NH)

Two top officials at the Department of Veterans Affairs Medical Center in Manchester have been removed pending a review of conditions alleged by a Boston Globe report detailing unsanitary operating rooms and allegations of substandard care.

Medical Center Director Danielle Ocker will be replaced by Alfred Montoya, current director of the VA Medical Center in White River Junction, Vermont. A replacement for the Manchester VA's Chief of Staff James Schlosser has not yet been announced.

The newspaper's "Spotlight" investigative team detailed complaints from doctors who say they don't have the proper equipment to treat patients. Doctors also reported being unable to easily set up appointments with outside specialists, leading to worsening problems in several patients with spine issues. And in one instance, doctors reported having to cancel surgeries last month because they found rust or blood on their tools. The hospital also has supposedly been struggling with an infestation of flies since 2007.

In a statement, VA Secretary David Shulkin says these are serious allegations and he's committing to fixing any and all problems.

Sen. Maggie Hassan said in a statement that "the poor conditions and quality of care alleged by whistle-blowers at the Manchester VA are completely unacceptable."

Sen. Jeanne Shaheen called the allegations "deeply troubling," adding that "no veteran should experience the substandard care described in this report."

Rep. Annie Kuster, a member of the House Veterans Affairs Committee, called the allegations "unacceptable," adding that "our veterans deserve much better."

Gov. Chris Sununu said in a statement he'd spoken with Shulkin and said he was "encouraged by his willingness to address these troublesome allegations quickly."

The VA Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection are planning to start looking into the matter Monday.

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3.7 - The Journal: Veteran carries weight of war (17 July, Tim Cook, 83k online visitors/mo; Martinsburg, WV)

BERKELEY SPRINGS — For nearly 50 years, the same questions resurface over and over in his mind.

Why did our country really have to get involved? Why were our patriotic military service members disrespected and sacrificed so casually? If we had to fight, why did our political leaders hamstring our military so much during the war? Why didn't we learn from history?

Perhaps most deeply confounding and unsettling of all, why did so many other good men lose their lives, when he did not?

Howard C. Prevost Jr., is a 70-year-old man quietly haunted by his past.

“I’m a proud American veteran, I am that,” Prevost said sitting in his Berkeley Springs home one recent luminous summer day. “I am somewhat disgruntled, and I think I’ll have PTSD for the rest of my life because,” he continued before pausing to catch his emotions, “of Vietnam.”

In a conversational refrain, he added, “Once you got into Vietnam and got into the country and around the area, things that happened really weren’t normal.”

While talking about his Vietnam War experience, Prevost, a stocky but trimly muscular man with a dark mustache, wept and apologized repeatedly for it. Different thoughts, different memories mixed together when he talked, forming a blended stream of insights, emotions, doubts and confessions.

The PTSD that Prevost mentioned is post-traumatic stress disorder, a potentially debilitating condition of recurring stress, fear or depression sometimes developed by people exposed to dangerous or traumatic events. Although estimates vary, as many as 30 percent of the 2.7 million people who served in uniform in Vietnam could have the condition (half of whom are considered undiagnosed, however), according to the U.S. Veterans Department and the U.S. Defense Department.

Today, about 883,000 people receive Veterans Administration benefits for having PTSD.

“It’s kind of rough,” Prevost said of his PTSD, commonly called an invisible wound of war. “A lot of different things happens, and it’s kind of hard to sit here and talk about it.”

Nevertheless, Prevost, who takes 12 daily pills and attends weekly group therapy with other veterans as part of his PTSD treatment, said he wanted to talk to a reporter about his condition. It would be good for him, he said.

MILITARY LIFE BEGINS

Except for his 12 years of Air Force military service starting after high school, Prevost is a lifelong resident of Berkeley County. When he turned 18, he signed up for selective service, Vietnam War was escalating — “going crazy,” he said.

Prevost didn’t want to get drafted into the war, preferring instead to enlist and fulfill his duty. He always liked the Air Force, especially the helicopters the service flew.

“Really, it’s kind of a crazy statement,” he said with a chuckle at his affinity for whirlybirds.

So one day in the spring of 1968, Prevost and two other friends from Berkeley Springs met at the Air Force recruiting office in Hagerstown, Maryland, to sign up for military service. By strange coincidence and circumstances, after military aptitude testing showed he had innate abilities with mechanics, he would later be assigned and trained for Air Force helicopter maintenance.

With the war in the foreground, Prevost signed up anyway, following the example of his father who served as an infantryman in World War II and participated in the Normandy invasion on Omaha Beach.

“It’s my duty. It’s my duty as a citizen, as a man, as a person, you know,” Prevost said of enlisting. “It’s your civic duty to do that.”

After basic training at Lackland Air Force Base near San Antonio, Texas, he went on for mechanical training at Sheppard Air Force Base near Wichita Falls, Texas.

“It was exciting, but as things began to approach Vietnam, things got real, real serious,” he recalled.

In February of 1970, Prevost was sent to Vietnam to serve as a helicopter mechanic for the 21st Special Operations Squadron “Death Devils” in Southeast Asia. As a maintenance officer, his duty was to ride with the birds on missions to make necessary repairs. That put him in the middle of many flights, so-called in-fields and ex-fields in Air Force lingo, to pick up or drop off special forces on the front lines in the jungle. Strapped in a seat with no way to flee or fight back, he was shot at many times.

“It’s not a good feeling. You’re there,” he said. “It’s an act of God.”

It was a matter of luck and happenstance where reinforced plating was in the helicopter and where bullets and shrapnel might enter the helicopter, Prevost said. Some places were protected on the helicopters, many others were not.

He distinctly recalled witnessing one helicopter pilot’s fingers get shot off one hand.

“But why? That’s what I want to know — why?” he asked. “Nobody can answer that.”

Prevost recalled the war deaths of five Air Force friends and comrades — “really, really, really top-notch guys.” One died 11 days before he would have finished his tour in Vietnam. “Those men served their country with honor — every damn one of them,” he said. “Everybody’s life matters — everybody’s.”

A jumble of descriptions of images and events in Vietnam flow out from Prevost. He talked about the relentless pressure of those missions piling up, with one inevitably following the other.

“But the things that are there… with the way it was, it didn’t really jive,” he said. “As things progressed, I got more and more pissed off because of the things that just happened. You know, why?”

At home in Berkeley Springs, Prevost shuffled through several black-and-while pictures of those same helicopters riddled with bullet and fist-size shrapnel holes. One picture includes Prevost next to a helicopter pointing to the shrapnel holes, and he’s smiling.

“At that time, I think I come pretty close to becoming an alcoholic,” he said.

LEAVING THE MILITARY

After his tour of Vietnam, Prevost was assigned to Thule Air Base, located about 750 miles north of the Arctic Circle — “at the top of the world,” he said — to provide helicopter maintenance for air rescue and recovery missions for military personnel working radar systems positioned to detect any potential Russian missile attacks.

He spent a short time supporting helicopters at missile silos in the Midwest. He went on to Eglin Air Force Base in Fort Walton Beach, Florida, where he supervised and taught a helicopter maintenance crew assisting the Coast Guard with search and rescue operations at the biggest Air Force base in the county consisting of 900 square miles of land.

Prevost then served helicopter search-and-rescue crew at Eglin Air Force Base until he decided to leave the service in 1979. He said he had intended to make military service a full career, but something inexplicable to him prompted a change of mind. At age 32, he left his military service behind.

“I had 12 years, six months and two days or so in, and for some reason it just kind of like, I don’t know how to say it, it caught up with you where you wanted a change,” he said. “I just got out. I don’t know why. I mean, it’s hard to explain.”

A freakish accident at Elgin 1976, he said, may have contributed to the decision. A dead battery in a military van mysteriously blew up while Prevost was helping to recharge it with another vehicle.

“The whole top came off,” he said of the battery. “It sounded like a 12-gauge shotgun. It blew me back.”

An unexplained explosion blew him to the ground, but not before battery acid splashed his upper torso. The acid burned his hands and face, and shards of broken battery bits flew like shrapnel. Fortunately, at the time, he wore hard contacts in his eyes that prevented the acid from severely damaging his eyes.

“I was very lucky to be seeing,” he said.

After leaving the military, Prevost returned home. His father, who lived with a disabled hand because of his Normandy experience, persuaded him to visit the VA hospital in Martinsburg for counseling. He came back from Vietnam with really bad headaches, headaches requiring injections to relieve.

“I didn’t really want to go,” he said. “It’s really helped me a lot and I know it, just sitting here talking like this is hard. But since I’ve been in the group — everybody’s there. … We have Vietnam vets. We have Iraqi vets. We have Afghani vets. We have everyone that’s in there. Everybody in my group — most of them are Vietnam veterans.”

“We all talk about things, and we’re safe in there,” he added.

His headaches are gone now. And Prevost goes to the VA three days a week — Monday, Tuesday and Wednesday — for peer support, for anxiety, for combat support.

“If it wasn’t for the Martinsburg VA center being where it is and with the people that they have down there — I don’t know, I don’t know, I’d probably be like some of the others.”

He said he knows lots of veterans with PTSD. All of the 24 veterans in his talk therapy group at the VA hospital have it, and there are several such groups at the hospital. But some veterans don't want to talk about the problem at all, he said.

"They don't ever want to hear the word — not at all."

For a few years, Prevost worked as a local sheriff's deputy before taking a deputy job in Washington County, Maryland. Those jobs, however, wore down his nervous system, he realized later. He remembered one night sitting in his patrol car with the radio on, and "Danger Zone" came over the speakers.

"You can't tell me what happened after that — I wanted out, out of law enforcement," he said.

Even today, Prevost has several friends working in law enforcement — "My heart's with them all the time," he said — but he is glad he left the job. For a few years, he built hot tubs before retiring.

LESSONS FROM THERE

Prevost said he enjoyed his military service and was proud to serve. Sitting on a sofa at home surrounded by medals and memorabilia, he reflected back on what his Vietnam experience taught him. He talked about a string of several topics, past and present, seeking connections between the two.

Firstly, America naively doesn't learn history, Prevost offered. World War II was the only war that was justified for Americans to fight, he said. But since then, he said, our country and its leaders have been too arrogantly blind to history, which is mostly about war. Prevost talked about other countries — France, Great Britain, Russia — that became militarily entangled in Vietnam before America, only to abandon the country unsubdued.

"With all of the countries that were there in Vietnam before we got there, nobody ever won the ballgame," he said. "Everybody just kind of quit and went home."

He said, "I feel that those of us that went to Vietnam — I think we were betrayed because the simple fact is that nobody ever takes a look to see what happen or how or why it happened."

Secondly, America too often treats is veterans too casually, Prevost said. Part of Prevost's anger is that the country fought the Vietnam War without letting the military win it, he said, but more of it is that we lost so many good people in the fight. Without reflection, American leaders have been willing to sacrifice American lives too easily, he said.

Prevost said if he had had a child, he would have wanted him or her to serve in the military. He said every young American should give at least two years of their lives to military service, and the way most Americans would be prepared to respond and assist their country in an emergency, whether they happen to be in the military at that time.

However, he said it's unconscionable that the same military members are sent today to serve three and four combat tours. He recalled one soldier who was killed on his fifth tour. Sending a soldier on that many combat tours is abusing that person's patriotism, he said.

"You should never have to put that kind of pressure on a person, never ever."

Prevost mentioned the use of Agent Orange deforesting chemicals in Vietnam and the government's stinginess after in identifying and assisting troops possibly harmed by exposure to the chemical. Any person who served their country's military should receive medical treatment, no matter what the medical the issue is, he said.

Thirdly, there's too much conflict and war, Prevost said. He talked about history again, how it is taught in America in a way that discounts the terrible costs of war too much.

Prevost mentioned politics and politicians influencing America's wars, "and just about everything in some way today."

Prevost said he would probably be a conscientious objector today if he was called to fight what he called another senseless war. He said America needs to focus on defending itself more, and not be so quick to intervene in conflicts within the borders of other countries.

"We're Americans. We go in some place and we fight," he said. "And we lose people. For what reason? Because when we're done anywhere, anyplace, at any time — America goes back in and they build up their countries. They rebuild everything for everybody. It's always stupid how it happens."

Prevost wishes television would show more programs with less conflict and more "togetherness."

"But if we don't think… if we don't take ourselves seriously enough to understand what we have around us here," he said, "this whole world is going to light up in a big way."

A GOOD LIFE LEFT

Prevost, who has a third-degree black belt in karate, likes to spend time in the woods alone. He has a cabin in the woods, but he goes prepared to defend himself "in case something happens."

He wouldn't travel overseas — it wouldn't be safe enough, he said.

"America itself — there's no greater country," he said. "And to be in the military, there's no greater feeling than to serve your country."

Prevost said he's lived a good life so far, and hopes to live many more years. When he goes to a restaurant he, like other veterans he knows, prefers to sit in the back with a wall behind him and a vantage of the whole restaurant in front of him.

"Even 40 years or more later, it's just there," he said.

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3.8 - NH1 News (TV-1): Veterans Affairs launches review of Manchester medical center after poor care allegations (16 July, Concord, NH)

MANCHESTER — The Veterans Affairs Office is launching a review of the Manchester Veterans Affairs Medical Center following allegations of poor conditions and patient care.

Boston Globe's Spotlight Team published an article Saturday that made public the claims of patients and doctors who described the alleged issues within the hospital, including an operating room abandoned because of flies and patients struggling to get any care.

“These are serious allegations, and we want our Veterans and our staff to have confidence in the care we’re providing. I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations," said David J. Shulkin, M.D., U.S. Secretary of Veterans Affairs.

The VA Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection will start their review Monday.

In addition, effective immediately, the department has removed the director and chief of staff at the facility, pending the outcome of the review.

Alfred Montoya, the director of the VAMC in White River Junction, Vermont, will serve as the new director of the Manchester VAMC and the new chief of staff will be announced shortly.

"The reports concerning the Manchester VA Medical Center are simply unacceptable," said Congresswoman Annie Kuster. "Our veterans deserve much better. I was deeply concerned when I met last year with the group of VA doctors. As a member of the House Veterans' Affairs Committee, I brought these concerns to the Office of the Inspector General. I appreciate the seriousness with which Secretary Shulkin is taking this matter, and I will continue to monitor the investigation closely and provide assistance through the House VA Committee. I'm committed to doing all I can to ensure the highest quality of care for all our brave veterans and servicemembers. They deserve nothing less."

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6.1 - Milwaukee Journal Sentinel: Chin Up: Famous Racing Sausages 5K helps support Fisher House (16 July, Lori Nickel, 4.8M online visitors/mo; Milwaukee, WI)

Sometimes a run is a little more than just a run.

Dave Van Thiel served in the U.S. Army from 1971-'73 and then worked at the Zablocki Veterans Affairs Medical Center in Milwaukee for 30 years, eventually becoming the head of the

social work department. When he retired, he decided to continue his service by volunteering at the VA's new Fisher House, which opened last year.

On Saturday, the 62-year-old supported Fisher House once again by running in the Famous Racing Sausages 5K Run & Walk at Miller Park.

"It was the perfect day for the run and a perfect cause – the Fisher House," Van Thiel said.

Most people came to the race because they were Milwaukee Brewers fans eager to enjoy the team's great season while running around – and inside – Miller Park with the team's hot dog, bratwurst and other sausage mascots.

But 115 other runners came out as the Fisher House team – the biggest team at the race.

Fisher House is kind of like the Ronald McDonald House for Children's Hospital of Wisconsin but for for veterans and their families.

The 13,000 square foot "home" has 16 family suites with private bathrooms. It has a common area living room, family room and patio, and a dining room and kitchen that smell of home-cooked meals.

It is, for veterans and the family members who are supporting them, a respite from the life at the VA Hospital.

"Families come to Milwaukee from far away because we have special services here that they don't have at some other VAs," said Van Thiel. "They can have a place to stay and not worry about it. It's like being in a beautiful hotel."

There are 72 Fisher Houses in the world, but this is the first in Wisconsin.

"I travel a lot for business and this is better than a hotel, honestly," said Angie Christianson, a member of the Fisher House Board of Directors.

"But as proud as I am of it – it's not a vacation for people. They don't want to be there. They're there because someone they love is in need of medical attention, whether its surgery or chemotherapy."

After Fisher House Wisconsin opened in April 2016 – fully paid for – it was turned over to the VA, which will now own and maintain it.

But Fisher House Wisconsin still relies on volunteers and donations to provide all meals for residents.

"From breakfast cereal to juice to milk to waffles, lunch meat, salads, frozen pizza, canned lasagna, cookie mix – you name it, it's there," said Christianson. "And if it isn't, we'll go buy it. We really want the guests to feel like: this is your home.

"So that's an expense for us."

Every week the Fisher House volunteers place orders with Peapod, the grocery delivery service, for perishable items, and then once a month shop at Costco to buy all other items in bulk. This cost is covered by the Fisher House; not the VA.

And this is where the Brewers Community Foundation steps in.

The charitable arm of the team has contributed more than $250,000 to Fisher House Wisconsin over the past five years.

Brewers Community Foundation raises money through such means as 50-50 raffle at Brewers games and by asking runners and walkers to pledge additional donations with their registration fee to the Brewers 5K Famous Racing Sausages Run & Walk.

The fundraising is essential. The Fisher House is hoping to add more amenities – a garden and a garage, for example – so fundraising needs always exist.

“Part of our job, now that the home is built, is to really build a community that supports the home,” said Fisher House president Andrew Roberts, who participated in the run with his family. “For us to be partnering with someone as wonderful as the Brewers Community Foundation – we’re beyond thrilled to have someone with that reputation and community presence.”

The Brewers Community Foundation is a 501(c)(3) nonprofit that relies on fans and the community to raise $2 to $3 million a year to distribute money to 200 local charities. Because the Brewers cover the salaries of the staff, nearly every penny raised is turned right back over in to the community.

The partnership between the Brewers and the VA is a natural. The VA Medical Center sits just west of Miller Park. When the house opened, its first guest chose a second-floor room with views of both Miller Park, where the Brewers play, and the VA Medical Center, where her husband was being treated for his terminal illness.

“She had stayed at a hotel for several months before that because we weren’t open,” Christianson said. “She was in tears the following morning after we opened the Fisher House because she was able to see her husband’s room at the hospital. He had the doctors and nurses push his bed over to the window so he could see the Fisher House.”

Sometimes a run is just a run. But sometimes it supports a cause that knits a community more closely, even if it’s just 3 miles one morning.

“It means a little bit more when you’re running for a purpose instead of just something to do on a Saturday morning,” said Chad Miller, who ran with his wife Jenny and his 6-month old daughter Victoria.

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6.2 - Argus Leader (Video): Washington grad uses Army experience to help fight suicide
(16 July, Trevor Mitchell, 439k online visitors/mo; Sioux Falls, SD)

U.S. Army Major Christopher Mercado has been impacted by suicide his entire life.

He felt its sting in Sioux Falls at Washington High School, where several of his classmates took their own lives in a short period of time.

And he saw it during five deployments to Iraq and Afghanistan, where fellow soldiers both discussed and, at times, went through with plans to commit suicide.

"I always kind of felt powerless," said Mercado, a University of South Dakota graduate serving with the 25th Infantry Division in Hawaii. "I never knew what I could or should do."

That changed in 2014, when Mercado spoke with Justin Miller, one of his former soldiers in Iraq.

Miller, frustrated with his transition out of the military and what he saw as ineffective assistance from the local Veterans Administration Hospital, was contemplating suicide.

He turned to Mercado and the two spoke for hours. Miller realized that simply talking to someone who would listen to him helped him through what Mercado calls a "moment of crisis."

Mercado called this a "tipping point" in his long, arduous history with depression and suicide, much of it involving the military.

Soon afterward, Mercado – along with classmates at Georgetown University – started the work that would become Objective Zero.

A mobile app, Objective Zero aims to do for veterans – and active service members –what Mercado was able to do for Miller that night.

A 2016 study from the U.S. Department of Veterans Affairs reported that on average, 20 veterans a day commit suicide — two per day fewer than the 2012 report that spurred initiatives such as the "22 Pushup Challenge" to raise awareness for the issue.

But, Mercado said, "I wasn't satisfied with the pushup challenges. I wanted to find a way to solve the problem."

Those who have downloaded the app will be able to instantly and anonymously connect to an Objective Zero Ambassador, who could be another veteran, a behavioral health specialist, a current service member or a spiritual counselor.

Mercado and his team hope this functionality will get them out in front of those moments of crisis, but the app will have other uses as well.

Popular meditation app Headspace will offer all users of the app a year's membership free of charge, and chat rooms are available to focus on specific topics such as "PTSD," "Women Service Members" or "Anxiety."

Development of the app began in early 2017, and Mercado said it should be available on iOS and Android next month.

They're a non-profit organization, a small team of volunteers that includes Mercado's wife, as well as Miller — something they think gives them options that aren't available in the necessary-but-sometimes-frustrating bureaucracy of the federal government.

"We can make decisions on the fly," said Mercado, who is based in Hawaii. "And if we were paying staff, it would take years."

Mercado said they're working to get the app into the hands of the VA — which he calls a national leader in prevention of military suicide — to help spread the word among veterans.

The app was a considerable part of why Mercado was named the 2017 Military Times Service Member of the Year for the Army.

"It means the world to me," Mercado said. "It's obviously very impactful, it's humbling."

But, he continues, "I'm not entirely sure I deserve that recognition. I'm not the one coding, managing the marketing, fundraising. I'm one person on a team of people. The recognition is really theirs."

And some of that recognition reaches all the way back to Sioux Falls. Mercado said without the help of legendary Washington High School wrestling coach Marc Murren, he would have never made it out of U.S. Army Ranger School.

"Earning a Ranger Tab was easy by comparison to earning a place on his team," he said.

As the app nears completion, Mercado hopes it can pare down some of the statistics he lists off. 20 a day would mean we're losing the equivalent of a platoon every month, a battalion every year.

But if some of those people can find solace in their moment of crisis, those numbers could shrink.

"We can do something," Mercado said. "Suicide can be prevented."

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7. Supply Chain Modernization

8. Other

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

17 July 2017

1. Top Stories

1.1 - The Atlantic: **How VA Reform Turned into a Fight Over Privatization** (17 July, Russell Berman, 23.9M online visitors/mo; Washington, DC)
In 2014, the Department of Veterans Affairs was mired in a scandal. An inspector general's report had found "systemic" manipulation by government officials to hide lengthy and growing wait times at its medical centers. Veterans were waiting months for appointments, and dozens may have died because they could not get treated in time.

Hyperlink to Above

1.2 - The Hill: **VA secretary vows to bring down veteran suicide rate** (16 July, Julia Manchester, 11.8M online visitors/mo; Washington, DC)
Veterans Affairs Secretary David Shulkin pledged to combat suicide among veterans in a pre-taped interview on Sunday, saying the current veterans suicide rate is "unacceptable." "The issue of veterans suicide is our number one clinical priority in the Department of Veterans Affairs, and it's really the only clinical priority that I talk about as our major focus," Shulkin told John Catsimatidis on AM 970 in New York on Sunday.

Hyperlink to Above

1.3 - The Washington Times (AP): **Top officials at veterans hospital removed from duty** (17 July, 10.8M online visitors/mo; Washington, DC)
Two top officials at a New Hampshire's only hospital for veterans have been removed following a report alleging "dangerously substandard care" at the facility. The Boston Globe reports (http://bit.ly/2utP3xD) Veterans Affairs Secretary David Shulkin removed Manchester VA Medical Center Director Danielle Ocker and Chief of Staff James Schlosser Sunday.

Hyperlink to Above

1.4 - The Boston Globe: **Top 2 officials out at Manchester VA hospital** (16 July, Andrea Estes and Jonathan Saltzman, 8.8M online visitors/mo; Dorchester, MA)
Veterans Affairs Secretary David J. Shulkin on Sunday removed the two top officials at the Manchester VA Medical Center and ordered a "top-to-bottom" review of New Hampshire's only hospital for veterans. Shulkin's action came within hours after the Boston Globe published a Spotlight Team report detailing what several doctors and other medical staffers allege is dangerously substandard care given at the facility.

Hyperlink to Above

1.5 - Union Leader: **Top officials removed at Manchester VA after allegations of poor care and conditions** (16 July, Michael Cousineau, 312k online visitors/mo; Manchester, NH)
Two top officials at the Manchester VA Medical Center have been removed from their posts pending a review of whistleblower allegations of poor care and conditions, officials announced Sunday.

Hyperlink to Above

1.6 - Commercial-News: **Soothing souls: VA chaplains tend to vets' spiritual health** (16 July, Mary Wicoff, 191k online visitors/mo; Danville, IL)

Healing of the spirit, as well as the body, takes place at the Veterans Affairs Illiana Health Care System. “We want to help them (veterans) heal completely, not just bodily, but spiritually, as well,” said Thomas Mills, chief of the chaplain service since 2013. Five ministers make up the chaplain staff, and a Catholic priest also provides services.

Hyperlink to Above

1.7 - WNYM (SRN-970, The Cats Roundtable, Audio): Veterans Administration Secretary David Shulkin – Thing better for Vets? (16 July, John Catsimatidis, 19k online visitors/mo; New York, NY)
In this ten-minute interview, John Catsimatidis speaks with Secretary Shulkin about VA’s various services, VA reform, and improvements in access to care.

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2. Veteran and Employee Experience

2.1 - The Washington Times (AP): Georgia veterans office closing for a week for training (16 July, 10.8M online visitors/mo; Washington, DC)
Offices of the Georgia Department of Veterans Service will be closed for several days this month. Agency officials say staff will participate in annual training from Monday through Friday. They say the closure includes all veterans field service offices.

Hyperlink to Above

2.2 - Townhall: "Forever GI Bill" Could Be One Bright Spot in Divided Washington (16 July, Jennifer Van Laar, 8.9M online visitors/mo; Arlington, VA)
A bill introduced Thursday seeks to create the largest expansion of veterans benefits in over a decade. Dubbed the "Forever GI Bill," the Harry W. Colmery Veterans Educational Assistance Act of 2017 would provide technical fixes and improvements to the post-9/11 GI Bill, creating permanent benefits to those who served that are not tied to the whims of a political season.

Hyperlink to Above

2.3 - WMUR (ABC-9, Video): Immediate action taken at Manchester VA hospital after Boston Globe report. Serious allegations brought to light by whistle-blower group (16 July, Cherise Leclerc, 2.1M online visitors/mo; Manchester, NH)
Disturbing accusations from a group of whistleblowers have been brought to light against Manchester’s VA Medical Center in a report published by the Boston Globe’s Spotlight team. On Sunday, U.S. Secretary of Veterans Affairs David Shulkin announced immediate action, including staffing changes.

Hyperlink to Above

2.4 - Arkansas Democrat-Gazette: After protest, VA hospital in Little Rock hiring to replenish nurse ranks (16 July, Hunter Field, 868k online visitors/mo; Little Rock, AR)
Two weeks after protesting outside John L. McClellan Memorial Veterans Hospital in Little Rock, nurses at the facility are "cautiously optimistic" about steps being taken to address staffing shortfalls. As of last week, Central Arkansas Veterans Healthcare System had offered jobs to 36

new nurses, begun the recruitment process with 52 more and started orientation for 13 new nursing staff members.

Hyperlink to Above

2.5 - Commercial-News: Chaplains help vets in various ways (16 July, Mary Wicoff, 191k online visitors/mo; Danville, IL)
Chaplains at the Veterans Affairs Illiana Health Care System are on call 24 hours a day — whether in person, by phone or through computer. A new teleconferencing feature is available to veterans so they can speak with a chaplain from their home. The VA provides a camera that attaches to a computer; if the veteran doesn't have a computer, the VA will provide a tablet.

Hyperlink to Above

2.6 - KXXV (ABC-25, Video): Vets learn about benefits at fair in Waco (16 July, Ryan Fite, 83k online visitors/mo; Waco, TX)
Veterans in Central Texas are getting an idea about the benefits they could receive. At a benefit fair in Waco today, the Texas Veterans Land Board along with the Veterans Affairs Systems and Texas Veterans Commission provided veterans and their families with information on state programs. Those programs include home, land and home improvement loans.

Hyperlink to Above

3. Access to Healthcare

3.1 - Pittsburgh Post-Gazette: Thank you, VA workers, for the great care I've received (17 July, Ralph D. Deltondo, 4.8M online visitors/mo; Pittsburgh, PA)
I am writing with pleasure to give praise where praise is due — to the Veterans Affairs hospital in Oakland. I am a World War II veteran and will be celebrating my 91st birthday Aug. 8. I have been utilizing the services available to me at the VA hospital over this past year. I have found, without exception, the doctors, nurses and employees whom I've encountered to be first-rate.

Hyperlink to Above

3.2 - The Tennessean (USA Today Network, Video): With Medicaid cuts still in Trumpcare bill, many veterans remain opposed (16 July, Jake Lowary, 2.1M online visitors/day; Nashville, TN)
Though the revised American Health Care Act includes changes that could woo Republican moderates and opponents enough to support the legislation, many veterans and mental health advocates say it still would jeopardize benefits for millions of veterans.

Hyperlink to Above

3.3 - Denton Record-Chronicle (Houston Chronicle): Veterans need proper treatment, not the boot (17 July, Editorial Board, 194k online visitors/mo; Denton, TX)
After a return from Iraq, infantryman Dustin Greco relied on pot and beer to try to calm his thoughts, according to San Antonio Express-News reporter Martin Kuz. At age 20, Greco failed a drug test, and the military booted Greco out of the Army with a less-than-honorable discharge, or in military parlance "bad paper," in 2010. The same year, a therapist with the Department of Veterans Affairs diagnosed him with a depressive disorder related to his time in the military.

Hyperlink to Above

3.4 - Lima News: Only a free market can save US health care system (16 July, Thomas J. Lucente Jr., 167k online visitors/mo; Lima, OH
There is a joke — or not so much of a joke — among American Indian tribes that warns against getting sick after June. You see, the federal government already has a single-payer health care system. Two actually. The Department of Veterans Affairs runs a system for veterans and the U.S. Indian Health Service, run by the Department of Health and Human Services, exists for 2.5 million American Indians.

Hyperlink to Above

3.5 - VTDigger: PTSD Center in White River Junction Poised for Full Funding (16 July, Elizabeth Hewitt, 153k online visitors/mo; Montpelier, VT)
A national Veterans Affairs center headquartered in White River Junction is likely to be fully funded in the next fiscal year. In the version of a budget bill that passed the Senate Appropriations Committee on Thursday, the National Center for Post-Traumatic Stress Disorder was fully funded at $40 million. The Trump administration's budget request for the center was $19.7 million, according to legislative documents.

Hyperlink to Above

3.6 - New Hampshire Public Radio: Manchester VA Director, Chief of Staff Removed Pending Investigation (16 July, Peter Biello, 150k online visitors/mo; Concord, NH)
Two top officials at the Department of Veterans Affairs Medical Center in Manchester have been removed pending a review of conditions alleged by a Boston Globe report detailing unsanitary operating rooms and allegations of substandard care. Medical Center Director Danielle Ocker will be replaced by Alfred Montoya, current director of the VA Medical Center in White River Junction, Vermont.

Hyperlink to Above

3.7 - The Journal: Veteran carries weight of war (17 July, Tim Cook, 83k online visitors/mo; Martinsburg, WV)
For nearly 50 years, the same questions resurface over and over in his mind. Why did our country really have to get involved? Why were our patriotic military service members disrespected and sacrificed so casually? If we had to fight, why did our political leaders hamstring our military so much during the war? Why didn't we learn from history?

Hyperlink to Above

3.8 - NH1 News (TV-1): Veterans Affairs launches review of Manchester medical center after poor care allegations (16 July, Concord, NH)
The Veterans Affairs Office is launching a review of the Manchester Veterans Affairs Medical Center following allegations of poor conditions and patient care. Boston Globe's Spotlight Team published an article Saturday that made public the claims of patients and doctors who described the alleged issues within the hospital, including an operating room abandoned because of flies and patients struggling to get any care.

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Milwaukee Journal Sentinel: Chin Up: Famous Racing Sausages 5K helps support Fisher House (16 July, Lori Nickel, 4.8M online visitors/mo; Milwaukee, WI)
Sometimes a run is a little more than just a run. Dave Van Thiel served in the U.S. Army from 1971-'73 and then worked at the Zablocki Veterans Affairs Medical Center in Milwaukee for 30 years, eventually becoming the head of the social work department. When he retired, he decided to continue his service by volunteering at the VA's new Fisher House, which opened last year.

Hyperlink to Above

6.2 - Argus Leader (Video): Washington grad uses Army experience to help fight suicide (16 July, Trevor Mitchell, 439k online visitors/mo; Sioux Falls, SD)
Mercado said they're working to get the app into the hands of the VA — which he calls a national leader in prevention of military suicide — to help spread the word among veterans. The app was a considerable part of why Mercado was named the 2017 Military Times Service Member of the Year for the Army.

Hyperlink to Above

7. Supply Chain Modernization – No Coverage

8. Other – No Coverage

1. Top Stories

1.1 - The Atlantic: **How VA Reform Turned into a Fight Over Privatization** (17 July, Russell Berman, 23.9M online visitors/mo; Washington, DC)

In 2014, the Department of Veterans Affairs was mired in a scandal.

An inspector general's report had found "systemic" manipulation by government officials to hide lengthy and growing wait times at its medical centers. Veterans were waiting months for appointments, and dozens may have died because they could not get treated in time.

Spurred to action, Congress created a program aimed at temporarily alleviating the strain on the VA: Veterans who lived more than 40 miles from a health-care facility or who had to wait more than 30 days for an appointment could take their benefits outside the system and seek treatment from private doctors.

Veterans groups backed the move as a necessary response to a crisis. The Choice Program, as it was called, would allow veterans to get the care they needed while giving policy-makers time to make broader fixes at the Department of Veterans Affairs, which suffered from mismanagement and insufficient resources.

Three years later, attempts by Republicans in Congress and the Trump administration to extend and significantly expand the Choice Program have given these groups and leading Democrats a new worry: a creeping privatization of the VA.

"This particular program was authorized as a temporary fix in the midst of a crisis,"said Allison Jaslow, executive director of Iraq and Afghanistan Veterans of America. "We always viewed it as an experiment." Veterans groups were alarmed at the Trump administration's budget request, which while increasing funding for the department overall, proposed to make permanent spending for the Choice Program while cutting other areas of the budget, including benefits for disabled veterans. The plan fed concerns that Republicans would siphon off money from the core health system to expand private-sector options for veterans. "It is a 'stealth' privatization attempt which The American Legion fully opposes," wrote Charles Schmidt, national commander of the nation's largest veterans organization. "Choice should not be advanced to the detriment of cost of living increases for veterans."

The Choice Program was due to expire this summer, but Congress passed, and President Trump signed, legislation to extend the program at least until its funding ran out. The VA now says it needs a new bill to keep the program running, but lawmakers in the Senate want to use the impending deadline to write a law that would revise Choice and give veterans much more flexibility to seek private care outside the VA health system. There's even talk that Republicans would tie legislation expanding private health-care options for veterans to an increase in the debt ceiling, hoping that linking a popular measure to an unpopular one would solve two problems at once.

Veterans affairs has long been a bipartisan issue on Capitol Hill, and the $16 billion legislation lawmakers passed responding to the 2014 crisis and making it easier for the government to fire or punish senior executives was one of the few collaborative efforts to succeed in the final years of the Obama administration. Even now, despite concerns on the left about the direction Republicans are going, the debate over the future of veterans health is far more civil than the rancorous fight over civilian health-care and the GOP's proposed replacement for the Affordable

Care Act. The parties share some common ground: Liberal Democrats acknowledge the need for veterans to have access to private care in some circumstances, and Republican leaders insist they remain committed to a “robust” Veterans Health Administration.

Yet the specter of privatization has hovered over the debate in ways that echo long-running arguments over public education, where Democrats have opposed GOP efforts to enact voucher programs—and to a lesser extent, expand charter schools—on the grounds that they would divert funding and institutional support for traditional public schools. “If there’s some veteran in South Dakota, or Vermont who lives a zillion miles away from a VA hospital, should that person be able to get their health care across the street in their community? Who would argue against that?” Senator Bernie Sanders of Vermont said last week at a hearing to consider a range of veterans-affairs legislation, including a Republican proposal to expand the Choice Program.

“But here is the problem: While we want to give veterans choice, we do not want to do it in a way which dismantles the VA,” Sanders continued. “We want to strengthen the VA. What we don’t want to do is dismantle the VA piece by piece and put that money into the Choice Program.”

As Sanders has pointed out, the GOP proposals to direct more money to private care come at a time when the VA has some 45,000 vacancies. Under its new secretary, David Shulkin, the department has also begun publishing, under a new office dedicated to accountability and the protection of whistleblowers, a list of employees it has either removed or suspended for violations. The first report, posted last week and covering the first six months of the year, ran 27 single-spaced pages.

Republicans have been increasingly sensitive to the suggestion that they want to privatize a health-care system that dates back to the Civil War and now serves 22 million veterans. They acknowledge that despite the 2014 scandal and continued issues with wait times, many veterans are happy with their care. “I think that’s just a false narrative,” Representative Phil Roe of Tennessee, chairman of the House Veterans Affairs Committee, told me when I asked about privatization concerns. He pointed to a VA budget that has nearly doubled in the eight years he’s been in Congress—although that increase has been necessitated, in part, by the hundreds of thousands of troops who have returned home from Iraq and Afghanistan during that time. At last week’s hearing, the Republican chairman of the Senate Veterans Affairs Committee, Johnny Isakson of Georgia, also pushed back against Sanders and other Democrats warning of a rush to privatize. “There is no game plan on this committee to bleed any system dry,” he said.

Shulkin, who has gotten off to a fast start as the only Obama holdover to join the new president’s Cabinet, has backed away from a Trump campaign idea to give every veteran a card that they could use for treatment outside the VA system.

“I am not in support of a program that would lead toward privatization or shutting down the V.A. programs,” the secretary told a Senate committee last month. And although Shulkin has proposed to do away with the Choice Program’s restrictions based on geography and wait time, he said he did not want to make the program completely open-ended or reduce the VA’s role in coordinating a veteran’s care among doctors. “Unfettered Choice is appealing to some, but it would lead to essentially, I believe, the elimination of the V.A. system altogether,” Shulkin said. “It would put veterans with very difficult problems out into the community with nobody to stand up for them and to coordinate their care.”

The most aggressive advocates for increased private access for veterans' care is the group, Concerned Veterans for America, a conservative organization backed by the Koch network and run out of the Virginia office of their main advocacy arm, Americans for Prosperity. Yet even CVA isn't embracing the privatization label in full. "We think the provider system needs new governance, but nobody on Capitol Hill is talking about the VA health-care system off to a private company and just having them run it," Dan Caldwell, CVA's director of policy, told me.

As CVA sees it, the VA needs to transition away from a structure built around the generation of veterans who served in World War II and Korea and who over the next decade or so will be dying off. The population of veterans will decrease, and they will be more geographically disperse. "You're inevitably going to have to rely more on community care and private sector care," Caldwell said.

The group has proposed turning the VA health system into a government-chartered non-profit corporation—a similar type of entity that Trump envisions for the air traffic control system, and what Democrats see as privatization. Yet Caldwell argued that the proposal would still allow veterans who want to get their care through the VA to continue doing that. "You need to have freedom of choice, and you need to have competition for the system to succeed," Caldwell said. "But you don't need to dismantle the system to make that happen."

That kind of restructuring has not gained much support among top Republicans. They remain focused on expanding the Choice Program—or Choice 2.0, as some are calling it—despite the mixed reviews it has received from veterans who have had to navigate a bureaucratic maze to get approval for non-VA care. "To be kind, it was a little bumpy," Roe said of the rollout. "It's working better now." Democrats haven't been as charitable, and Shulkin acknowledged that the program hadn't worked well for many veterans.

The administration is proposing to consolidate several community-care programs into a single entity and allowing veterans to decide with their primary VA provider whether to seek treatment in or out of the system, which would take the place of the current rules based on geography and waiting times. Lawmakers are open to the idea, but they've expressed concerns about how the VA will hold private doctors and facilities to the same standards it has for itself. "Sending veterans into the private sector does not absolve the VA of the responsibility for the care and benefits that veteran receives," Senator Jon Tester of Montana, the top Democrat on the veterans committee, said during the hearing.

"You can outsource service," Tester warned later, "but I don't know that you can outsource responsibility."

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1.2 - The Hill: VA secretary vows to bring down veteran suicide rate (16 July, Julia Manchester, 11.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin pledged to combat suicide among veterans in a pre-taped interview on Sunday, saying the current veterans suicide rate is "unacceptable."

“The issue of veterans suicide is our number one clinical priority in the Department of Veterans Affairs, and it’s really the only clinical priority that I talk about as our major focus,” Shulkin told John Catsimatidis on AM 970 in New York on Sunday.

A 2014 VA study found that an average of 20 veterans a day commit suicide, and six out of every 20 veterans who commit suicide utilize VA services.

“This is an unacceptable statistic that 20 veterans a day are taking their life to suicide. So we are going to do everything that we possibly can. We’re reaching out to community groups, to academic groups. We’re doing research in this area. We’re trying new therapies and treatments. And I certainly hope that we can have a big impact on this problem,” he continued.

“I can’t commit that I know exactly everything that’s going to work, but I can commit that we’re going to do everything possible to try to get that number down to zero,” he said.

The VA has been plagued by scandals recently, most notably in 2014 when long wait times for medical care at VA hospitals were reported, and employees attempted to cover them up.

President Trump signed a reform bill aimed at making it easier for the VA to fire employees who were accused of misconduct.

“Another area that we’re committed to changing is to really make sure our employees are held accountable for their actions and their behaviors. When they deviate from those accepted practices, we’re going to make sure the appropriate disciplinary actions are administered,” Shulkin said.

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1.3 - The Washington Times (AP): Top officials at veterans hospital removed from duty
(17 July, 10.8M online visitors/mo; Washington, DC)

BOSTON - Two top officials at a New Hampshire’s only hospital for veterans have been removed following a report alleging “dangerously substandard care” at the facility.

The Boston Globe reports (http://bit.ly/2utP3xD) Veterans Affairs Secretary David Shulkin removed Manchester VA Medical Center Director Danielle Ocker and Chief of Staff James Schlosser Sunday.

Ocker has been replaced with Alfred Montoya, the director at a VA hospital in Vermont, and Schlosser’s replacement has yet to be named.

Their removal comes after 11 physicians and medical employees contacted a federal whistle-blower agency saying the facility is endangering patients.

The agency says they have found “substantial likelihood” the employees’ allegations are true.

Shulkin has ordered a “top-to-bottom” review of the medical center. Ocker and Schlosser have been removed pending the review’s outcome and remain VA employees.

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1.4 - The Boston Globe: Top 2 officials out at Manchester VA hospital (16 July, Andrea Estes and Jonathan Saltzman, 8.8M online visitors/mo; Dorchester, MA)

Veterans Affairs Secretary David J. Shulkin on Sunday removed the two top officials at the Manchester VA Medical Center and ordered a “top-to-bottom” review of New Hampshire’s only hospital for veterans.

Shulkin’s action came within hours after the Boston Globe published a Spotlight Team report detailing what several doctors and other medical staffers allege is dangerously substandard care given at the facility.

The hospital’s chief of medicine, Dr. Stewart Levenson, said he had “never seen a hospital run this poorly.”

The staffers, who reported the Manchester hospital to a federal whistle-blower agency, described an operating room infested with flies, veterans with crippling spinal damage that might have been prevented, and surgical instruments that are obsolete and sometimes unsterile.

“These are serious allegations and we want our veterans and our staff to have confidence in the care we’re providing,” said Shulkin in a written statement. “I have been clear about the importance of transparency, accountability, and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations.”

Shulkin removed the hospital director, Danielle Ocker, and replaced her with Alfred Montoya, the current director at the White River Junction VA in Vermont. He also removed chief of staff James Schlosser, saying he would name Schlosser’s replacement soon.

Ocker and Schlosser have been removed pending the outcome of the review. They remain VA employees and will be assigned other duties, according to a VA spokesman.

The Globe reported that 11 physicians and medical employees at the Manchester VA — including the hospital’s retiring chief of medicine, former chief of surgery, and former chief of radiology — had contacted a federal whistle-blower agency and the Globe to say the facility is endangering patients.

The Office of the Special Counsel, the whistle-blower agency, already found a “substantial likelihood” that the whistle-blowers’ allegations were true.

It ordered the VA’s Office of the Medical Inspector to launch an investigation, which started in January.

But on Sunday, Shulkin went further, ordering the Office of Medical Inspector and the VA Office of Accountability and Whistleblower Protection to head to Manchester on Monday to conduct a thorough investigation of the facility and the employees’ complaints.

Dr. William “Ed” Kois, the head of the Manchester VA spinal cord clinic who galvanized 10 other medical staff to join him in blowing the whistle about problems at the hospital, said he was “cautiously elated” by the news.

“There’s no way, if an honest VA investigation occurs, that they’ll be brought back,” said Kois of Ocker and Schlosser. “It’s just overwhelming, the evidence of the dissatisfaction of staff members, but up until we broke the ice, people have been very afraid of retribution and retaliation.”

Kois said that he believes the VA’s Office of the Medical Inspector has so far done only a cursory job digging into the problems. And he hoped Shulkin’s vow to do a top-to-bottom investigation means the VA will drill deeper.

Despite the problems at the facility, it was in 2016 given four out of five stars by the Department of Veterans Affairs, which, before the story was published, defended that decision.

The whistle-blowers have alleged that the four top administrators, including Schlosser, the only doctor, were more concerned with performance ratings than with properly treating the roughly 25,000 veterans who go to Manchester for outpatient care and day surgery annually.

But Stewart Levenson, the retiring chief of medicine, downplayed the significance of quality ratings for a facility such as Manchester, which stopped providing inpatient care in 1999 and refers its patients to other VA hospitals or private specialists for an increasing number of services.

Levenson is one of seven high-ranking doctors who have given up leadership positions or decided to leave the hospital this year.

Andrea Amodeo-Vickery, a Manchester lawyer who helped organize the 11 whistle-blowers, urged Shulkin to come to Manchester himself and meet with the whistle-blowers personally.

“Shulkin needs to come and meet with these guys and hear from them first-hand what the problems are,” she said.

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1.5 - Union Leader: Top officials removed at Manchester VA after allegations of poor care and conditions (16 July, Michael Cousineau, 312k online visitors/mo; Manchester, NH)

Two top officials at the Manchester VA Medical Center have been removed from their posts pending a review of whistleblower allegations of poor care and conditions, officials announced Sunday.

“The VA Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection are being sent in beginning Monday to conduct a top-to-bottom review of the Manchester VAMC,” including reviewing allegations published in the Boston Sunday Globe, according to the U.S. Department of Veterans Affairs.

Effective immediately, Danielle S. Ocker, the medical center director, and James E. Schlosser, chief of staff, were removed pending the review, according to a VA spokesman.

“I’m very encouraged by their willingness to take immediate action, to be transparent with it,” Gov. Chris Sununu told the New Hampshire Union Leader.

Sununu, who talked with U.S. Secretary of Veterans Affairs David Shulkin on Sunday, alluded to previous complaints about slow and poor service at veterans hospitals around the country.

“Despite previous administrations who swept issues under the rug, Secretary Shulkin has proven that he is willing to take immediate action so that we can restore confidence in the system,” Sununu said in a statement.

The Boston Sunday Globe reported that 11 physicians and medical employees — including the hospital’s retiring chief of medicine and former chief of surgery — had contacted a federal whistleblower agency. The Globe Spotlight Team reported that the Manchester VA was “endangering patients.”

That whistleblower agency, the U.S. Office of the Special Counsel, found a “substantial likelihood” of legal violations, gross mismanagement, abuse of authority, and a danger to public health, according to a January letter obtained by the Globe to one of the doctors who alleged wrongdoing.

“I have never seen a hospital run this poorly — every day it gets worse and worse,” said Dr. Stewart Levenson, chief of medicine, an 18-year hospital veteran who was among the whistleblowers. “I never thought I would be exposing the system like this. But I went through the system and got nowhere.”

Shulkin, the Veterans Affairs secretary, said Sunday: “These are serious allegations, and we want our veterans and our staff to have confidence in the care we’re providing. I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations.”

Met with Shaheen, Kuster

Some of the doctors previously met last year with U.S. Sen. Jeanne Shaheen, D-NH, and Rep. Annie Kuster, D-NH, to discuss their concerns.

“The reports concerning the Manchester VA Medical Center are simply unacceptable,” Kuster said in a statement Sunday. “Our veterans deserve much better. I was deeply concerned when I met last year with the group of VA doctors. As a member of the House Veterans Affairs Committee, I brought these concerns to the Office of the Inspector General. I appreciate the seriousness with which Secretary Shulkin is taking this matter, and I will continue to monitor the investigation closely and provide assistance through the House VA Committee.”

In a statement, Shaheen said, “No veteran should experience the substandard care described in this report. “After being informed of these allegations in a meeting with doctors from the Manchester VA, I raised their concerns with the VA Office of Special Counsel and the VA Office of the Inspector General for further investigation,” Shaheen said. “I will continue to work with the VA and, going forward, Secretary Shulkin to investigate these claims and urge that the agency immediately address any shortfalls.”

Boston Globe report

According to the newspaper's report:

• "A Boston neurosurgeon lamented that several Manchester patients sent to him had suffered needless spinal damage, including paralysis, because the hospital had not provided proper care for a treatable spine condition called cervical myelopathy." wrote the Globe.

"Only in 3rd World countries is it common to see patients end up as disabled from myelopathy as the ones who have been showing up after referral from you," wrote Dr. Chima Ohaegbulam of New England Baptist Hospital, to a doctor at the Manchester VA in 2014, according to the Globe.

• Galen Warman, an Air National Guard veteran from Concord, injured his neck in a car accident in 2007 and later developed severe back pain. "I was eating painkillers like Chiclets," he told the Globe.

Warman never had a MRI of his neck during his eight years visiting the Manchester VA until a doctor saw him in 2015 and ordered the test, which showed severe spinal cord compression. Warman had successful surgery.

"It was just a new lease on life," the 66-year-old Warman told the Globe.

• Three patients had their surgeries canceled last month when two kits of surgical instruments supposedly sterilized showed what appeared to be rust or blood stains.

• The Globe reported doctors stopped using one of four operating rooms last October. One nurse told the newspaper that she had seen flies in that operating room since she started working there 16 years earlier.

A Manchester VA spokesman told the Globe that Manchester had dealt with the fly infestation since at least 2007, spending $1.1 million that year to repair masonry, which was partly to control pests. The hospital also spends about $55,000 a year on pest control.

Four stars out of five

The VA gave the Manchester hospital four stars out of a possible five when the department rated hospitals in 2016, according to the newspaper. Manchester was ranked above average for both the overall patient experience as well as job satisfaction for employees. The national VA also ranked Manchester near the top for minimizing the amount of time patients had to wait to see both primary care providers and specialists.

A spokesman for the VA in Washington, Gina Screen, told the Globe that the hospital earned its four-star rating.

"While there are known breaches to Manchester VA Medical Center's environmental standards as it relates to cluster flies in one of the surgical suites, all appropriate actions have been taken" to fix the problem, she wrote.

David Kenney, chairman of the NH State Veterans Advisory Committee, said the Globe article "doesn't bring up anything on the progress that has been made" at the hospital. He said the star-rating system "can be misconstrued in the public eye" and perhaps a new system should be developed.

Rep. Carol Shea-Porter, D-NH, said, "Today's Spotlight report is deeply concerning. I support the Department of Veterans Affairs' decision to conduct a full investigation and will continue to closely monitor this situation. New Hampshire veterans deserve the highest standard of care."

Sen. Maggie Hassan, D-NH, said "the poor conditions and quality of care alleged by whistleblowers at the Manchester VA are completely unacceptable." She called for a full-scale investigation.

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1.6 - Commercial-News: Soothing souls: VA chaplains tend to vets' spiritual health (16 July, Mary Wicoff, 191k online visitors/mo; Danville, IL)

Healing of the spirit, as well as the body, takes place at the Veterans Affairs Illiana Health Care System.

"We want to help them (veterans) heal completely, not just bodily, but spiritually, as well," said Thomas Mills, chief of the chaplain service since 2013.

Five ministers make up the chaplain staff, and a Catholic priest also provides services.

Combat veterans have been to places and seen things that have made an impact on their lives, Mills said, and some need counseling to deal with guilt or grief, for example. Other veterans simply need to talk or discuss spiritual issues.

Veterans are given the option to use the chaplain services. If they say no, Mills says, "We're here if you need us."

Two veterans who volunteer with the chaplain service have positive things to say about the department.

"People come down needing to talk and get counseling," said Jonathon Burbage of Danville, a Navy vet who served from December 1998 to July 2005. "I hear guys say all the time that it's helped them."

"There's a reward in seeing people grow spiritually and leaving their demons behind," said Burbage, who has dealt with his own demons. "It's comforting to see them improve."

Herman J. Young of Danville, a volunteer since 2008, summed up the chaplain service: "It's excellent. It's kept me above water."

Young, who served with the Marines in the 1970s, had suffered from depression.

“They can help you spiritually, with relationships, and with substance abuse and depression. They give quite a bit of counseling,” he said.

Veterans can make appointments on a regular basis, he said, or come when needed.

The ministers on staff at the VA are: Mills, Church of God (Cleveland, Tenn., branch); Ron Ziemer, United Church of Christ; and Brian Manigold, United Methodist, all full-time; Lael Dixon, Free Methodist, part-time; and Lorenzo Bolden, Baptist, weekends and palliative care.

A Catholic priest, the Rev. Deusdedit Byomuhangi (known as Father Deus) is paid to say Mass on Sundays and is on call to provide rites and services, such as anointing of the sick. He also serves at Presence United Samaritans Medical Center.

EACH VET UNIQUE

Not just anyone can wander in and start ministering to the veterans.

The chaplains must hold a minimum of a master of divinity, have taken at least 800 hours of clinical pastoral training, and be endorsed by a denomination that’s recognized by the VA.

The chaplains are not allowed to evangelize to the veterans and staff, and they protect veterans from others who try to do so.

“It’s about the patient; it’s not about us,” Mills said. He can’t share his own views, for example, unless a veteran asks a direct question.

The chaplains are mandated to provide spiritual-care plans to veterans on palliative care, in acute mental health, long-term care and residential. They will draw up plans, like a doctor would do, to address a veteran’s spiritual needs, such as seeing a chaplain twice a week or addressing certain issues.

Then, re-assessments must be done after a certain period of time.

A veteran must be able to give consent to receive care from a chaplain.

Some are atheists, and some prefer to work with their own ministers or pastors.

“Each veteran’s spiritual care is unique,” Manigold said.

The chaplains have come across Wiccans, Muslims, Jehovah’s Witnesses, Mormons, Jews, Zen Buddhist and others. The most common are Church of Latter-Day Saints and Jehovah’s Witnesses, followed by Muslims.

Members of those groups often like to speak with their own clergy or representatives, and the chaplains will call someone, using a list of religious groups in the area. The VA has a good relationship with the Central Illinois Mosque and Islamic Center in Champaign.

“We’re not here just for Christians,” Mills said.

HISTORIC SITES

The two chapels, dedicated in 1901, are listed on the National Park Service Registry of Historic Places. The VA chaplain service was formed in 1945.

The Catholic chapel, which contains the Blessed Sacrament, has a crucifix and other religious symbols on view.

The veterans chapel, which used to be known as the Protestant chapel, has been neutralized, which means that any faith may use it. Thus, Christian symbols are put away when not in use. There's a single kneeler for those who prefer that method of worship.

"We have to meet the needs of every veteran," Mills said.

There's also a room in Building 98 that has been converted into a chapel for use by veterans and staff.

'GOD'S CALL'

Manigold, a native of Grandridge, has been with the VA chaplain service for almost eight years. He has served as pastor at churches in Illinois for 26 years, most recently in Carbondale.

As a chaplain, he doesn't have to worry about administrative issues — that's Mills' job, he noted with a smile — which he did as a pastor.

"I get to do more face-to-face, and provide spiritual care," he said. He also likes to listen to the veterans' stories.

"I'm very thankful to be here," he said.

Dixon, a native of Kansas, came to the area in 1972 and served 26 years as a pastor in Indiana. He knew someone who had been through clinical pastoral education, and decided to make the transition in 1993.

He came to Danville in 1995, and was chaplain at United Samaritans Medical Center for 12 years.

"This is God's call," he said. "We get to touch so many people that the church never touches."

For example, during the Vietnam War era, some churches had difficulty assimilating the veterans who returned.

"A lot of veterans had a negative response to that," he said. Some of those vets believe in God and still pray, but they've never had people around them who supported them in their religious life.

Mills is one of three veterans on the chaplain staff. He served 21 years in the Air Force; Bolden was in the Air Force and Ziemer served in the Navy.

Mills said, "It was like coming home to my own people — being able to connect with the veterans and helping them on their journey."

When he tells a veteran, "I've been there, done that, got the video," the vet feels a connection.

Mills came to Illiana as a clinical chaplain in 2007, and was acting chief from 2010-13.

Dixon said being a VA chaplain has caused him to be aware of veterans and their needs. Manigold said his wife is a veteran, and family members have served, so he understands the needs, as well.

The chaplain service is not allowed to promote itself through a website or social media; rather, Mills tries to keep medical providers aware of the department's services, and through word of mouth.

FYI

The chaplain service can be reached at 554-4531, or call 554-3000 and ask for chaplain service. The office is located in Building 101, near Ward 6.

Mass is offered at 9 a.m., and a Protestant service is at 10:30 a.m. Sunday. The chapels (Building 49) are used from Easter to Nov. 1; the Social Activities Room is used in the winter.

Three ecumenical services are held each Sunday in the locked wards, as well.

Both chapels are open during the day so veterans can sit and meditate.

VOLUNTEERS NEEDED

Volunteers help out with Sunday services in the chapel, but more are needed. Duties include helping veterans with mobility issues to get to and from the van that transports those who wish to attend from long-term care wards and from the Green Homes. The Masonic Lodge provides services a couple of times a month. Trained staff drive the van and assist the veterans in case of medical need.

Volunteers also assist veterans during services with such things as turning the pages in their hymnals, helping them get to the restrooms and anything else the veterans need within the capabilities and guidelines of the volunteer.

Anyone who wishes to help may contact Voluntary Services coordinator Jennifer Sheehan-Wells at 554-5212.

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1.7 - WNYM (SRN-970, The Cats Roundtable, Audio): Veterans Administration Secretary David Shulkin – Thing better for Vets? (16 July, John Catsimatidis, 19k online visitors/mo; New York, NY)

In this ten-minute interview, John Catsimatidis speaks with Secretary Shulkin about VA's various services, VA reform, and improvements in access to care.

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2. Veteran and Employee Experience

2.1 - The Washington Times (AP): Georgia veterans office closing for a week for training (16 July, 10.8M online visitors/mo; Washington, DC)

ATLANTA - Offices of the Georgia Department of Veterans Service will be closed for several days this month.

Agency officials say staff will participate in annual training from Monday through Friday. They say the closure includes all veterans field service offices.

The offices will reopen July 24.

Georgia Department of Veterans Service Commissioner Mike Roby calls the training “the most thorough and intense” the department has held. He says it will include experts with the U.S. Department of Veterans Affairs.

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2.2 - Townhall: "Forever GI Bill" Could Be One Bright Spot in Divided Washington (16 July, Jennifer Van Laar, 8.9M online visitors/mo; Arlington, VA)

A bill introduced Thursday seeks to create the largest expansion of veterans benefits in over a decade. Dubbed the "Forever GI Bill," the Harry W. Colmery Veterans Educational Assistance Act of 2017 would provide technical fixes and improvements to the post-9/11 GI Bill, creating permanent benefits to those who served that are not tied to the whims of a political season.

Charles E. Schmidt, American Legion National Commander, said the changes are overdue.

“We believe that all veterans who have honorably served this nation have earned education assistance as partial compensation for the sacrifices they have made. Unfortunately, many who have served in uniform are currently left behind.”

The bill enjoys bipartisan support in the House and is supported by numerous veterans organizations.

Under this bill, Purple Heart recipients would receive full GI Bill benefits. Currently, access to full benefits depends on the number of days in active duty, with no exceptions for our wounded veterans. Jonathan Richard Goldman, a Marine Reservist and Purple Heart Recipient, said:

It was an honor to deploy to Fallujah in 2006 and take part in the mission, which I still believe in after all these years. Coming home and continuing my education was; however, not what I expected. My active duty days were counted as points towards education, regardless of the days I was shot at, and had bombs explode underneath me. And given my Purple Heart, the obsession with days accrued versus deeds done, and blood spilled, is truthfully criminal. Additionally, it lifts the current 15-year time limit to use benefits, extends full GI Bill eligibility to some members of the National Guard and reservists, allows survivors of those killed in action to

participate in the Yellow Ribbon program, and allows GI Bill recipients whose schools close mid-semester to have their loans forgiven.

HR 3281 has 58 sponsors and is scheduled for a hearing Monday in the House Veterans Affairs Committee.

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2.3 - WMUR (ABC-9, Video): Immediate action taken at Manchester VA hospital after Boston Globe report. Serious allegations brought to light by whistle-blower group (16 July, Cherise Leclerc, 2.1M online visitors/mo; Manchester, NH)

Disturbing accusations from a group of whistleblowers have been brought to light against Manchester's VA Medical Center in a report published by the Boston Globe's Spotlight team.

On Sunday, U.S. Secretary of Veterans Affairs David Shulkin announced immediate action, including staffing changes.

According to a press release sent by Shulkin's office, the director and chief of staff of the Manchester VA have been removed from their positions pending an investigation.

The VA Office of the Medical Center and the VA Office of Accountability and Whistleblower Protection are being sent in tomorrow to review the hospital.

Gov. Chris Sununu said the allegations were serious.

"I immediately contacted the executive director, then immediately contacted the secretary of the VA himself, Dr. Shulkin, in Washington, D.C.," he said.

Sununu said that although he does not have direct jurisdiction over the VA, he is calling for an investigation.

"These are our constituents, our citizens getting services there," he said. "So we're making sure that communication is clear, everything is transparent, there's nothing that is going to be put on the back burner."

U.S. Rep. Annie Kuster, D-N.H., who is a member of the House Veterans Affairs Committee, said in a statement: "I appreciate the seriousness with which Secretary Shulkin is taking this matter, and I will continue to monitor the investigation closely."

Sen. Jeanne Shaheen, D-N.H., said, "No veteran should experience the substandard care described in this report."

"The poor conditions and quality of care alleged by the whistleblowers at the Manchester VA are completely unacceptable," said Sen. Maggie Hassan, D-N.H.

"I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations," Shulkin said in a Sunday statement.

The VA said the director of the VA Medical Center in White River Junction, Vermont, will serve as the new director of the Manchester VA.

A new chief of staff will be announced shortly.

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2.4 - Arkansas Democrat-Gazette: After protest, VA hospital in Little Rock hiring to replenish nurse ranks (16 July, Hunter Field, 868k online visitors/mo; Little Rock, AR)

Two weeks after protesting outside John L. McClellan Memorial Veterans Hospital in Little Rock, nurses at the facility are "cautiously optimistic" about steps being taken to address staffing shortfalls.

As of last week, Central Arkansas Veterans Healthcare System had offered jobs to 36 new nurses, begun the recruitment process with 52 more and started orientation for 13 new nursing staff members.

The hospital initially closed 19 beds because of the nursing shortage, but it soon consolidated patients and staff members on two of the three surgical units, freeing up beds in the other unit and allowing staff members to be "flexed" to that area, hospital spokesman Chris Durney said. The hospital has retained its normal level of services through the struggles, Durney said.

The local chapter of the American Federation of Government Employees still has some concerns, but chapter President Barbara Casanova said in an interview that the union has seen promising signs. Since the protest, for example, the ratio of on-duty nurses to patients has improved, she said.

"The numbers are really good right now," Casanova said. "Our big fear, though, is that they'll go back in the toilet when no eyes are watching."

The central Arkansas Veterans Affairs system's hiring struggles fit into a larger trend of nursing shortages at other Arkansas hospitals and at VA facilities nationwide.

The VA inspector general found in a 2016 report that the agency was losing nurses at an alarming rate, and recent data indicate that the bulk of the VA's nearly 50,000 vacancies are for medical staff positions.

U.S. Sen. John Boozman, R-Ark., questioned VA leaders on Tuesday about the Little Rock staffing shortages during a hearing of the Senate Veterans' Affairs Committee.

Dr. Tom Lynch, VA assistant deputy undersecretary for health clinical operations, told Boozman that the agency had been focused on central Arkansas.

"Nursing has been a problem for all of health care," Lynch said. "We have been working aggressively in Little Rock. We have had our chief nursing officer working with the facility to identify staff in nursing to get to the facility."

Boozman agreed with Lynch that the hiring struggles reached beyond the VA, adding that the VA could have "tremendous influence and be a leader in the direction forward."

While the Arkansas State Board of Nursing doesn't track employment data, Executive Director Sue Tedford said the $10,000-$15,000 signing bonuses central Arkansas hospitals are offering indicate a local nursing shortage.

In May, CHI St. Vincent announced a partnership with the University of Arkansas at Little Rock to address the nursing shortage. Chad Aduddell, CHI St. Vincent's chief executive officer, said at the time that central Arkansas alone had a shortage of 700 nurses, and he expected that number to increase.

Even before the June 26 union demonstration, the central Arkansas VA health system has been working to address the shortage, Durney said. Administrative staff members have attended 10 external recruiting fairs in the past year, and the hospital started a social media campaign in January to attract more help.

Casanova said the nurses decided to protest last month because they thought staffing levels had deteriorated to the point of hurting the quality of patient care.

"The biggest complaint I heard from nurses was 'I can't be a nurse because I'm too busy putting out fires,'" Casanova said. She also expressed concerns about nurses being moved from specialty areas to other areas where they lacked competency.

Central Arkansas VA leaders approached the union with an action plan to resolve the complaints, and they have implemented a series of initiatives to improve employee morale, Durney said.

The system hopes to hire 45 new nurses in medical/surgical positions, offering up to $15,000 in recruiting incentives.

It will implement a "referral and stay" bonus program for experienced medical/surgical and critical-care registered nurses.

VA traveling nurses and nearby medical centers are providing nursing support until the system hires enough nurses of its own.

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2.5 - Commercial-News: Chaplains help vets in various ways (16 July, Mary Wicoff, 191k online visitors/mo; Danville, IL)

Chaplains at the Veterans Affairs Illiana Health Care System are on call 24 hours a day — whether in person, by phone or through computer.

A new teleconferencing feature is available to veterans so they can speak with a chaplain from their home. The VA provides a camera that attaches to a computer; if the veteran doesn’t have a computer, the VA will provide a tablet.

“It’s all about the veteran,” said Thomas Mills, chief of chaplain service. “If we can help them live their lives better through technology, it’s a good thing.”

So far, the program doesn’t have any users, but Mills hopes to spread the word.

A veteran who thinks he or she might need spiritual guidance via computer needs to start with his local provider or primary care team. The provider will make arrangements through the VA’s televideo health department to set up the equipment.

Then, the veteran and chaplain can talk face-to-face over the computer, and address any spiritual concerns that the veteran might have.

This is helpful to veterans who live a distance from the Danville VA, such as those served by the outpatient clinics in Peoria, Bloomington, Decatur, Mattoon and Springfield.

The chaplain service offers many other services to veterans.

One is the Warrior to Soul Mate, which helps veterans and their partners work on their relationships through workshops and retreats.

Mills said the free program is offered four times a year — two in Danville and two in other cities, such as Champaign, depending on where the participants live. The nine-hour training helps veterans improve their relationship with a spouse or partner, Mills said, explaining that support is crucial to a vet’s overall well-being.

In addition, the chaplain service makes reading material and CDs available.

For example, there are displays of pamphlets set up at various sites across the VA, including one at the chaplain service, at the library, in Buildings 58 and 98, and in palliative care.

A series of booklets called “God Understands” was provided by the American Bible Society. Those booklets are free to veterans.

For those who have trouble with their eyesight, CDs on religious topics are available at no charge.

Other items are free, too, including dog tags with scriptures on them, crosses and crucifixes, Star of David, Book of Mormon, Bibles, Qur’ans, crescent moon and other items special to a particular faith.

All chaplain services are provided at no charge. Even at Sunday services, no collection is taken; instead, a basket is available for those who want to make a donation.

Otherwise, the chaplain service is funded through the national chaplain center. Also, sometimes, people will make a bequest in their will, with money going to the chaplain service.

The chaplains also preside at funerals, again at no charge, and pastors from the community may use the chapel for a funeral at no charge.

Besides meeting with veterans, chaplains keep busy with duties such as:

• Services on Ash Wednesday, Good Friday, Thanksgiving, Palm Sunday, Christmastide/Christmas Eve and others. They also do a Blessing of the Hands ceremony for nursing staff, Blessing of the Bikes and baptisms.

• A semi-annual remembrance service (April and October) to honor the veterans who have died on campus. About 100 veterans a year die at the VA, Mills said.

• Working with numerous groups, such as grief and addiction recovery. Bereavement support is offered to families, as well.

• 9/11 Remembrance Service and National Day of Prayer.

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2.6 - KXXV (ABC-25, Video): Vets learn about benefits at fair in Waco (16 July, Ryan Fite, 83k online visitors/mo; Waco, TX)

Veterans in Central Texas are getting an idea about the benefits they could receive.

At a benefit fair in Waco today, the Texas Veterans Land Board along with the Veterans Affairs Systems and Texas Veterans Commission provided veterans and their families with information on state programs. Those programs include home, land and home improvement loans.

Ken Walllingford of the Texas Land Board said it's not too late for those interested to reach out for help.

"Texas has the second highest veteran populated state in the country at 1.7 million veterans," Wallingford said. "So this is the way we go into the local communities to offer these benefits to area veterans that quite frankly not familiar with any entitlements that they may or may not be available to them."

The next benefits fair will be held in the North Texas town of Tomball on August 19th.

For more information, visit the Veteran Land Board website.

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3. Access to Healthcare

3.1 - Pittsburgh Post-Gazette: Thank you, VA workers, for the great care I've received (17 July, Ralph D. Deltondo, 4.8M online visitors/mo; Pittsburgh, PA)

I am writing with pleasure to give praise where praise is due — to the Veterans Affairs hospital in Oakland.

I am a World War II veteran and will be celebrating my 91st birthday Aug. 8. I have been utilizing the services available to me at the VA hospital over this past year. I have found, without exception, the doctors, nurses and employees whom I've encountered to be first-rate.

As with most service organizations, you always hear the negatives but never hear the positives. I have had a few health challenges over this past year, and everyone who worked with me treated me with the utmost respect and dignity. They took their time explaining the procedures that I was to undergo and, more important, they listened to my concerns and answered all my questions.

The equipment at this hospital is state of the art, and the doctors are the best of the best in their fields. I have no problem whatsoever recommending their services. I am also very thankful and grateful for the care that I've received and will continue to receive.

We veterans appreciate what they are doing for us, and I want to thank every single person I've interacted with over this past year.

RALPH D. DELTONDO
Stowe

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3.2 - The Tennessean (USA Today Network, Video): With Medicaid cuts still in Trumpcare bill, many veterans remain opposed (16 July, Jake Lowary, 2.1M online visitors/day; Nashville, TN)

Though the revised American Health Care Act includes changes that could woo Republican moderates and opponents enough to support the legislation, many veterans and mental health advocates say it still would jeopardize benefits for millions of veterans.

Specifically, they oppose the steep cuts to Medicaid, which they argue about 1.75 million veterans and some 600,000 family members depend on to supplement benefits not provided by the VA.

The revised version, released Thursday, still aims to cut some $800 billion in Medicaid benefits and faces opposition from enough Senate Republicans to put the passage of the bill at risk.

Emily Blair, Manager of military and veterans policy at NAMI, the National Alliance on Mental Illness, said many veterans may have a primary care physician at VA, but their benefits don't cover mental health services, which can include conditions like post-traumatic stress or substance abuse.

"A lot of them are rural veterans …so they rely on Medicaid to supplement their mental health care benefits," she said.

Some 43,000 veterans in Tennessee stand to lose some benefits, according to figures released by Families USA and VoteVets, a progressive veterans organization. Blair said she's heard "a large expression" of opposition to the proposed legislation.

One of those, Kelly Gregory, is an Air Force veteran battling stage 4 breast cancer. She depends solely on Medicaid.

"In purely self-interest terms, it is good policy to bring as many of your citizens as possible inside the health care system. The new bill and these new amendments make even larger cuts to Medicaid than before," she said.

She met recently with Sen. Bob Corker's staff in Nashville, which she felt went well. After Corker's statement Thursday that suggested he supported the bill advancing toward floor debates, she said she was "extremely disappointed."

"I can tell the story of why I'm going to die a completely preventable death, but I don't know what to tell my senator (so) that he should care," Gregory said.

"I can make the practical argument. I can make the moral argument. I don't know what to tell him that will make him understand why (Corker) should care. At the end of the day that's what it's about."

Republican lawmakers have often said the legislation would give states more "flexibility" to tailor care, and are hoping an extra $45 billion to combat the nationwide opioid epidemic will help garner the votes to pass the bill. In comparison, just $2 billion for the opioid epidemic was included in the first Senate version.

Blair says the "flexibility" talk and Medicaid cuts are basically "a cost-shift" to the states, which then will bear the burden of finding a way to offer coverage to veterans.

"If states aren't able to balance their budgets and come up with that extra revenue to pay for the increase in the Medicaid plans for that population, these veterans are either going to lose their coverage or see weakened coverage," Blair said.

Veterans in states like Illinois, which has faced years of a budget crisis, would be especially at risk under the proposal, Blair said.

Blair said the 1.75 million veterans are largely those who have had "other than honorable" discharges, often called "paper discharges," that she said many times result from behavioral or disciplinary issues that were connected to their military service.

Blair said she's familiar with a Montana veteran who relies solely on Medicaid coverage because he doesn't live near a VA facility.

"Now that, to a point, the Trump administration and Senate Republicans are trying to pull the rug out from our veterans," she said.

But the VA has recently made strides to allow some of those veterans to access specific services like emergency behavioral health, at the VA, though they might still not be eligible for full benefits.

VoteVets was extremely critical of the revised bill, saying in a tweet "Just as w/ previous editions, one cannot support this new healthcare bill & ever again describe themselves as either pro-life or pro-veteran."

Other major veterans organizations like the Veterans of Foreign Wars, AMVETS and Disabled American Vets, have been largely silent on the legislation.

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3.3 - Denton Record-Chronicle (Houston Chronicle): Veterans need proper treatment, not the boot (17 July, Editorial Board, 194k online visitors/mo; Denton, TX)

After a return from Iraq, infantryman Dustin Greco relied on pot and beer to try to calm his thoughts, according to San Antonio Express-News reporter Martin Kuz.

At age 20, Greco failed a drug test, and the military booted Greco out of the Army with a less-than-honorable discharge, or in military parlance "bad paper," in 2010. The same year, a therapist with the Department of Veterans Affairs diagnosed him with a depressive disorder related to his time in the military. "It didn't mean anything that I'd served in Iraq or was trying to get help. They just wanted me out," Greco told Kuz.

Greco's story is all too common. Military veterans deserve treatment for mental conditions related to their service; they don't deserve the boot.

Under Department of Defense regulations, the military services are required to assess the impact of post-traumatic stress syndrome and traumatic brain injury before discharging certain service members for misconduct. But policies aren't always followed, according to a May Government Accountability Office report.

The military discharged almost 92,000 service members for misconduct from 2011 through 2015. More than 62 percent had been diagnosed with a mental health condition in the two years prior to their separation, and of those, 23 percent received other-than-honorable discharges, according to the GAO report.

The military must recommit itself to ensuring its screening, training and counseling policies fairly assess conditions contracted on the job and that these are fully taken into account before service members are discharged.

Veteran discharges are critical to this group's future. Although the VA has begun providing mental health care for 90 days to those with other-than-honorable discharges, most service members in this category are stripped of some or all of their medical, housing, education and additional benefits that could help them readjust to civilian life.

"Bad paper" can make it impossible for ex-service members to obtain jobs that use their military skills, such as those in the public safety sector. Without adequate health care and carrying the burden of "bad paper," these veterans can be more likely to become homeless, substance abusers or incarcerated — or to commit suicide. In other words, one mistake can lead to a stigmatizing military status that can undermine an entire life.

War wounds can be invisible. But veterans' service should be indelibly etched on our national conscience. Labeling a veteran with a-less-than-honorable status without the most thorough consideration is a less-than-honorable course of action for our country.

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3.4 - Lima News: Only a free market can save US health care system (16 July, Thomas J. Lucente Jr., 167k online visitors/mo; Lima, OH

There is a joke — or not so much of a joke — among American Indian tribes that warns against getting sick after June.

You see, the federal government already has a single-payer health care system. Two actually. The Department of Veterans Affairs runs a system for veterans and the U.S. Indian Health Service, run by the Department of Health and Human Services, exists for 2.5 million American Indians.

Most Americans are familiar with many of the troubles plaguing the VA system, where some 307,000 of America's finest died while their applications for care were processed. Exact numbers are not known because of shoddy record keeping. One vet who died in 1988 still had a pending application in the system in 2014.

Less known to Americans is the abomination known as the Indian Health Service. Its Fiscal Year 2017 budget was $6.6 billion, an increase of 53 percent since 2008.

The joke mentioned above refers to the Catastrophic Health Emergency Fund, which has a budget of $53 million. Historically, it has been depleted by June every year, though federal officials said increased allocations keep the fund solvent until about August.

American Indians also joke that if you need quality health care, then commit a crime because prison health care is better than that provided by the Indian Health Service.

The VA and the Indian Health Service suffer from the same problems of any government-run health care system the world over. Funding will always be hostage to politics.

Take the British system.

A study a couple of years ago found that some 750 patients died each month in government hospitals because of poor care. The man in charge of Britain's health care system, Jeremy Hunt, has suggested parents should go online to diagnose their children's rashes rather than burden the government health care system.

British dental care is so bad that charities that work in the developing world are stepping in to provide dental care to the Brits because more than 60,000 people are hospitalized each year with tooth decay. Dentists, once they reach their yearly quota of patients, stop working because there is no incentive for them to take more patients.

This is what happens when government seize the health industry: Funding shortages, higher costs, inefficiencies, quotas, waiting lists, rationing, death panels, substandard care, unnecessary deaths, labor shortages, etc.

This is not a theoretical debate. All one has to do to see the problems with government-run health care is look around. One doesn't have to look far as there are two failing government-run systems right here in the United States.

Three, really, if you recognize that health care in the United States is largely government run already.

Each new reform of health care during the last 100 years has been simply to fix the previous reform of health care by taking another step down the path of socialized medicine.

And here we are doing it again. We are debating health care reform to reform previous health care reform.

Unfortunately, one thing has become clear in the last few months of the national debate on health care: The people have already lost. The Republicans and Democrats essentially want the same thing, a government-run health care system. They are simply arguing over the specifics.

It takes a special mind to believe government can successfully run a health care system for 326 million Americans when it can't even run a system for 2 million American Indians.

What is ignored in the debate is that even if government-run health care could provide excellent care — a notion disproved with the examples above as well as by common sense and the laws of economics — the ends do not justify the means. One cannot care for the individual while supporting a collectivist notion such as socialized medicine that essentially forces people to be slaves to the state.

Any system that forces people to do something is morally wanting and antithetical to a free people.

Proponents of government-run health care argue, nonsensically, that the rest of the world is doing it.

The United States should be a beacon of liberty to the rest of the world. That means we should not steal money at the point of a government gun from those who earned it and give it to those who didn't, regardless of what the rest of the world is doing.

The only real reform that can save the American health care system is one based on liberty and the free market. This is not theoretical. Examples proving it are readily available to those who want to see.

Unfortunately, big government statists are notoriously blind.

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3.5 - VTDigger: PTSD Center in White River Junction Poised for Full Funding (16 July, Elizabeth Hewitt, 153k online visitors/mo; Montpelier, VT)

WASHINGTON — A national Veterans Affairs center headquartered in White River Junction is likely to be fully funded in the next fiscal year.

In the version of a budget bill that passed the Senate Appropriations Committee on Thursday, the National Center for Post-Traumatic Stress Disorder was fully funded at $40 million.

The Trump administration's budget request for the center was $19.7 million, according to legislative documents.

The center, headquartered in White River Junction, focuses on researching and developing treatments for post-traumatic stress disorder, which can affect veterans who have been through combat or other stressful experiences.

The center, which is a division of the Department of Veterans Affairs, also works to spread information throughout the country to improve treatment of PTSD among veterans and the general public, according to its website.

The proposal the Senate committee approved last week would put funding for the center at levels equal to the current fiscal year.

The bill, which sets the funding levels for military construction and Veterans Affairs, was the first of 12 appropriations bills the committee approved this year. The 31-member committee passed the bill unanimously.

The budget includes $88.9 billion in spending on a wide range of military infrastructure projects and veterans' services, an increase of $6.1 million over the current fiscal year.

Speaking at a Senate Appropriations Committee hearing Thursday, Sen. Patrick Leahy, D-Vt., vice chair of the committee, praised several initiatives in the legislation — including funding for the center in White River Junction.

A parallel budget bill that passed the House Appropriations Committee earlier this year also includes full funding for the PTSD research center.

Other items in the Senate bill include $9.5 billion for construction of military infrastructure projects such as housing for military families and operational facilities.

It also increases the money available for medical services through the VA by $1.9 million, for a total of $46.8 billion.

There was strong support for the legislation in the committee last week, with lawmakers on both ends of the political spectrum praising the bill.

The bipartisan vote played out against a backdrop of uncertainty and turmoil surrounding the larger budget picture.

Typically, each chamber's budget committee set spending limits for the next fiscal year. However, neither the House nor Senate has yet approved budget numbers for fiscal year 2018.

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3.6 - New Hampshire Public Radio: Manchester VA Director, Chief of Staff Removed Pending Investigation (16 July, Peter Biello, 150k online visitors/mo; Concord, NH)

Two top officials at the Department of Veterans Affairs Medical Center in Manchester have been removed pending a review of conditions alleged by a Boston Globe report detailing unsanitary operating rooms and allegations of substandard care.

Medical Center Director Danielle Ocker will be replaced by Alfred Montoya, current director of the VA Medical Center in White River Junction, Vermont. A replacement for the Manchester VA's Chief of Staff James Schlosser has not yet been announced.

The newspaper's "Spotlight" investigative team detailed complaints from doctors who say they don't have the proper equipment to treat patients. Doctors also reported being unable to easily set up appointments with outside specialists, leading to worsening problems in several patients with spine issues. And in one instance, doctors reported having to cancel surgeries last month because they found rust or blood on their tools. The hospital also has supposedly been struggling with an infestation of flies since 2007.

In a statement, VA Secretary David Shulkin says these are serious allegations and he's committing to fixing any and all problems.

Sen. Maggie Hassan said in a statement that "the poor conditions and quality of care alleged by whistle-blowers at the Manchester VA are completely unacceptable."

Sen. Jeanne Shaheen called the allegations "deeply troubling," adding that "no veteran should experience the substandard care described in this report."

Rep. Annie Kuster, a member of the House Veterans Affairs Committee, called the allegations "unacceptable," adding that "our veterans deserve much better."

Gov. Chris Sununu said in a statement he'd spoken with Shulkin and said he was "encouraged by his willingness to address these troublesome allegations quickly."

The VA Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection are planning to start looking into the matter Monday.

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3.7 - The Journal: Veteran carries weight of war (17 July, Tim Cook, 83k online visitors/mo; Martinsburg, WV)

BERKELEY SPRINGS — For nearly 50 years, the same questions resurface over and over in his mind.

Why did our country really have to get involved? Why were our patriotic military service members disrespected and sacrificed so casually? If we had to fight, why did our political leaders hamstring our military so much during the war? Why didn't we learn from history?

Perhaps most deeply confounding and unsettling of all, why did so many other good men lose their lives, when he did not?

Howard C. Prevost Jr., is a 70-year-old man quietly haunted by his past.

“I’m a proud American veteran, I am that,” Prevost said sitting in his Berkeley Springs home one recent luminous summer day. “I am somewhat disgruntled, and I think I’ll have PTSD for the rest of my life because,” he continued before pausing to catch his emotions, “of Vietnam.”

In a conversational refrain, he added, “Once you got into Vietnam and got into the country and around the area, things that happened really weren’t normal.”

While talking about his Vietnam War experience, Prevost, a stocky but trimly muscular man with a dark mustache, wept and apologized repeatedly for it. Different thoughts, different memories mixed together when he talked, forming a blended stream of insights, emotions, doubts and confessions.

The PTSD that Prevost mentioned is post-traumatic stress disorder, a potentially debilitating condition of recurring stress, fear or depression sometimes developed by people exposed to dangerous or traumatic events. Although estimates vary, as many as 30 percent of the 2.7 million people who served in uniform in Vietnam could have the condition (half of whom are considered undiagnosed, however), according to the U.S. Veterans Department and the U.S. Defense Department.

Today, about 883,000 people receive Veterans Administration benefits for having PTSD.

“It’s kind of rough,” Prevost said of his PTSD, commonly called an invisible wound of war. “A lot of different things happens, and it’s kind of hard to sit here and talk about it.”

Nevertheless, Prevost, who takes 12 daily pills and attends weekly group therapy with other veterans as part of his PTSD treatment, said he wanted to talk to a reporter about his condition. It would be good for him, he said.

MILITARY LIFE BEGINS

Except for his 12 years of Air Force military service starting after high school, Prevost is a lifelong resident of Berkeley County. When he turned 18, he signed up for selective service, Vietnam War was escalating — “going crazy,” he said.

Prevost didn’t want to get drafted into the war, preferring instead to enlist and fulfill his duty. He always liked the Air Force, especially the helicopters the service flew.

“Really, it’s kind of a crazy statement,” he said with a chuckle at his affinity for whirlybirds.

So one day in the spring of 1968, Prevost and two other friends from Berkeley Springs met at the Air Force recruiting office in Hagerstown, Maryland, to sign up for military service. By strange coincidence and circumstances, after military aptitude testing showed he had innate abilities with mechanics, he would later be assigned and trained for Air Force helicopter maintenance.

With the war in the foreground, Prevost signed up anyway, following the example of his father who served as an infantryman in World War II and participated in the Normandy invasion on Omaha Beach.

“It’s my duty. It’s my duty as a citizen, as a man, as a person, you know,” Prevost said of enlisting. “It’s your civic duty to do that.”

After basic training at Lackland Air Force Base near San Antonio, Texas, he went on for mechanical training at Sheppard Air Force Base near Wichita Falls, Texas.

“It was exciting, but as things began to approach Vietnam, things got real, real serious,” he recalled.

In February of 1970, Prevost was sent to Vietnam to serve as a helicopter mechanic for the 21st Special Operations Squadron “Death Devils” in Southeast Asia. As a maintenance officer, his duty was to ride with the birds on missions to make necessary repairs. That put him in the middle of many flights, so-called in-fields and ex-fields in Air Force lingo, to pick up or drop off special forces on the front lines in the jungle. Strapped in a seat with no way to flee or fight back, he was shot at many times.

“It’s not a good feeling. You’re there,” he said. “It’s an act of God.”

It was a matter of luck and happenstance where reinforced plating was in the helicopter and where bullets and shrapnel might enter the helicopter, Prevost said. Some places were protected on the helicopters, many others were not.

He distinctly recalled witnessing one helicopter pilot’s fingers get shot off one hand.

“But why? That’s what I want to know — why?” he asked. “Nobody can answer that.”

Prevost recalled the war deaths of five Air Force friends and comrades — “really, really, really top-notch guys.” One died 11 days before he would have finished his tour in Vietnam. “Those men served their country with honor — every damn one of them,” he said. “Everybody’s life matters — everybody’s.”

A jumble of descriptions of images and events in Vietnam flow out from Prevost. He talked about the relentless pressure of those missions piling up, with one inevitably following the other.

“But the things that are there… with the way it was, it didn’t really jive,” he said. “As things progressed, I got more and more pissed off because of the things that just happened. You know, why?”

At home in Berkeley Springs, Prevost shuffled through several black-and-while pictures of those same helicopters riddled with bullet and fist-size shrapnel holes. One picture includes Prevost next to a helicopter pointing to the shrapnel holes, and he’s smiling.

“At that time, I think I come pretty close to becoming an alcoholic,” he said.

LEAVING THE MILITARY

After his tour of Vietnam, Prevost was assigned to Thule Air Base, located about 750 miles north of the Arctic Circle — “at the top of the world,” he said — to provide helicopter maintenance for air rescue and recovery missions for military personnel working radar systems positioned to detect any potential Russian missile attacks.

He spent a short time supporting helicopters at missile silos in the Midwest. He went on to Eglin Air Force Base in Fort Walton Beach, Florida, where he supervised and taught a helicopter maintenance crew assisting the Coast Guard with search and rescue operations at the biggest Air Force base in the county consisting of 900 square miles of land.

Prevost then served helicopter search-and-rescue crew at Eglin Air Force Base until he decided to leave the service in 1979. He said he had intended to make military service a full career, but something inexplicable to him prompted a change of mind. At age 32, he left his military service behind.

“I had 12 years, six months and two days or so in, and for some reason it just kind of like, I don’t know how to say it, it caught up with you where you wanted a change,” he said. “I just got out. I don’t know why. I mean, it’s hard to explain.”

A freakish accident at Elgin 1976, he said, may have contributed to the decision. A dead battery in a military van mysteriously blew up while Prevost was helping to recharge it with another vehicle.

“The whole top came off,” he said of the battery. “It sounded like a 12-gauge shotgun. It blew me back.”

An unexplained explosion blew him to the ground, but not before battery acid splashed his upper torso. The acid burned his hands and face, and shards of broken battery bits flew like shrapnel. Fortunately, at the time, he wore hard contacts in his eyes that prevented the acid from severely damaging his eyes.

“I was very lucky to be seeing,” he said.

After leaving the military, Prevost returned home. His father, who lived with a disabled hand because of his Normandy experience, persuaded him to visit the VA hospital in Martinsburg for counseling. He came back from Vietnam with really bad headaches, headaches requiring injections to relieve.

“I didn’t really want to go,” he said. “It’s really helped me a lot and I know it, just sitting here talking like this is hard. But since I’ve been in the group — everybody’s there. … We have Vietnam vets. We have Iraqi vets. We have Afghani vets. We have everyone that’s in there. Everybody in my group — most of them are Vietnam veterans.”

“We all talk about things, and we’re safe in there,” he added.

His headaches are gone now. And Prevost goes to the VA three days a week — Monday, Tuesday and Wednesday — for peer support, for anxiety, for combat support.

“If it wasn’t for the Martinsburg VA center being where it is and with the people that they have down there — I don’t know, I don’t know, I’d probably be like some of the others.”

He said he knows lots of veterans with PTSD. All of the 24 veterans in his talk therapy group at the VA hospital have it, and there are several such groups at the hospital. But some veterans don't want to talk about the problem at all, he said.

"They don't ever want to hear the word — not at all."

For a few years, Prevost worked as a local sheriff's deputy before taking a deputy job in Washington County, Maryland. Those jobs, however, wore down his nervous system, he realized later. He remembered one night sitting in his patrol car with the radio on, and "Danger Zone" came over the speakers.

"You can't tell me what happened after that — I wanted out, out of law enforcement," he said.

Even today, Prevost has several friends working in law enforcement — "My heart's with them all the time," he said — but he is glad he left the job. For a few years, he built hot tubs before retiring.

LESSONS FROM THERE

Prevost said he enjoyed his military service and was proud to serve. Sitting on a sofa at home surrounded by medals and memorabilia, he reflected back on what his Vietnam experience taught him. He talked about a string of several topics, past and present, seeking connections between the two.

Firstly, America naively doesn't learn history, Prevost offered. World War II was the only war that was justified for Americans to fight, he said. But since then, he said, our country and its leaders have been too arrogantly blind to history, which is mostly about war. Prevost talked about other countries — France, Great Britain, Russia — that became militarily entangled in Vietnam before America, only to abandon the country unsubdued.

"With all of the countries that were there in Vietnam before we got there, nobody ever won the ballgame," he said. "Everybody just kind of quit and went home."

He said, "I feel that those of us that went to Vietnam — I think we were betrayed because the simple fact is that nobody ever takes a look to see what happen or how or why it happened."

Secondly, America too often treats is veterans too casually, Prevost said. Part of Prevost's anger is that the country fought the Vietnam War without letting the military win it, he said, but more of it is that we lost so many good people in the fight. Without reflection, American leaders have been willing to sacrifice American lives too easily, he said.

Prevost said if he had had a child, he would have wanted him or her to serve in the military. He said every young American should give at least two years of their lives to military service, and the way most Americans would be prepared to respond and assist their country in an emergency, whether they happen to be in the military at that time.

However, he said it's unconscionable that the same military members are sent today to serve three and four combat tours. He recalled one soldier who was killed on his fifth tour. Sending a soldier on that many combat tours is abusing that person's patriotism, he said.

"You should never have to put that kind of pressure on a person, never ever."

Prevost mentioned the use of Agent Orange deforesting chemicals in Vietnam and the government's stinginess after in identifying and assisting troops possibly harmed by exposure to the chemical. Any person who served their country's military should receive medical treatment, no matter what the medical the issue is, he said.

Thirdly, there's too much conflict and war, Prevost said. He talked about history again, how it is taught in America in a way that discounts the terrible costs of war too much.

Prevost mentioned politics and politicians influencing America's wars, "and just about everything in some way today."

Prevost said he would probably be a conscientious objector today if he was called to fight what he called another senseless war. He said America needs to focus on defending itself more, and not be so quick to intervene in conflicts within the borders of other countries.

"We're Americans. We go in some place and we fight," he said. "And we lose people. For what reason? Because when we're done anywhere, anyplace, at any time — America goes back in and they build up their countries. They rebuild everything for everybody. It's always stupid how it happens."

Prevost wishes television would show more programs with less conflict and more "togetherness."

"But if we don't think… if we don't take ourselves seriously enough to understand what we have around us here," he said, "this whole world is going to light up in a big way."

A GOOD LIFE LEFT

Prevost, who has a third-degree black belt in karate, likes to spend time in the woods alone. He has a cabin in the woods, but he goes prepared to defend himself "in case something happens."

He wouldn't travel overseas — it wouldn't be safe enough, he said.

"America itself — there's no greater country," he said. "And to be in the military, there's no greater feeling than to serve your country."

Prevost said he's lived a good life so far, and hopes to live many more years. When he goes to a restaurant he, like other veterans he knows, prefers to sit in the back with a wall behind him and a vantage of the whole restaurant in front of him.

"Even 40 years or more later, it's just there," he said.

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3.8 - NH1 News (TV-1): Veterans Affairs launches review of Manchester medical center after poor care allegations (16 July, Concord, NH)

MANCHESTER — The Veterans Affairs Office is launching a review of the Manchester Veterans Affairs Medical Center following allegations of poor conditions and patient care.

Boston Globe's Spotlight Team published an article Saturday that made public the claims of patients and doctors who described the alleged issues within the hospital, including an operating room abandoned because of flies and patients struggling to get any care.

“These are serious allegations, and we want our Veterans and our staff to have confidence in the care we’re providing. I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations," said David J. Shulkin, M.D., U.S. Secretary of Veterans Affairs.

The VA Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection will start their review Monday.

In addition, effective immediately, the department has removed the director and chief of staff at the facility, pending the outcome of the review.

Alfred Montoya, the director of the VAMC in White River Junction, Vermont, will serve as the new director of the Manchester VAMC and the new chief of staff will be announced shortly.

"The reports concerning the Manchester VA Medical Center are simply unacceptable," said Congresswoman Annie Kuster. "Our veterans deserve much better. I was deeply concerned when I met last year with the group of VA doctors. As a member of the House Veterans' Affairs Committee, I brought these concerns to the Office of the Inspector General. I appreciate the seriousness with which Secretary Shulkin is taking this matter, and I will continue to monitor the investigation closely and provide assistance through the House VA Committee. I'm committed to doing all I can to ensure the highest quality of care for all our brave veterans and servicemembers. They deserve nothing less."

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - Milwaukee Journal Sentinel: Chin Up: Famous Racing Sausages 5K helps support Fisher House (16 July, Lori Nickel, 4.8M online visitors/mo; Milwaukee, WI)

Sometimes a run is a little more than just a run.

Dave Van Thiel served in the U.S. Army from 1971-'73 and then worked at the Zablocki Veterans Affairs Medical Center in Milwaukee for 30 years, eventually becoming the head of the

social work department. When he retired, he decided to continue his service by volunteering at the VA's new Fisher House, which opened last year.

On Saturday, the 62-year-old supported Fisher House once again by running in the Famous Racing Sausages 5K Run & Walk at Miller Park.

"It was the perfect day for the run and a perfect cause – the Fisher House," Van Thiel said.

Most people came to the race because they were Milwaukee Brewers fans eager to enjoy the team's great season while running around – and inside – Miller Park with the team's hot dog, bratwurst and other sausage mascots.

But 115 other runners came out as the Fisher House team – the biggest team at the race.

Fisher House is kind of like the Ronald McDonald House for Children's Hospital of Wisconsin but for for veterans and their families.

The 13,000 square foot "home" has 16 family suites with private bathrooms. It has a common area living room, family room and patio, and a dining room and kitchen that smell of home-cooked meals.

It is, for veterans and the family members who are supporting them, a respite from the life at the VA Hospital.

"Families come to Milwaukee from far away because we have special services here that they don't have at some other VAs," said Van Thiel. "They can have a place to stay and not worry about it. It's like being in a beautiful hotel."

There are 72 Fisher Houses in the world, but this is the first in Wisconsin.

"I travel a lot for business and this is better than a hotel, honestly," said Angie Christianson, a member of the Fisher House Board of Directors.

"But as proud as I am of it – it's not a vacation for people. They don't want to be there. They're there because someone they love is in need of medical attention, whether its surgery or chemotherapy."

After Fisher House Wisconsin opened in April 2016 – fully paid for – it was turned over to the VA, which will now own and maintain it.

But Fisher House Wisconsin still relies on volunteers and donations to provide all meals for residents.

"From breakfast cereal to juice to milk to waffles, lunch meat, salads, frozen pizza, canned lasagna, cookie mix – you name it, it's there," said Christianson. "And if it isn't, we'll go buy it. We really want the guests to feel like: this is your home.

"So that's an expense for us."

Every week the Fisher House volunteers place orders with Peapod, the grocery delivery service, for perishable items, and then once a month shop at Costco to buy all other items in bulk. This cost is covered by the Fisher House; not the VA.

And this is where the Brewers Community Foundation steps in.

The charitable arm of the team has contributed more than $250,000 to Fisher House Wisconsin over the past five years.

Brewers Community Foundation raises money through such means as 50-50 raffle at Brewers games and by asking runners and walkers to pledge additional donations with their registration fee to the Brewers 5K Famous Racing Sausages Run & Walk.

The fundraising is essential. The Fisher House is hoping to add more amenities – a garden and a garage, for example – so fundraising needs always exist.

“Part of our job, now that the home is built, is to really build a community that supports the home,” said Fisher House president Andrew Roberts, who participated in the run with his family. “For us to be partnering with someone as wonderful as the Brewers Community Foundation – we’re beyond thrilled to have someone with that reputation and community presence.”

The Brewers Community Foundation is a 501(c)(3) nonprofit that relies on fans and the community to raise $2 to $3 million a year to distribute money to 200 local charities. Because the Brewers cover the salaries of the staff, nearly every penny raised is turned right back over in to the community.

The partnership between the Brewers and the VA is a natural. The VA Medical Center sits just west of Miller Park. When the house opened, its first guest chose a second-floor room with views of both Miller Park, where the Brewers play, and the VA Medical Center, where her husband was being treated for his terminal illness.

“She had stayed at a hotel for several months before that because we weren’t open,” Christianson said. “She was in tears the following morning after we opened the Fisher House because she was able to see her husband’s room at the hospital. He had the doctors and nurses push his bed over to the window so he could see the Fisher House.”

Sometimes a run is just a run. But sometimes it supports a cause that knits a community more closely, even if it’s just 3 miles one morning.

“It means a little bit more when you’re running for a purpose instead of just something to do on a Saturday morning,” said Chad Miller, who ran with his wife Jenny and his 6-month old daughter Victoria.

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6.2 - Argus Leader (Video): Washington grad uses Army experience to help fight suicide
(16 July, Trevor Mitchell, 439k online visitors/mo; Sioux Falls, SD)

U.S. Army Major Christopher Mercado has been impacted by suicide his entire life.

He felt its sting in Sioux Falls at Washington High School, where several of his classmates took their own lives in a short period of time.

And he saw it during five deployments to Iraq and Afghanistan, where fellow soldiers both discussed and, at times, went through with plans to commit suicide.

"I always kind of felt powerless," said Mercado, a University of South Dakota graduate serving with the 25th Infantry Division in Hawaii. "I never knew what I could or should do."

That changed in 2014, when Mercado spoke with Justin Miller, one of his former soldiers in Iraq.

Miller, frustrated with his transition out of the military and what he saw as ineffective assistance from the local Veterans Administration Hospital, was contemplating suicide.

He turned to Mercado and the two spoke for hours. Miller realized that simply talking to someone who would listen to him helped him through what Mercado calls a "moment of crisis."

Mercado called this a "tipping point" in his long, arduous history with depression and suicide, much of it involving the military.

Soon afterward, Mercado – along with classmates at Georgetown University – started the work that would become Objective Zero.

A mobile app, Objective Zero aims to do for veterans – and active service members –what Mercado was able to do for Miller that night.

A 2016 study from the U.S. Department of Veterans Affairs reported that on average, 20 veterans a day commit suicide — two per day fewer than the 2012 report that spurred initiatives such as the "22 Pushup Challenge" to raise awareness for the issue.

But, Mercado said, "I wasn't satisfied with the pushup challenges. I wanted to find a way to solve the problem."

Those who have downloaded the app will be able to instantly and anonymously connect to an Objective Zero Ambassador, who could be another veteran, a behavioral health specialist, a current service member or a spiritual counselor.

Mercado and his team hope this functionality will get them out in front of those moments of crisis, but the app will have other uses as well.

Popular meditation app Headspace will offer all users of the app a year's membership free of charge, and chat rooms are available to focus on specific topics such as "PTSD," "Women Service Members" or "Anxiety."

Development of the app began in early 2017, and Mercado said it should be available on iOS and Android next month.

They're a non-profit organization, a small team of volunteers that includes Mercado's wife, as well as Miller — something they think gives them options that aren't available in the necessary-but-sometimes-frustrating bureaucracy of the federal government.

"We can make decisions on the fly," said Mercado, who is based in Hawaii. "And if we were paying staff, it would take years."

Mercado said they're working to get the app into the hands of the VA — which he calls a national leader in prevention of military suicide — to help spread the word among veterans.

The app was a considerable part of why Mercado was named the 2017 Military Times Service Member of the Year for the Army.

"It means the world to me," Mercado said. "It's obviously very impactful, it's humbling."

But, he continues, "I'm not entirely sure I deserve that recognition. I'm not the one coding, managing the marketing, fundraising. I'm one person on a team of people. The recognition is really theirs."

And some of that recognition reaches all the way back to Sioux Falls. Mercado said without the help of legendary Washington High School wrestling coach Marc Murren, he would have never made it out of U.S. Army Ranger School.

"Earning a Ranger Tab was easy by comparison to earning a place on his team," he said.

As the app nears completion, Mercado hopes it can pare down some of the statistics he lists off. 20 a day would mean we're losing the equivalent of a platoon every month, a battalion every year.

But if some of those people can find solace in their moment of crisis, those numbers could shrink.

"We can do something," Mercado said. "Suicide can be prevented."

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7. Supply Chain Modernization

8. Other

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Subject: [EXTERNAL] 18 July Veterans Affairs Media Summary and News Clips
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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

18 July 2017

1. Top Stories

1.1 - Star Tribune: **Walz calls report on local VAs 'concerning'** (17 July, Mark Brunswick, 10.8M online visitors/mo; Minneapolis, MN)
U.S. Rep. Tim Walz on Monday requested a meeting with top Department of Veterans Affairs officials from Minneapolis and St. Cloud after a watchdog report criticized how the VA hospitals told several patients about their cases and scheduling. A report from the VA's Office of Inspector General (OIG) released Monday looked at concerns at the two VA hospitals and the Vet Center in New Brighton, focusing on mental health and post-traumatic stress disorder (PTSD) treatments and scheduling.

Hyperlink to Above

1.2 - The Nation: **America's Biggest Publicly Funded, Fully Integrated Health-Care System Is Under Attack, The Veterans Health Administration is a successful example of a single-payer system in the United States. It's time for progressives to defend it.** (17 July, Suzanne Gordon, 3.2M online visitors/mo; New York, NY)
The threat—faced by VHA users and staff (one-third of whom are veterans themselves)—is privatization. The Trump administration has no trouble boosting an already swollen Pentagon budget. But it favors only a modest increase in VHA funding, most of which would be spent on steering veterans' care toward non-VHA doctors and hospitals and to for-profit companies for services like audiology and optometry.

Hyperlink to Above

1.3 - LA Weekly: **Law Would Force Feds to Let Veterans Get Medical Marijuana** (17 July, Denis Romero, 3.1M online visitors/mo; Culver City, CA)
The amendment to force the U.S. Department of Veterans Affairs to make cannabis available to veterans who need it was recently approved by the Senate's Appropriations Committee on a 24-to-7 vote. The department would be prohibited from interfering with a veteran's ability to obtain weed, and from blocking health care providers from giving pot to veterans where it's legal, according to language attached to a military appropriations bill.

Hyperlink to Above

1.4 - Military Times: **VA medical center leaders removed after reports of unsafe conditions** (17 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Top leaders at a New Hampshire Veterans Affairs Medical Center were swiftly removed from their posts Sunday after a scathing article portrayed the facility as unsanitary and disorganized, despite internal ratings labeling it as one of the agency's best facilities. On Saturday, the Boston Globe chronicled multiple problems at the VA-labeled four-star facility, including flies in surgical rooms, poorly-maintained medical equipment and an administration that ignores the best interests of patients.

Hyperlink to Above

1.5 - WCPO (ABC-9, Video): **National Veterans Wheelchair Games bring 600 athletes to Cincinnati** (17 July, Craig McKee, 2.1M online visitors/mo; Cincinnati, OH)
Those who fought for our country now have the chance to fight for something a little different. The 37th National Veterans Wheelchair Games kicked off Monday. The six-day event is

happening for the first time in the Queen City, “It's huge! It's like bringing the regular Olympics to Cincinnati,” said Todd Sledge, Chief of Communications for the Cincinnati VA Medical Center.

Hyperlink to Above

1.6 - WMUR (ABC-9, Video): VA whistleblowers said they were thanked when they returned to work, 2 top officials removed after Globe Spotlight report (17 July, Amy Coveno and Adam Sexton, 2M online visitors/mo; Manchester, NH)
Two top officials at the Manchester Veterans Affairs Medical Center were removed from their positions after a Boston Globe Spotlight article exposed allegations of negligence and mismanagement at the only care facility in New Hampshire designated for veterans. The article was triggered by allegations made by 11 whistleblowers who started sounding the alarm last year. That prompted quiet visits to New Hampshire from federal investigators, and a report was issued in June.

Hyperlink to Above

1.7 - Stars and Stripes: Large GI Bill expansion faces easy review in House hearing (17 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)
The changes to education benefits for veterans in a new House bill are numerous, including the end of a 15-year deadline for veterans to use their GI Bill after leaving the service, reimbursements for veterans whose schools abruptly close and boosts in aid for Purple Heart recipients, dependents, technical education and members of the National Guard and Reserve.

Hyperlink to Above

1.8 - Dayton Daily News (Video): Dayton VA chief to retire from post (17 July, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)
The Dayton VA Medical Center director recognized nationally for his work to help two embattled VA medical facilities in the midst of scandals will step down in October from the local top post. Glenn Costie, 55, announced his retirement Monday to give the VA time to find and train a replacement before he leaves. “I feel like the organization is doing really well,” he said in an interview at the Dayton VA.

Hyperlink to Above

1.9 - WBUR (NPR-90.0, Audio): 'I Have Never Seen A Hospital Run This Poorly': Problems At Manchester VA Exposed (17 July, Shawn Bodden and Meghna Chakrabarti, 1.1M online visitors/mo; Boston, MA)
The U.S. Secretary of Veterans Affairs David Shulkin has removed the two top officials at the Manchester Veterans Affairs Medical Center. The decision followed a story published in the Boston Globe this weekend. Members of the Globe's Spotlight team were contacted by a group of whistle blowers concerned with conditions at the hospital.

Hyperlink to Above

1.10 - The Atlantic: How VA Reform Turned into a Fight Over Privatization, Democrats and service organizations worry that a Republican push to expand health-care choices for veterans will sap money from the ailing federal system. (17 July, Russell Berman, 613k online visitors/mo; Washington, DC)

Veterans were waiting months for appointments, and dozens may have died because they could not get treated in time. Spurred to action, Congress created a program aimed at temporarily alleviating the strain on the VA: Veterans who lived more than 40 miles from a health-care facility or who had to wait more than 30 days for an appointment could take their benefits outside the system and seek treatment from private doctors.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - The Washington Times (AP): Head of Dayton VA Medical Center in Ohio retiring in October (18 July, 10.8M online visitors/mo; Washington, DC)
Glenn Costie also oversaw the VA medical facility in Cincinnati for part of 2016. He filled in as director of the Cincinnati medical center after the head of its Ohio-based regional network was ousted and the Cincinnati hospital's then-acting chief of staff was disciplined in connection with a probe of the hospital's management and veterans' care.

Hyperlink to Above

2.2 - The Fiscal Times: A New GI Bill Would Boost Spending for American Military Veterans (17 July, Eric Pianin, 1.6M online visitors/mo; New York, NY)
Lawmakers have introduced new legislation that would increase spending on veterans' educational benefits under the GI Bill. In the wake of the 9/11 terrorist attacks, Congress approved major improvements to the GI bill, paving the way for hundreds of thousands of veterans and their families to obtain undergraduate and graduate college degrees or advanced training to help them find a job.

Hyperlink to Above

2.3 - Inside Higher Ed: Expanding GI Bill Benefits, The GI Bill update, the first since 2011, removes 15-year time limit for benefits and awards semester of aid to veterans affected by closures of for-profit colleges. (19 July, Andrew Kreighbaum, 1.6M online visitors/mo; Washington, DC)
Testifying before the House of Representatives veterans' affairs committee Monday, Will Hubbard, the vice president of government affairs at Student Veterans of America, said if student veterans sat down to write an update to the GI Bill, it would look like the proposal before the committee.

Hyperlink to Above

2.4 - WCSC (CBS-5, Video): Volunteers drop off 'Christmas in July' gifts for veterans (17 July, Patrick Phillips, 823k online visitors/mo; Charleston, SC)
It was an early Christmas Sunday at the Charleston Veterans Administration hospital thanks to a group of volunteers. Members of the American Legion Post 166, made up of veterans committed to community service, dropped off dozens of presents to patients at the hospital. "We all feel like we have an obligation and a sense of pride for the veterans that came before us to make sure that they don't feel unwanted, unneeded or forgotten," one volunteer said.

Hyperlink to Above

2.5 - WALB (NBC-10, Video): Veterans express mixed views at VA Center town hall (17 July, Amanda Hoskins, 473k online visitors/mo; Albany, GA)
Many South Georgia veterans said they want more help and guidance from the Veterans Affairs clinic. At least that's what some who attended Albany's town hall meeting on Monday said. Representatives from the Carl Vinson VA Medical Center hosted the town hall meeting. It was the first time the center hosted a town hall for folks in Albany.

Hyperlink to Above

2.6 - WCAX (CBS-3, Video): Major shake up at veterans hospital in New Hampshire (17 July, 321k online visitors/mo; South Burlington, OH)
A new report alleges veterans are getting "dangerously substandard" care at the Manchester hospital. Eleven doctors and employees contacted the feds saying the hospital was putting its patients in jeopardy. The Boston Globe reports they described a fly-infested operating room and surgical instruments that weren't always sterilized. And the feds found "substantial likelihood" that those allegations were true.

Hyperlink to Above

2.7 - The Post and Courier: Civil service needs reform (18 July, Editorial Board, 319k online visitors/mo; Charleston, SC)
The federal civil service needs reform starting at the Department of Veteran's Affairs, as shown by new data listing how many VA employees were dismissed in the last five months and how that compares to the rate of dismissals in the private sector. Ironically federal employee unions and advocates insist that the data show the opposite.

Hyperlink to Above

2.8 - WDTN (ABC-2): Dayton VA Director to retire in October (17 July, Kim Allen, 205k online visitors/mo; Moraine, OH)
The CEO/Director of the Dayton VA Medical Center is retiring in October. Glenn Costie will step aside on October 28th. Costie says he's making the announcement now in order to give the VA time to find his replacement. Costie says the advance notice will also allow the VA to train his successor in day-to-day management of the Dayton VA.

Hyperlink to Above

2.9 - Valley News: Vt. Leader Takes Helm at N.H. VA (18 July, Nora Boyle-Burr, 164k online visitors/mo; West Lebanon, NH)
The director of the White River Junction Veterans Affairs Medical Center has been asked to oversee the VA Medical Center in Manchester following whistleblower complaints about patient care and sanitation at the only New Hampshire-based VA hospital. U.S. Secretary of Veterans Affairs David Shulkin on Sunday asked Alfred Montoya Jr., who has been the permanent director in White River Junction for little more than a year…

Hyperlink to Above

2.10 - Star Beacon: Disabled vets train at Spire for Wheelchair Games (17 July, Justin Dennis, 77k online visitors/mo; Ashtabula, OH)
Patty Whitecotton, a recreation therapist with the Louis Stokes Cleveland VA Medical Center who organized the current training program for disabled veterans, said the VA wanted

competing veterans to get out to regular fitness clinics, rather than have the games be their only outlet. When she looked at Spire's capability, she said she thought, "This is perfect. ... A lot of the equipment is adapted for wheelchairs so no matter what level they're at, they can still work out."

Hyperlink to Above

2.11 - WVXU (NPR-91.7): Veterans Compete In National Wheelchair Games In Cincinnati (17 July, Tana Weingartner, 74k online visitors/mo; Cincinnati, OH)
More than 600 veterans are in Cincinnati this week competing in the National Veterans Wheelchair Games. It's billed as the world's largest annual wheelchair multi-sport and rehabilitation event. The competition is organized by the Paralyzed Veterans of America (PVA) and the Department of Veterans Affairs. Athletes from the U.S., Puerto Rico and Great Britain must compete in at least four events.

Hyperlink to Above

2.12 - Sunshine State News: Marco Rubio Continues the Fight to Reform the VA (17 July, Kevin Derby, 63k online visitors/mo; Tallahassee, FL)
U.S Sen. Marco Rubio, R-Fla. is continuing his efforts to reform the U.S. Department of Veterans Affairs, cosponsoring the "VA Quality Employment Act" brought out by U.S. Sen. Luther Strange, R-Ala. Strange's bill would reform hiring and other HR matters at more than 1,200 VA health service centers across the nation. The bill's supporters, which also include U.S. Sen. Tom Cotton, R-Ark., and U.S. Sen. Jim Inhofe, R-Ok…

Hyperlink to Above

2.13 - WRGT (FOX-45): CEO of Dayton VA Medical Center to retire in October (17 July, Gabi Warwick, 51k online visitors/mo; Miamisburg, OH)
The CEO and Medical Center Director for the Dayton VA Medical Center announced he plans to retire in October 2017. Glenn Costie has been with the Dayton VA since December 2011. Over the past 5 1/2 years, he's emphasized community partnerships, transparency and ensuring employees were doing the right thing for each veteran.

Hyperlink to Above

2.14 - WFXL (FOX-31, Video): Veterans sound off on concerns at VA town hall (17 July, Mary Green, 35k online visitors/mo; Albany, GA)
Representatives from the VA now have a better idea of what some of the problems facing local veterans are at this time. That comes after hearing questions from a packed house at an Albany town hall Monday, hosted by the Carl Vinson VA Medical Center in Dublin. Some specific worries ranged from storm recovery and aid to caregivers to transportation to the Dublin hospital.

Hyperlink to Above

2.15 - Vermont Public Radio: Manchester VA Director, Chief of Staff Removed Pending Investigation (17 July, Pete Biello, 21k online visitors/mo; Colchester, VT)
Two top officials at the Department of Veterans Affairs Medical Center in Manchester have been removed pending a review of conditions described in a Boston Globe report. Several doctors at

the Manchester VA complained in the report of unsanitary operating rooms and alleged substandard care.

Hyperlink to Above

2.16 - WGIR (CMN-610, Audio): Weekend Round-up: Interview with VA Secretary Shulkin (17 July, 20k online visitors/mo; Manchester, NH)
In this nearly eight-minute clip, correspondent Kimmy McCormack interviews Secretary Shulkin about the new GI Bill legislation, which would remove the 15-year time limit for Veterans to take advantage of those education benefits. It also covers the VA accountability legislation and the Choice program.

Hyperlink to Above

3. Access to Healthcare

3.1 - CNN: How tapering off opioids can help people with chronic pain (17 July, Nadia Kounang, 29.7M online visitors/mo; Atlanta, GA)
"It's counterintuitive that pain and well-being could be improved when you decrease pain medication. ... Patients felt better when dosages were reduced," said Dr. Erin Krebs, medical director of the Women Veterans Comprehensive Health Center, part of the Minneapolis Veterans Affairs Health Care System, and an author of the study.

Hyperlink to Above

3.2 - ABC News (AP): Top officials at New Hampshire veterans hospital removed (17 July, 24.1M online visitors/mo; New York, NY)
Veterans Affairs Secretary David Shulkin has removed two top officials at New Hampshire's only veterans hospital and has ordered a review of the facility amid allegations of "dangerously substandard care." The Boston Globe reported that 11 physicians and medical employees alleged the Manchester VA Medical Center was endangering patients.

Hyperlink to Above

3.3 - Stars and Stripes: VA removes top officials from New Hampshire center after allegations of poor conditions, care (16 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)
The director and chief of staff of the VA hospital in Manchester, N.H., have been removed from their posts following a news report of dirty conditions, long patient wait times and substandard care, Department of Veterans Affairs Secretary David Shulkin announced Sunday. A group of 11 whistleblowers, including some physicians and other medical personnel, contacted the federal government and the Boston Globe with complaints of dangerous conditions, the newspaper reported Sunday.

Hyperlink to Above

3.4 - NH1 News: Veterans Affairs launches review of Manchester medical center after poor care allegations (17 July, 1.2M online visitors/mo; Concord, NH)
The Veterans Affairs Office is launching a review of the Manchester Veterans Affairs Medical Center following allegations of poor conditions and patient care. Boston Globe's Spotlight Team

published an article Saturday that made public the claims of patients and doctors who described the alleged issues within the hospital, including an operating room abandoned because of flies and patients struggling to get any care.

Hyperlink to Above

3.5 - Pantagraph: Veterans Corner 7/17/17 (17 July, 834k online visitors/mo; Bloomington, IL)
I will soon be retiring from my career civilian job. I will not be able to continue my health insurance through my employer after I retire. I have never applied for VA Health Care since my employer has always made health insurance part of my employment package. I served from 1968 to 1972 in the Army, and have not been in the military for over four decades. Can I still receive health care through the VA?

Hyperlink to Above

3.6 - WJXX (ABC-25, Video): Veterans Choice Program success might be affecting veterans waiting for care (17 July, Kenneth Amaro, 321k online visitors/mo; Jacksonville, FL)
The Navy Veteran was seeing a Brunswick, Georgia podiatrist approved through the Veterans Choice Program (VCP). "[VCP] was working so well Veterans," he said. "More veterans are asking for it. You can stay at home and receive treatment." Now, it seems the program's success is creating some backlash for Yale and other veterans.
"[VCP] was working too well, the funds are leaving the VA and they're afraid to close the clinics and hospitals," he said.

Hyperlink to Above

3.7 - New Hampshire Union Leader: VA center doctors say they had to speak up (17 June, Dave Solomon, 319k online visitors/mo; Manchester, NH)
The major problem, they say, stems from a culture in which doctors are treated as second-class citizens by administration, and not sufficiently involved in patient care or operational issues. The VA scorecard by which the Manchester facility received four stars is a sham, according to Kois and his associates, in which top administrators essentially rate their own facilities on a scorecard that is then approved in Washington.

Hyperlink to Above

3.8 - Daily Hampshire Gazette: Editorial: Nation's 'atomic veterans' deserve recognition (17 July, Editorial Board, 191k online visitors/mo; Northampton, MA)
Thousands of military veterans who were exposed to radiation — including many who developed debilitating and sometimes fatal diseases — as the result of nuclear weapons tests between 1945 and 1962 are closer to receiving the long-overdue recognition they deserve. The U.S. House of Representatives on Friday unanimously approved a measure co-sponsored by U.S. Rep. James McGovern, D-Worcester, that would create a service medal awarded to the so-called "atomic veterans" or their surviving relatives to recognize their sacrifice.

Hyperlink to Above

3.9 - The Daily News: Newburyport doctor behind shakeup at VA hospital (17 July, John Castelluccio, 189k online visitors/mo; Newburyport, MA)
Behind a major shakeup and investigation at the Veterans Administration hospital in Manchester, New Hampshire, is a Newburyport doctor who's been on a two-year journey to

shed light on alleged deplorable and dangerous conditions for veterans in the hospital's care. Dr. William "Ed" Kois, who has headed up the medical center's spinal chord clinic since 2012, claims nearly 100 veterans have become disabled and paralyzed because of substandard care — and neglect — from the VA hospital.

Hyperlink to Above

3.10 - Concord Monitor: Veterans advocates 'angered' at story of failure at Manchester VA (17 July, Nick Reid, 164k online visitors/mo; Concord, NH)
Some veterans who say they've received substandard care at the Manchester veterans hospital have the ear of its leaders. They achieve this connection through the advocacy of service organizations – such as the Veterans of Foreign Wars – which have a standing monthly meeting with the top officials at the Manchester Veterans Affairs Medical Center.

Hyperlink to Above

3.11 - New Hampshire Public Radio (Audio): Manchester VA Doctor Skeptical of Federal Investigation's Integrity (17 July, Pete Biello, 148k online visitors/mo; Concord, NH)
VA Secretary David Shulkin removed the Medical Center's director, Danielle Ocker, and the chief staff, James Schlosser, from their positions. Shulkin also ordered an inspection of the facility by high-level VA officials. Doctor Stewart Levenson is one of the doctors who blew the whistle on conditions at the Manchester VA. Levenson is the Manchester VA's medical service chief, and he spoke with NHPR's Peter Biello on Monday.

Hyperlink to Above

3.12 - Task & Purpose: Will VA Doctors Finally Be Able To Recommend Marijuana For Vets? (17 July, Sarah Sicard, 102k online visitors/mo; New York, NY)
In a 24-7 vote on July 13, lawmakers on the Senate Appropriations Committee passed an amendment that would give Department of Veterans Affairs authority to recommend medical marijuana in states where it is legal for medicinal use. The Senate amendment, part of the VA's budget request for fiscal year 2018, would work by removing funding from the VA portion of the budget that is used to police VA doctors from recommending marijuana…

Hyperlink to Above

3.13 - WAGM (FOX-8): Senator Collins Continues to Protect Northern Maine Veterans' Access to Health Care (17 July, Taylor Lumpkin, 36k online visitors/mo; Presque Isle, ME)
U.S. Senator Susan Collins announced that the Senate Appropriations Committee approved a provision she authored aiming to preserve Northern Maine veterans' access to health care. Senator Collins is a senior member of the Appropriations Committee. Specifically, Senator Collins' provision directs the Secretary of the Department of Veterans Affairs to ensure that veterans who participated in the Access Received Closer to Home (ARCH) pilot maintain continuity of care through the use of provider agreements.

Hyperlink to Above

3.14 - Baxter Bulletin: The fight for VA clinic in Baxter County continues (17 July, Billy Jean Louis, 57k online visitors/mo; Mountain Home, AR)

The petition also stated that the fact that the U.S. Department of Veterans Affairs facilities that "offer these services are at a minimum three-hour drive by personal auto … many veterans forgo the service and either pay out of pocket or do nothing at all."

Hyperlink to Above

3.15 - Homer Glen Patch: Will County Lauded for 'Effectively Ending Homelessness Among Veterans' - Reps from several area agencies teaming up to end homelessness among veterans in Will County made a big announcement last week. (17 July, Carrie Frillman, Homer Glen, IL)
Reps from several area agencies that are teaming up to end homelessness among veterans in Will County announced last week that their efforts have yielded significant success. Officials from the United States Interagency Council on Homelessness (USICH), the Department of Housing and Urban Development, and the Department of Veterans Affairs said that the Will County Continuum of Care has, "effectively ended homelessness among veterans in the county."

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - The Daily Sentinel: Grand Junction VA gets vehicle upgrade Grand Junction VA gets vehicle upgrade (18 July, Joe Vaccarelli, 192k online visitors/mo; Grand Junction, CO)
Barb and Ron Fiedler had so enjoyed their two previous cross-country trips delivering vans for the Disabled American Veterans that they volunteered to do it again, even though this time it meant that Barb would have to do all the driving. With Ron unable to drive, the Grand Junction residents headed for Cold Springs, Kentucky, to pick up the vehicle and spent about 10 days on the road…

Hyperlink to Above

7. Supply Chain Modernization

7.1 - Politico: Cerner hires ex-VA exec (17 July, Arthur Allen, 23.9M online visitors/mo; Arlington, VA)
Waltman is working on "efforts related to government strategy, innovating, engineering and compliance," Cerner said in a release. Waltman was chief information strategy officer under David Shulkin at the Veterans Health Administration from 2014 until November when he took over IT strategy at AbleVets, a VA and DoD contractor.

Hyperlink to Above

7.2 - Becker's Hospital **Review: Senate passes 2018 VA appropriations bill, to 'reevaluate' Cerner EHR funding at later date** (17 July, Jessica Kim, 441k online visitors/mo; Glencoe, IL)
The Senate Appropriations Committee unanimously approved its fiscal year 2018 Military Construction, Veterans Affairs and Related Agencies Appropriations Bill in a 31-0 vote July 13. The bill includes $88.9 billion in discretionary funding across various agencies, up $6.1 billion from 2017. It also earmarks $78.4 billion in discretionary funding for the Department of Veterans Affairs, a $4 billion increase over last year.

Hyperlink to Above

7.3 - Healthcare IT News: **Cerner hires VA technology expert to help with Vista overhaul strategy - David Waltman has worked in two capacities at the Department of Veterans Affairs, and most recently at startup focused on better using health IT to help vets and service members.** (17 July, Mike Miliard, 438k online visitors/mo; Portland, ME)
As it begins to plan its massive electronic record health initiative at the U.S. Department of Veterans Affairs, Cerner has hired a professional with deep and varied experience in the ways technology is deployed at the VA. David Waltman has recently signed on to Cerner's federal team, where he'll help with "efforts related to government strategy, innovation, engineering and compliance," according to a statement from the company.

Hyperlink to Above

7.4 - FEDweek: **Congress, GSA Focus on VA Acquisition** (17 July, 48k online visitors/mo; Glen Allen, VA)
A House Veterans Affairs subcommittee has passed a newly introduced bill (HR-3169) to improve hiring and training of acquisition and construction management personnel at the VA. The measure would: require VA to create career certification programs for construction and logistics employees reflecting similar programs at the Department of Defense; extend VA's career certification for contracting officers to VA's logistics workers and construction managers…

Hyperlink to Above

8. Other

8.1 - Washington Examiner: **'Historic preservation' blocks VA bid to save millions, help more vets** (17 July, Paul Bedard, 4.8M online visitors/mo; Washington, DC)
The Department of Veterans Affairs is trying to unload hundreds of vacant and useless buildings, potentially saving taxpayers $23 million every year, but historic preservation tags have been slapped on many of them, blocking action. VA Secretary David J. Shulkin said the agency owns thousands of buildings from the Revolutionary War, Civil War, World War I, and World War II, many vacant and under historical preservation status.

Hyperlink to Above

1. Top Stories

1.1 - Star Tribune: Walz calls report on local VAs 'concerning' (17 July, Mark Brunswick, 10.8M online visitors/mo; Minneapolis, MN)

U.S. Rep. Tim Walz on Monday requested a meeting with top Department of Veterans Affairs officials from Minneapolis and St. Cloud after a watchdog report criticized how the VA hospitals told several patients about their cases and scheduling.

A report from the VA's Office of Inspector General (OIG) released Monday looked at concerns at the two VA hospitals and the Vet Center in New Brighton, focusing on mental health and post-traumatic stress disorder (PTSD) treatments and scheduling.

The issue was how some patients were informed about pending changes in a non-VA provider of mental health services for veterans with PTSD. The investigation looked at whether patients were notified by letter rather than in person about the changes, and whether alternative treatments were made available.

In its report, the Inspector General, the watchdog arm of the agency, recommended that both the Minneapolis and St. Cloud VA hospitals tighten their notification processes and determine whether patient preferences for further treatment were taken into account. It also recommended that the New Brighton Vet Center reconnect with affected veterans to make sure they were offered alternative care.

In written responses, both VA hospitals and the Vet Center said they had either already made the changes recommended or were in the process of doing so.

Walz, D-Minn., the ranking member of the House Veterans Affairs Committee, asked for the probe in 2014. He called the substantiated allegations in the report "concerning."

"The care and treatment of our veterans must be the VA's number one priority, especially when it comes to mental health care. That's why the substantiations outlined in the OIG's report today are so concerning," Walz said in a statement.

Back to Top

1.2 - The Nation: America's Biggest Publicly Funded, Fully Integrated Health-Care System Is Under Attack, The Veterans Health Administration is a successful example of a single-payer system in the United States. It's time for progressives to defend it. (17 July, Suzanne Gordon, 3.2M online visitors/mo; New York, NY)

In the Bay Area, public meetings critical of conservatives are not hard to find. But when about 200 San Francisco military veterans jammed into an auditorium in their city's Veterans War Memorial Building in mid-April, they added diversity to the local "resistance." Those in attendance—representatives of veterans-service organizations, patients of the Veterans Health Administration, health-policy experts, and local Congresswoman Nancy Pelosi—were trying to educate veterans and the public about proposals that could destroy a single-payer plan for 9 million Americans whose past military service, in combat and noncombat jobs, makes them eligible for VHA coverage.

The threat—faced by VHA users and staff (one-third of whom are veterans themselves)—is privatization. The Trump administration has no trouble boosting an already swollen Pentagon budget. But it favors only a modest increase in VHA funding, most of which would be spent on steering veterans' care toward non-VHA doctors and hospitals and to for-profit companies for services like audiology and optometry. As part of their ever-expanding outsourcing strategy, Trump's Republican allies—and even some Democrats—have demonized VHA employees and attacked their workplace rights and union protections. Meanwhile, according to a number of VHA clinicians I have recently spoken with, VHA leadership is making it difficult for facilities to hire needed staff. An in-house electronic medical-records system that's one of the best in the country is slated to be replaced by one produced by a private vendor. More importantly, Congress is considering legislation that could pave the way for agency dismantling.

Such steps will dramatically increase costs to the US taxpayer—and strike a collateral blow against efforts by labor and the left to defend federally funded medical coverage in any form, whether through the Affordable Care Act (ACA), Medicaid, or Medicare.

The current VHA privatization push first gained traction in 2014, when staff whistle-blowing drew public attention to appointment delays at some overwhelmed VHA facilities, like the Phoenix VA Health Care System. Serious problems existed at the Phoenix VA and other VHA medical centers, where administrators, since fired or disciplined, were caught gaming performance measures that mandated that veterans be seen within 14 days of requesting an appointment (a performance standard many criticize as unrealistic and unattainable). A subsequent inspector general's report identified "patterns of obstacles to care" in the Phoenix VA Health Care System, including a faulty appointment-making system and limited access to psychotherapy and mental-health services. The inspector general's report found that 40 VHA patients had died while on treatment wait lists—a number that was widely reported in the mainstream media—but the report went on to say that only six of those deceased patients had experienced "clinically significant delays," and concluded that it could not "conclusively assert that the absence of timely quality care caused the deaths of these [six] veterans."

The Concerned Veterans for America (CVA), a Koch brothers–financed Astroturf group that provides no services and has few actual members, quickly exploited this situation and helped foster a wave of highly misleading reporting about the VHA. Although average wait times at the VHA are comparable to wait times in the private sector (a recent estimate reported average wait times of 24 days), the CVA and its allies continue to argue that the VHA is broken beyond repair. Coverage in mainstream media, like The New York Times, reflects this narrative consistently, describing the VA as "beleaguered," a "stumbling bureaucracy," or a "troubled health system."

Like the British National Health Service, the VHA not only pays for but also provides services to veterans.

Republicans seized on the trumped-up scandals, despite having blocked the effort of Senator Bernie Sanders, then chair of the Senate Veterans Affairs Committee, to provide the needed level of funding and support the VHA earlier in the year. In response to the Phoenix scandal, Congress passed the hastily and ill-crafted Veterans Access, Choice, and Accountability Act of 2014, brokered by Sanders and Arizona Senator John McCain. Through the Choice program, vets faced with appointment delays of more than 30 days or more than 40 miles of travel to the nearest VHA facility could use private health-care providers instead.

The Choice program, which was originally scheduled to sunset in August, has already been extended until Choice money runs out. Now Republicans are seeking a wholesale expansion of the outside-the-VHA option, creating a gold mine for the health-care industry. At the San Francisco forum, speakers opposed to such privatization, like Michael Blecker, a Vietnam War veteran and leader of Swords to Plowshares, warned of its budgetary impact on successful VHA programs to reduce veteran homelessness in the Bay Area. House minority leader Pelosi argued that the Republican goal is not improving the quality of veterans' care or reducing the cost of it. "The people who want to privatize the VA don't want to make it better," she said. "They want to make a buck."

That's a lesson that Vietnam War vet Bob Rowen learned the hard way when his wife, suffering from terminal brain tumor, ran up large doctor and hospital bills. His family almost went bankrupt over her medical expenses, Rowen reported at the San Francisco meeting. In contrast, his own coverage is fully paid, without copays or premiums. His salaried VHA caregivers can coordinate treatment, in cost-effective fashion, for his multiple conditions, which include heart trouble, high blood pressure, high cholesterol levels, and post-traumatic stress disorder (PTSD), an area of unrivaled VHA expertise.

"How will veterans with serious mental and physical conditions be able to navigate the maze that is private-sector health care?" Rowen asked. "My wife and I couldn't. We simply could not overcome the obstacles the system placed in our way."

As the San Francisco speak-out demonstrated, grassroots organizing against VHA privatization is growing among veterans, their advocacy groups, and the American Federation of Government Employees union (which has more than 100,000 VA dues payers). But many progressives currently fighting ACA repeal or Medicaid cuts are only dimly aware of the parallel threats to the VHA. Some health-care reformers erroneously assume that veterans can easily fend off these attacks because of the lobbying clout and patriotic cachet derived from their membership in veterans-service organizations like the American Legion or Disabled American Veterans, which oppose privatization. Others, in left and liberal circles, have been adversely influenced by negative coverage of the VHA.

"When it comes to fighting to save America's only single-payer system, even dedicated single-payer activists aren't giving the issue much thought," says VHA physician and "Medicare for all" advocate Jason Kelley. "Most health-care activists don't know much about the VHA, and have no idea about the high-quality of care it delivers. Their views on what's going on in the Canadian or European health-care systems are very up-to-date but, when it comes to the VA, they are closer to the public's outdated attitudes."

As Kelley points out, the VHA is the nation's largest publicly funded, fully integrated health-care system. And the VHA is not just an insurer—reimbursing private providers like Canada or our federal government does, in more limited fashion, to provide Medicare for seniors. Like the British National Health Service, the VHA not only pays for but also provides services to veterans. It is, as Kelley suggests, a workable model for those fighting for single-payer health care in the United States, which should be promoted more effectively. The agency employs 300,000 people (a third are veterans) many of them functioning like direct-care providers in the UK's national health service.

These VHA employees don't serve all US veterans. Congressionally mandated eligibility requirements limit VHA access to about nine out of America's 21 million veterans. To qualify, you must be either low-income or have service-connected disabilities. (As a result, VHA's

patient population is generally older, sicker, and poorer than in the private sector. There is, currently, no effort to expand benefits to veterans who are healthier and more affluent. In fact, current efforts to channel more veterans into private-sector care may lead to further restrictions in eligibility, cuts in services, or increased out-of-pocket payments.)

Because of the totality of veterans' physical, mental, and economic problems, "the VHA endeavors to be a leader in health equity," as the American Journal of Public Health has reported. Unlike its private-sector counterparts, the VHA operates extensive programs to reduce homelessness and help veterans find employment and adjust to civilian life when they leave active duty. The VHA also anchors a national system of Veterans Treatment Courts, helping veterans faced with minor criminal charges avoid jail time if they accept counseling help.

The VHA model of integrated care stands in stark contrast to the fragmented, episodic nature of much patient care elsewhere.

The VHA has developed what is, arguably, the only functional mental and behavioral health-care system in the United States. The veterans served by it have far more mental-health problems—including PTSD, depression, anxiety, schizophrenia, and other conditions—than the average private-sector patient. The VHA is one of the only health-care systems in the country that has integrated mental-health care into all of its primary-care settings. When patients raise a mental-health issue, their primary-care physician doesn't just provide a specialist referral and leave it to them to follow up. A primary-care doctor can walk a patient down the hall and personally introduce them to a psychologist or psychiatric nurse practitioner at the same clinic location. Vietnam War veteran Denny Riley, for example, went to his primary-care physician in Martinez, California, to talk about the fact that he was having trouble sleeping. "She then immediately introduced me to a psychologist," he said. "In the course of being treated for my sleep problems, I showed the psychologist a poem I'd written about tinnitus and she immediately sent me to a hearing specialist for hearing aides to help with that."

Veterans who need help understanding how to take their medications or who have trouble adjusting their diet or obtaining housing get the same kind of "warm hand-off" to a pharmacist, dietician, or social worker who are part of primary-care teams. Care is also coordinated between, for example, a specialist in hearing loss—a widespread veteran problem—and a neurologist familiar with Agent Orange–related Parkinson's disease, or a pulmonologist who can diagnose the respiratory damage done by exposure to military-base burn pits in Iraq or Afghanistan.

Myriad studies have found that treatment of veterans with diabetes, heart disease, and mental-health problems like PTSD is superior to private-sector care precisely because this VHA model of team-based integrated care stands in stark contrast to the fragmented, episodic nature of much patient care elsewhere. One RAND study on mental-health care documented that 70 percent of VHA mental-health providers understand military culture, while only 8 percent in the private sector had any familiarity with the kinds of specific military-related issues that effect veterans. A recent study on cancer care published in the Annals of Internal Medicine reported that older male veterans received care in the VHA that was often better than that in the private sector, because the VHA "is much better coordinated than in most other settings."

The VHA is also able to deliver such high-quality care because its doctors, nurses, and other clinicians are salaried. They have no financial incentive to over-treat their patients, as so many private-sector physicians paid on a fee-for-service model do. Instead, the VHA encourages

what's known as "right care"—avoiding unnecessary tests, medications, and procedures that are sometimes harmful themselves, responsible for many patient injuries, and claim one-tenth of all US health-care spending.

Despite an aging US population, many private hospitals and health-care networks still have insufficient services for elderly patients. VHA hospitals are, in contrast, recognized leaders in the provision of geriatric and palliative and hospice care. As Dr. Diane Meier, a specialist in those fields, notes, "The VA was first out of the box on geriatrics," starting fellowship programs throughout the country when few other hospital systems had them, and is a leader in delivering appropriate end-of-life care. The VHA trains a huge share of American physicians; 70 percent do their residency at the VHA. VHA clinicians also conduct research of great benefit to the broader US patient population; among their singular achievements are the shingles vaccine, the first implantable cardiac pacemaker, and the nicotine patch.

All of this and much more is in jeopardy. At a June 7 meeting of the Senate Committee on Veterans Affairs, VA Secretary David Shulkin unveiled a plan to outsource more VA services to the private sector and defended White House budget priorities. Shulkin is a medical doctor and former VHA undersecretary for health under President Obama; he is the only Trump cabinet pick both qualified for his position and publicly supportive of his agency's mission. Now, in meetings at the White House, he must placate Trump's son-in-law, Jared Kushner, who leads the administration's Office of American Innovation, which includes VHA overhaul in its portfolio. In addition, Trump has saddled Shulkin with advisers like Darin S. Selnick, a former staffer for the Koch-funded CVA and leading conservative advocate of VHA privatization. Trump has also met with private-sector hospital CEOs who stand to gain from the outsourcing of VHA care to their institutions.

On Capitol Hill in June, Senator Jon Tester (D-MT) questioned the fact that 33 percent of the budget increase sought by Shulkin would be diverted to private-sector treatment, adding only 1.2 percent to support directly delivered care. "It doesn't take very many budgets like that and…we're privatizing the VA," Tester warned. In its longer-range forecast, Fighting for Veterans Healthcare, a San Francisco–based VA advocacy group, predicts that, as budgets are shrunk to pay for outsourced care, more salaried caregivers, specialized programs, and clinics would be eliminated, and "the VA will become a shell of itself." In early July, the chair of the Senate Committee on Veterans Affairs, Johnny Isakson (R-GA), went even further, introducing a draft of a bill that would pave the way for the total privatization of the VA health-care system.

Those on the left who oppose the Trump agenda and want to erode his working-class support—where it exists—have a golden opportunity in the fight to save the VHA. They can help promote the closest thing to a European-style national health service the United States has ever produced—a working example of single-payer financing that has broad popular support among the millions of patients covered. Without additional allies and public broader understanding of what's at stake, national veterans' organizations, plus affected VHA unions, could easily lose this crucial anti-privatization fight, making it even harder for health-care reformers to win Medicare for all.

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1.3 - LA Weekly: Law Would Force Feds to Let Veterans Get Medical Marijuana (17 July, Denis Romero, 3.1M online visitors/mo; Culver City, CA)

The amendment to force the U.S. Department of Veterans Affairs to make cannabis available to veterans who need it was recently approved by the Senate's Appropriations Committee on a 24-to-7 vote. The department would be prohibited from interfering with a veteran's ability to obtain weed, and from blocking health care providers from giving pot to veterans where it's legal, according to language attached to a military appropriations bill.

"The amendment ensures that veterans have equal access to all of the medical options available in their local community, to include medical marijuana in states where it is legal," according to a statement from the office of co-author Steve Daines, a Montana Republican.

Clearing the VA's blockade of medical marijuana has been attempted before. In 2015, military spending legislation supported by Southern California U.S. Rep. Dana Rohrabacher would have allowed Veterans Affairs–affiliated doctors to write medical marijuana recommendations in states like California. It was rejected in the House.

And, last year, language very similar to the latest amendment made it through the House and Senate but was stripped in a last-minute move by Republican leaders in the House Appropriations Committee.

This time around, there seems to be more hope for the legislation co-authored by Oregon Democrat Jeff Merkley.

"It has an excellent chance of passing the Senate, as it did last year," Tom Angell, chairman of the group Marijuana Majority, said via email.

"Unfortunately last year, the conference committee stripped the language when reconciling both chambers' bills, something we will be working extra hard to prevent this year," Angell said. "I think the increase in support in the Senate committee, plus the new state laws coming on board, is an indication we are well-positioned."

But support from key Republicans, including the administration of President Trump, who could veto the bill or exert pressure to strip the language again, is up in the air, Paul Armentano, deputy director of the pro-marijuana organization NORML, said via email. Attorney General Jeff Sessions, in particular, has expressed disdain for states' medical marijuana legalization.

"Given the rising level of both public and political support in favor of medical cannabis access, particularly for veterans — coupled with the increasing lobbying efforts from veterans' groups like the American Legion and AMVETS — I would not only anticipate members of the House and Senate to once again approve this reform legislation but also to do so in greater numbers than last year," Armentano said. "The question that remains, however, is whether high-ranking Republicans or the Trump administration will respect this vote, or will they turn their back on the needs of veterans and the will of the overwhelming majority of voters."

The Department of Veterans Affairs itself has long opposed medical cannabis for those who have fought for our country. It calls medical pot use among vets "a growing concern" and casts doubt on the science supporting weed's use for post-traumatic stress disorder (PTSD). "There is no evidence at this time that marijuana is an effective treatment for PTSD," according to a VA fact sheet.

Huntington Beach's Rohrabacher said last year, "Americans have found relief in regulated medical marijuana. These include stroke victims, epileptics, veterans afflicted with post-traumatic stress and those suffering from the effects of chemotherapy, among many other health-related issues."

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1.4 - Military Times: VA medical center leaders removed after reports of unsafe conditions (17 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Top leaders at a New Hampshire Veterans Affairs Medical Center were swiftly removed from their posts Sunday after a scathing article portrayed the facility as unsanitary and disorganized, despite internal ratings labeling it as one of the agency's best facilities.

On Saturday, the Boston Globe chronicled multiple problems at the VA-labeled four-star facility, including flies in surgical rooms, poorly-maintained medical equipment and an administration that ignores the best interests of patients.

The newspaper quoted the center's chief of medicine — one of at least 11 whistleblowers filing complaints about conditions there — as saying he had "never seen a hospital run this poorly — every day it gets worse and worse."

In a statement Sunday, Shulkin called the allegations "serious" and said he was removing the director (Danielle Ocker) and chief of staff (James Schlosser) at the facility immediately.

"We want our veterans and our staff to have confidence in the care we're providing," the statement said. "I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations."

Alfred Montoya, director of the VA Medical Center in White River Junction, Vermont, will serve as director pending a full review of the center's operations. No replacement has yet been named for Schlosser.

The moves come just weeks after the White House signed into law new accountability rules for VA workers, designed to speed up firing of employees found guilty of incompetence or negligence.

However, those rules have not yet been put in place, and the moves at the New Hampshire facility appear to fall under the same workplace authorities as in the past.

Shulkin has said promised to improve accountability within VA, saying that not properly punishing bad employees hurts morale across the workforce. But he has also said the new firing rules will not result in large waves of firings.

His moves so far have generally drawn praise from lawmakers. On Sunday, Rep. Ann Kuster, D-N.H. — who in the past has reported problems at the facility to the VA Inspector General — said in a statement that she appreciated the quick action.

"The reports concerning the Manchester VA Medical Center are simply unacceptable," she said. “"Our veterans deserve much better.”

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1.5 - WCPO (ABC-9, Video): National Veterans Wheelchair Games bring 600 athletes to Cincinnati (17 July, Craig McKee, 2.1M online visitors/mo; Cincinnati, OH)

Those who fought for our country now have the chance to fight for something a little different.

The 37th National Veterans Wheelchair Games kicked off Monday. The six-day event is happening for the first time in the Queen City, “It's huge! It's like bringing the regular Olympics to Cincinnati,” said Todd Sledge, Chief of Communications for the Cincinnati VA Medical Center.

The National Veterans Wheelchair Games gives vets the chance to do what some may have thought impossible.

Rory Cooper, who competes and coaches athletes, says it’s about more than winning medals.

“For me, it's just the camaraderie - to help and train some of the younger guys and to expose to the American public what veterans can achieve,” Cooper said.

Cooper served in the Army and started competing in the games in 1983.

“You'll see some amazing athletes here. You get a chance to see how well our veterans do, how well the VA takes care of them,” Cooper said.

Every year, the VA and Paralyzed Veterans of America put on the wheelchair games for vets who have suffered spinal cord injuries, amputations or other mobility impairments.

“We just love it,” said Ernie Butler, games director. “This is our life.”

Butler has been working three years to prepare the city and help organize the games.

“Every time you get to the end of the road and the start of the games, it makes every one of the visits and all the planning so worthwhile,” Butler said.

To kick off the games, Cooper and other athletes took a practice run through the slalom course at Fountain Square. They went over ramps, weaved through cones, even rolled over steps.

More than 600 athletes are participating.

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1.6 - WMUR (ABC-9, Video): VA whistleblowers said they were thanked when they returned to work, 2 top officials removed after Globe Spotlight report (17 July, Amy Coveno and Adam Sexton, 2M online visitors/mo; Manchester, NH)

Two top officials at the Manchester Veterans Affairs Medical Center were removed from their positions after a Boston Globe Spotlight article exposed allegations of negligence and mismanagement at the only care facility in New Hampshire designated for veterans.

The article was triggered by allegations made by 11 whistleblowers who started sounding the alarm last year. That prompted quiet visits to New Hampshire from federal investigators, and a report was issued in June.

Five hours after The Boston Globe article broke Sunday, two top staffers were let go. The whistleblowers said they didn't know what to expect when they returned to work Monday.

"I went into the cafeteria, and this vet thanked me. The vets have thanked me," Dr. Ed Kois said. "I don't think the administration is going to talk to me, but I don't really care."

Kois led the whistleblower effort.

"I didn't know how I would be received, and I have problems walking, and they have a van pick me up, and the guy who drives the van stuck his hand out and shook it, and he thanked me," Kois said.

Dr. Stewart Levanson turned whistleblower after working 18 years at the VA, and he said that something similar happened to him.

"People were grateful," he said. "Many of them were relieved that these problems came to light. I shook a bunch of hands this morning, which I wasn't expecting."

Levanson said that for years, he tried to raise concerns to upper management and had reservations about exposing the allegations.

"It was not something I did lightly," he said. "It was something I was very concerned about. I didn't want issues getting confused where the veterans' lost confidence in the care they were getting."

The 11 medical providers filed for whistleblower protection in August and have been working quietly with the Globe Spotlight team to expose what the doctors said are systematic problems. The issues included antiquated equipment, expensive equipment that was ordered but unable to be used because a room is too small to fit the machine, and flies in an operating room.

Dr. Ed Chibaro said the issue with the flies could be significant, but it isn't because the facility isn't providing full services.

"I wish I could tell you that it's a bigger story than it is, but frankly it's not, because we don't do anything," he said. "There's no reason to use that operating room because we don't do anything."

Chibaro said upper management officials would rather send surgical procedures to other hospitals under a program called Veteran's Choice.

"They want to cost shift," Chibaro said.

At least one Manchester VA patient is preparing to sue for malpractice.

The state's congressional delegation is voicing its support for the whistleblowers. The doctors and their attorney reached out to U.S. Sen. Jeanne Shaheen and U.S. Rep. Annie Kuster last year, and the whistleblowers said both offices took immediate action to help them and protect their identities.

"As soon as we got the letter, we acted on it," Shaheen said.

Shaheen said she immediately contacted the Veterans Affairs' inspector general and the Office of the Special Counsel to investigate.

"We also notified Director Danielle Ocker, then-Director Ocker, at the VA and made sure that the VA was appropriately copied on everything that we sent out," Shaheen said.

It's not clear when the investigations will wrap up.

"There were some delays because, understandably, the physicians were concerned about potential retaliation if their identities became known," Kuster said.

Shaheen and Kuster said that vigilance is the key moving forward and ensuring that reform at the Manchester VA is real.

"I know Secretary (David) Shulkin has made some changes about the leadership at the VA in Manchester, and I just want to make sure that we continue to push to get the best quality of care for our veterans in New Hampshire," Kuster said.

"We absolutely have to get to the bottom of what has happened and what has been happening at the VA in Manchester, and we need to hold people accountable, and then we need to improve the system and the facility that we have," U.S. Sen. Maggie Hassan said.

Gov. Chris Sununu also weighed in, sending a letter to the federal delegation and offering whatever assistance his office might be able to provide.

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1.7 - Stars and Stripes: Large GI Bill expansion faces easy review in House hearing (17 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)

The changes to education benefits for veterans in a new House bill are numerous, including the end of a 15-year deadline for veterans to use their GI Bill after leaving the service, reimbursements for veterans whose schools abruptly close and boosts in aid for Purple Heart recipients, dependents, technical education and members of the National Guard and Reserve.

Altogether, HR 3218 combines 18 different bills and about 30 provisions put forth by Democrats and Republicans.

Though the scope of the legislation is large, nothing in it prompted opposition or controversy Monday night, during a hearing that will be the House's closest examination of the bill. Sixteen people testified, and all but one of the 24 members on the House Committee on Veterans' Affairs waived their usual five minutes to ask questions.

Rep. Jack Bergman, R-Mich., asked Curtis Coy, a Department of Veterans Affairs undersecretary, the biggest challenges in implementing the legislation.

"I think across the board when you talk to the people who work at the VA, this bill is an exciting bill for lots of reasons," Coy said. "Probably my biggest concern is [information technology]. Almost all of these sections require some degree of changes in our IT system, and that's what concerns me the most."

VA Secretary David Shulkin expressed his support for the GI Bill expansion earlier Monday on Twitter, saying it would "strengthen an important benefit used by many."

The committee is set to vote Wednesday morning on the bill. House Majority Leader Kevin McCarthy, R-Calif., said Monday that he wanted to schedule the bill for a vote on the House floor within the next week.

McCarthy, Rep. Phil Roe, R-Tenn., the committee chairman, and Rep. Tim Walz, D-Minn., the committee's ranking Democrat, lauded the process as the way Congress should work.

"This committee has shown time and again a bipartisan way on how to govern. It's an example for all of our committees and a model for our colleagues," McCarthy said.

The legislation was put together by lawmakers over the last several weeks. Negotiations were reignited by a group of veterans organizations, primarily Student Veterans of America, following a rift between organizations in April about how to pay for the GI Bill expansion. Walz said it was almost a "death knell" for the bill.

The expansion is estimated to increase GI Bill costs by $3 billion in 10 years. To pay for it, the proposal now calls for decreasing living stipends to GI Bill recipients to fall in line with active-duty servicemembers' basic housing allowance. The change would not apply to people currently using the GI Bill.

"We've had a hiccup or two getting where we are tonight," Roe said. "Wednesday we're going to mark this up and hopefully get unanimous consent."

After the House committee introduced the legislation Thursday, Sen. Johnny Isakson, R-Ga., and Sen. Jon Tester, D-Mont., leaders of the Senate Veterans' Affairs Committee, announced their intent to follow with their own version. A bill had not been introduced in the Senate as of Monday.

"If student veterans sat down to write a bill, it would look like this," said Will Hubbard, vice president of Student Veterans of America. "We look forward to similar success in the Senate."

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1.8 - Dayton Daily News (Video): Dayton VA chief to retire from post (17 July, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)

The Dayton VA Medical Center director recognized nationally for his work to help two embattled VA medical facilities in the midst of scandals will step down in October from the local top post.

Glenn Costie, 55, announced his retirement Monday to give the VA time to find and train a replacement before he leaves.

“I feel like the organization is doing really well,” he said in an interview at the Dayton VA. “Dayton is a top performing medical organization for our veterans and it just felt like it was the right time for me to go start a new chapter in my life.”

The Dayton VA leader gained national attention when he was appointed for several months to oversee two troubled VA facilities in Phoenix in 2014 and Cincinnati last year, temporarily stepping aside from duties in Dayton each time.

Pushing for transformation and fixing broken cultures is not new for Costie — it’s what brought him to the Dayton VA 2011 in the midst of a dental clinic hygiene scandal.

In Phoenix, hundreds of staff were added to deal with a patient backlog. In Cincinnati, Costie said he tried to give employees “hope” in the midst of a high-level staff shake-up. He aided in the recruitment and selection of a new leader in Cincinnati, Costie said.

“Defining the culture and transforming it was one of my biggest challenges at both facilities and I think it’s one of my biggest successes here in Dayton,” he said.

The Dayton dental clinic today ranks nationally among VA medical centers for patient satisfaction, he said.

During his tenure, the number of patients at Dayton VA facilities rose 11 percent to 39,724 last year while patient satisfaction ratings rose by double digits, according to the VA. In 2013, the VA ranked the Dayton medical center among 32 facilities as “top performers.”

However, Costie also has faced controversy at the Dayton VA. In 2015, a whistleblower employee brought attention to a patient backlog at the pulmonary clinic. The VA reported “scheduling irregularities” when a prior employee used an informal list to set up appointments.

At the time, Costie said 150 patients had died before they could be seen for appointments, but a VA panel investigation determined none of the patients died because of a lack of care. The employees who were involved in the situation faced “some of the most severe accountability measures we can take,” Costie said Monday.

With patient wait times an issue at VA hospitals and clinics across the nation and a rising tide of veterans returning from years of wars, the agency faced heightened public and congressional scrutiny. Washington has sent billions of dollars more to the VA and lawmakers have passed legislation to increase accountability in the organization nationally.

National VA History Center in Dayton

In perhaps the biggest announcement while he was director, the VA announced Dayton was selected to be the future home of a VA National History Center. The future museum and archive, with an estimated $20 million to $25 million price tag expected to be significantly dependent on private fund raising, will be housed in a yet-to-be restored former VA national headquarters and a club house. The West Dayton campus was named a National Historic Landmark in 2012.

The Dayton VA, one of the first three national hospitals set up to medically treat veterans, marks its 150th anniversary in 2017. The campus was listed on the National Register of Historic Places in 2004.

Becoming the first community in Ohio to “effectively” end veterans’ homelessness in the Dayton region with a collaboration of community groups was a key milestone, he said.

U.S. District Judge Walter H. Rice, leader of the American Veterans Heritage Center on the VA campus, said Costie has worked to integrate the campus with the community more than any other Dayton VA leader in decades. He called Costie’s departure “a loss.”

“At a time when the VA generally is under some negative publicity, he’s done just a tremendous job of improving the image of the VA in this community,” Rice said.

Ohio’s congressional lawmakers noted Costie’s departure.

U.S. Rep. Mike Turner said in a statement Costie was “a national figure for saving veterans affairs facilities.” The lawmaker said he worked with Costie to bring additional housing for senior citizens and the national history center to the West Dayton campus.

U.S. Sen. Rob Portman, R-Ohio, called Costie “an innovative leader” at the VA.

“His retirement will leave a void not just in Dayton, but in the VA as a whole where Glenn’s efforts have had important impacts across the nation,” the senator said in a statement.

U.S. Sen. Sherrod Brown, D-Ohio and a member of the Senate Veterans Affairs Committee, said Costie served the state’s veterans well in both Dayton and Cincinnati.

The Dayton VA has about 2,000 employees and cares for about 40,000 patients a year. It operates clinics in Lima, Springfield, Middletown and Richmond, Ind.

Dayton VA Director leaving

Dayton VA Medical Center Director Glenn Costie announced Monday he will retire from the top leadership post in October.

Here are a few key dates in his career in Dayton.

December 2011: Costie becomes Dayton VA to deal with a dental clinic hygiene scandal.

July 2014 to October 2014: Interim Director at the Phoenix VA medical center.

April 2016: Dayton VA named future home of National VA History Center

May 2015 to October 2016: Interim director at the Cincinnati VA medical center.

October 2017: Costie sets retirement from the Dayton VA.

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1.9 - WBUR (NPR-90.0, Audio): 'I Have Never Seen A Hospital Run This Poorly': Problems At Manchester VA Exposed (17 July, Shawn Bodden and Meghna Chakrabarti, 1.1M online visitors/mo; Boston, MA)

The U.S. Secretary of Veterans Affairs David Shulkin has removed the two top officials at the Manchester Veterans Affairs Medical Center. The decision followed a story published in the Boston Globe this weekend.

Members of the Globe's Spotlight team were contacted by a group of whistle blowers concerned with conditions at the hospital. Among the conditions were an operating room that needed to be abandoned due to a fly infestation and cancer patients unable to book appointments with an oncologist.

Guests

Jonathan Saltzman, member of The Boston Globe's Spotlight team, which tweets @globespotlight.

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1.10 - The Atlantic: How VA Reform Turned into a Fight Over Privatization, Democrats and service organizations worry that a Republican push to expand health-care choices for veterans will sap money from the ailing federal system. (17 July, Russell Berman, 613k online visitors/mo; Washington, DC)

In 2014, the Department of Veterans Affairs was mired in a scandal.

An inspector general's report had found "systemic" manipulation by government officials to hide lengthy and growing wait times at its medical centers. Veterans were waiting months for appointments, and dozens may have died because they could not get treated in time.

Spurred to action, Congress created a program aimed at temporarily alleviating the strain on the VA: Veterans who lived more than 40 miles from a health-care facility or who had to wait more than 30 days for an appointment could take their benefits outside the system and seek treatment from private doctors.

Veterans groups backed the move as a necessary response to a crisis. The Choice Program, as it was called, would allow veterans to get the care they needed while giving policy-makers time to make broader fixes at the Department of Veterans Affairs, which suffered from mismanagement and insufficient resources.

Three years later, attempts by Republicans in Congress and the Trump administration to extend and significantly expand the Choice Program have given these groups and leading Democrats a new worry: a creeping privatization of the VA.

“This particular program was authorized as a temporary fix in the midst of a crisis,” said Allison Jaslow, executive director of Iraq and Afghanistan Veterans of America. “We always viewed it as an experiment.” Veterans groups were alarmed at the Trump administration’s budget request, which while increasing funding for the department overall, proposed to make permanent spending for the Choice Program while cutting other areas of the budget, including benefits for disabled veterans. The plan fed concerns that Republicans would siphon off money from the core health system to expand private-sector options for veterans. “It is a ‘stealth’ privatization attempt which The American Legion fully opposes,” wrote Charles Schmidt, national commander of the nation’s largest veterans organization. “Choice should not be advanced to the detriment of cost of living increases for veterans.”

The Choice Program was due to expire this summer, but Congress passed, and President Trump signed, legislation to extend the program at least until its funding ran out. The VA now says it needs a new bill to keep the program running, but lawmakers in the Senate want to use the impending deadline to write a law that would revise Choice and give veterans much more flexibility to seek private care outside the VA health system. There’s even talk that Republicans would tie legislation expanding private health-care options for veterans to an increase in the debt ceiling, hoping that linking a popular measure to an unpopular one would solve two problems at once.

Veterans affairs has long been a bipartisan issue on Capitol Hill, and the $16 billion legislation lawmakers passed responding to the 2014 crisis and making it easier for the government to fire or punish senior executives was one of the few collaborative efforts to succeed in the final years of the Obama administration. Even now, despite concerns on the left about the direction Republicans are going, the debate over the future of veterans health is far more civil than the rancorous fight over civilian health-care and the GOP’s proposed replacement for the Affordable Care Act. The parties share some common ground: Liberal Democrats acknowledge the need for veterans to have access to private care in some circumstances, and Republican leaders insist they remain committed to a “robust” Veterans Health Administration.

Yet the specter of privatization has hovered over the debate in ways that echo long-running arguments over public education, where Democrats have opposed GOP efforts to enact voucher programs—and to a lesser extent, expand charter schools—on the grounds that they would divert funding and institutional support for traditional public schools. “If there’s some veteran in South Dakota, or Vermont who lives a zillion miles away from a VA hospital, should that person be able to get their health care across the street in their community? Who would argue against that?” Senator Bernie Sanders of Vermont said last week at a hearing to consider a range of veterans-affairs legislation, including a Republican proposal to expand the Choice Program.

“But here is the problem: While we want to give veterans choice, we do not want to do it in a way which dismantles the VA,” Sanders continued. “We want to strengthen the VA. What we don’t want to do is dismantle the VA piece by piece and put that money into the Choice Program.”

As Sanders has pointed out, the GOP proposals to direct more money to private care come at a time when the VA has some 45,000 vacancies. Under its new secretary, David Shulkin, the department has also begun publishing, under a new office dedicated to accountability and the protection of whistleblowers, a list of employees it has either removed or suspended for violations. The first report, posted last week and covering the first six months of the year, ran 27 single-spaced pages.

Republicans have been increasingly sensitive to the suggestion that they want to privatize a health-care system that dates back to the Civil War and now serves 22 million veterans. They acknowledge that despite the 2014 scandal and continued issues with wait times, many veterans are happy with their care. “I think that’s just a false narrative,” Representative Phil Roe of Tennessee, chairman of the House Veterans Affairs Committee, told me when I asked about privatization concerns. He pointed to a VA budget that has nearly doubled in the eight years he’s been in Congress—although that increase has been necessitated, in part, by the hundreds of thousands of troops who have returned home from Iraq and Afghanistan during that time. At last week’s hearing, the Republican chairman of the Senate Veterans Affairs Committee, Johnny Isakson of Georgia, also pushed back against Sanders and other Democrats warning of a rush to privatize. “There is no game plan on this committee to bleed any system dry,” he said.

Shulkin, who has gotten off to a fast start as the only Obama holdover to join the new president’s Cabinet, has backed away from a Trump campaign idea to give every veteran a card that they could use for treatment outside the VA system.

“I am not in support of a program that would lead toward privatization or shutting down the VA.programs,” the secretary told a Senate committee last month. And although Shulkin has proposed to do away with the Choice Program’s restrictions based on geography and wait time, he said he did not want to make the program completely open-ended or reduce the VA’s role in coordinating a veteran’s care among doctors. “Unfettered Choice is appealing to some, but it would lead to essentially, I believe, the elimination of the VA system altogether,” Shulkin said. “It would put veterans with very difficult problems out into the community with nobody to stand up for them and to coordinate their care.”

“You’re inevitably going to have to rely more on community care and private sector care.”
The most aggressive advocates for increased private access for veterans’ care is the group Concerned Veterans for America, a conservative organization backed by the Koch network and run out of the Virginia office of their main advocacy arm, Americans for Prosperity. Yet even CVA isn’t embracing the privatization label in full. “We think the provider system needs new governance, but nobody on Capitol Hill is talking about selling the VA health-care system off to a private company and just having them run it,” Dan Caldwell, CVA’s director of policy, told me.

As CVA sees it, the VA needs to transition away from a structure built around the generation of veterans who served in World War II and Korea and who over the next decade or so will be dying off. The population of veterans will decrease, and they will be more geographically disperse. “You’re inevitably going to have to rely more on community care and private sector care,” Caldwell said.

The group has proposed turning the VA health system into a government-chartered non-profit corporation—a similar type of entity that Trump envisions for the air traffic control system, and what Democrats see as privatization. Yet Caldwell argued that the proposal would still allow veterans who want to get their care through the VA to continue doing that. “You need to have

freedom of choice, and you need to have competition for the system to succeed," Caldwell said. "But you don't need to dismantle the system to make that happen."

That kind of restructuring has not gained much support among top Republicans. They remain focused on expanding the Choice Program—or Choice 2.0, as some are calling it—despite the mixed reviews it has received from veterans who have had to navigate a bureaucratic maze to get approval for non-VA care. "To be kind, it was a little bumpy," Roe said of the rollout. "It's working better now." Democrats haven't been as charitable, and Shulkin acknowledged that the program hadn't worked well for many veterans.

The administration is proposing to consolidate several community-care programs into a single entity and allowing veterans to decide with their primary VA provider whether to seek treatment in or out of the system, which would take the place of the current rules based on geography and waiting times. Lawmakers are open to the idea, but they've expressed concerns about how the VA will hold private doctors and facilities to the same standards it has for itself. "Sending veterans into the private sector does not absolve the VA of the responsibility for the care and benefits that veteran receives," Senator Jon Tester of Montana, the top Democrat on the veterans committee, said during the hearing.

"You can outsource service," Tester warned later, "but I don't know that you can outsource responsibility."

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2. Veteran and Employee Experience

2.1 - The Washington Times (AP): Head of Dayton VA Medical Center in Ohio retiring in October (18 July, 10.8M online visitors/mo; Washington, DC)

DAYTON, Ohio (AP) - The director of the Dayton VA Medical Center in southwest Ohio says he'll retire in October after nearly six years of leading the facility, which serves about 40,000 veterans annually.

Glenn Costie also oversaw the VA medical facility in Cincinnati for part of 2016. He filled in as director of the Cincinnati medical center after the head of its Ohio-based regional network was ousted and the Cincinnati hospital's then-acting chief of staff was disciplined in connection with a probe of the hospital's management and veterans' care.

A statement from the Dayton medical center says Costie announced his retirement months in advance to allow time for his successor to be chosen and trained.

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2.2 - The Fiscal Times: A New GI Bill Would Boost Spending for American Military Veterans (17 July, Eric Pianin, 1.6M online visitors/mo; New York, NY)

Lawmakers have introduced new legislation that would increase spending on veterans' educational benefits under the GI Bill.

In the wake of the 9/11 terrorist attacks, Congress approved major improvements to the GI bill, paving the way for hundreds of thousands of veterans and their families to obtain undergraduate and graduate college degrees or advanced training to help them find a job.

The so-called Post-9/11 GI Bill, first implemented in August 2009, offers numerous educational benefits.

It covers full tuition and fees at publicly supported colleges and universities and up to $22,805 a year in tuition at a private or overseas college. Veterans are entitled to a monthly housing allowance, up to $1,000 a year for books and supplies, and even a one-time relocation allowance.

The program also permits veterans to transfer unused benefits to a spouse or child.

In fiscal 2015 alone, the Department of Veterans Affairs spent more than $11 billion on education benefits for 790,500 veterans and their families. Total government spending on the Post-9/11 GI Bill is likely to exceed $100 billion over the coming decade.

The program has long been praised by veterans' organization and Republicans and Democrats alike on Capitol Hill, despite concern about its overall cost and widespread examples of improper payments and waste.

For instance, the Government Accountability Office revealed in October 2015 that the VA made at least $416 million in Post-9/11 GI Bill overpayments in fiscal 2014, involving roughly one in four veteran beneficiaries and about 6,000 universities, colleges and training centers. The overpayments most often occurred when the VA made payments based on a student's enrollment at the beginning of the school term and the student later dropped one or more classes without notifying the VA.

Moreover, the VA in the past has not maintained data that systematically tracks retention and graduation rates among students receiving the benefits to better assess the overall impact of the program, according to The Center for Public Integrity.

Even so, Congress is on the verge of approving a major expansion of the program that would add $3 billion to the overall cost over the coming decade. The biggest changes will involve eliminating a 15-year time limit to take advantage of the benefits and boosting funding for thousands in the National Guard and Reserve.

The measure could be approved by the House as early as Wednesday before being sent on to the Senate for final approval this summer. It has been described as part of a sweeping effort by leaders in both parties to fill in "coverage gaps" in the original 2008 legislation in the face of dramatic changes in the job market that have increased the need for more sophisticated technical skills.

Veterans and members of their families would be granted bonus payments if they complete science, technology and engineering courses, according to the Associated Press. For instance, a veteran of the National Guard or Reserve would be in line for $2,300 a year more in tuition than he or she is currently receiving, along with a bigger housing allowance.

The bill would also eliminate the 15-year deadline for taking advantage of the GI educational benefits, to provide veterans with added flexibility to enroll later in life, depending on their family and employment circumstances. The change would apply only to service members who enlist after the expanded GI Bill takes effect, which is expected to be Jan. 1, 2018.

Finally, the bill would rename the program simply the “GI Bill” to symbolically disengage it from the era of warfare in Iraq and Afghanistan and signal a more permanent status for the benefits.

Charles E. Schmidt, the national commander of the American Legion, whose group drafted the original GI Bill of Rights in 1944, told the AP that "Years from now, veterans who were unable to attend institutions of higher learning during their military service or immediately afterward will be able to earn degrees and begin rewarding careers that can lead our economy.”

The bill surfaced in the House Committee on Veterans’ Affairs last week, and is the handiwork of Rep. Phil Roe (R-TN), the chair, and the ranking Democrat, Rep. Tim Walz of Minnesota, according to media reports. The upbeat, bipartisan effort was in sharp contrast to a major falling out between the two lawmakers several months ago over how to pay for the $3 billion of added benefits and costs.

Roe’s original idea in April was to offset the $3 billion by reducing service members’ monthly pay by about $100 per month. He pulled back on the proposal after veterans groups and the Democrats criticized it as an unfair “tax on troops.”

The latest proposal that is likely to fly in both chambers would offset the increased costs by bringing living stipend payments under the GI Bill down to the same level received by active-duty servicemen. Those payments were reduced in 2014 by one percent a year for five years.

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2.3 - Inside Higher Ed: Expanding GI Bill Benefits, The GI Bill update, the first since 2011, removes 15-year time limit for benefits and awards semester of aid to veterans affected by closures of for-profit colleges. (19 July, Andrew Kreighbaum, 1.6M online visitors/mo; Washington, DC)

Testifying before the House of Representatives veterans' affairs committee Monday, Will Hubbard, the vice president of government affairs at Student Veterans of America, said if student veterans sat down to write an update to the GI Bill, it would look like the proposal before the committee.

The committee held a hearing on a long-awaited update to the Post-9/11 GI Bill Monday just days after unveiling the new legislation -- a sign of the urgency felt by lawmakers and veterans' advocates backing the bill. The legislation attempts to fill gaps in veterans' benefits in the 2008 Post-9/11 GI Bill and also would restore benefits for those affected by recent closures of large for-profit colleges. And among other provisions, it would lift a 15-year time limit in which veterans must use GI Bill benefits, give Purple Heart recipients full eligibility for benefits, and expand support for veterans pursuing STEM degrees.

"The passage of this bill will represent the start of a new era for education for veterans," Hubbard told lawmakers Monday.

The bill also would expand access to aid for National Guard members and reservists, awarding up to $2,300 in additional tuition benefits as well as an increase in their housing allowance. And it would let veterans transfer eligibility between dependents.

Purple Heart recipients previously had to serve three years to get full access to GI Bill benefits, but the new bill would automatically provide full eligibility for those veterans.

Veterans groups said while they welcomed the legislation, it could still be improved, especially in provisions restoring benefits for veterans who attended closed institutions. The bill would give affected veterans one semester's worth of benefits if they have been affected by a closure since January 2015. The provision applies to school closures going forward as well.

"While we support this initiative, we feel it does not go far enough," said Patrick Murray, associate director for the national legislative service at Veterans of Foreign Wars.

Murray said veterans should be able to recoup the benefits for each month spent at an institution closed since 2015 such as those operated by ITT Tech and Corinthian Colleges.

Hubbard said Student Veterans of America also hoped to see, among other recommendations, full funding of the state approving agencies that administer the GI Bill and restoration of GI Bill benefits used to earn any credit at a closed institution that could not be transferred elsewhere toward completion of a degree.

The committee also sees a need for a legislative fix to school closures because of the possibility that more institutions will fail in the near future. The Department of Education in December dropped its recognition of the Accrediting Council for Independent Colleges and Schools, an accreditor of 269 mostly for-profit institutions, in an endorsement of a decision by the federal panel that oversees accreditors. The Trump administration in May backed that decision.

An analysis of ACICS-accredited institutions in June found that 52 either are closing, have closed or have lost access to federal aid, and another seven may lose access to aid this month. Another seven may lose federal aid eligibility next month, while 11 already have found a new accreditor.

Kevin Thompson, a U.S. Navy veteran who attended an ITT Tech campus in Phoenix from 2015 to 2016, said he had just purchased books and other materials for classes when the for-profit chain announced it was closing all 130 of its campuses last September. He was eventually able to transfer some of the credits he earned at ITT to DeVry University (now Adtalem Global Education) but has exhausted his GI Bill benefits two courses short of a bachelor's degree. Thompson said the restoration of benefits in the bill would allow him to finish his B.A. and find a job.

"I could complete those two classes and get that degree," Thompson said in an interview.

The Department of Education began in April to notify students who used aid from Pell Grants to attend closed institutions -- including those operated by ITT and Corinthian -- that their Pell eligibility would be restored so they can continue their education elsewhere. Now military students affected by those closures will see similar assistance from the federal government.

Rep. Luke Messer, an Indiana Republican, said in testimony at Monday's hearing that ITT's sudden closure last year affected 40,000 students across the country, including 7,000 veterans.

"If a student attended ITT Tech through a Pell Grant, they had that Pell Grant restored. And if they took out a federal loan the loan as forgiven," Messer said. "But nothing has been done for the student veterans who used their GI Bill benefits to attend ITT Tech. Frankly, our veterans got a raw deal."

Limitations in the Bill

Other advocates, even as they welcomed the overall expansion of benefits in the bill, raised concerns after its unveiling about where it came up short. Carrie Wofford, president of Veterans Education Success, said she was worried that current language in the bill -- which says that students at institutions that close during a semester would have their benefits restored -- wouldn't apply to ITT students because the chain closed before the fall semester officially began last year.

Tiffany Haverly, a spokeswoman for the veterans' committee, said that the Department of Veterans Affairs has determined that ITT students would be covered by the benefit, however.

WICHE Cooperative for Educational Technologies, a nonprofit focused on improving the quality of e-learning programs, also said ahead of Monday night's hearing that it was disappointed the bill does not address current rules at the VA that give students who take all their courses online only 50 percent of the national average housing allowance. A student may attend classes on campus one semester and receive a full housing allowance, the group said, and then take only online classes the next semester and see their housing allowance slashed by half.

The $100 million price tag over 10 years for the expanded benefits in the bill would be offset by reducing housing stipends under the GI Bill to a similar level as active-duty service members, who saw those stipends reduced by 1 percent for five years starting in 2014, committee staff said. The housing allowance for GI Bill recipients was exempted from that 2014 reduction. Current GI Bill recipients would be grandfathered in under that provision of the bill and would not see their housing stipends changed.

Representative Phil Roe, a Tennessee Republican and chairman of the veterans' affairs committee, said the bill was a "shining example" of how well members of Congress can and should work together.

"This isn't a package that comes along every day," he said.

Representative Tim Walz, a Minnesota Democrat and the ranking member on the committee, said the committee showed members of Congress can work together toward the goal of providing the best care for veterans.

“We would hope our Senate colleagues will follow our lead, take this thing, move it through, and I know the president wants to sign this," he said.

The bill is getting broad backing from veterans' groups. In April, a proposal from Roe’s office to pay for expanded benefits by requiring that service members pay into the GI Bill was tabled after intense backlash from several veterans' groups.

House Majority Leader Kevin McCarthy told the Associated Press last week that House leadership would move forward with the GI Bill update this month, and a similar bill is expected to be introduced with bipartisan backing in the Senate.

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2.4 - WCSC (CBS-5, Video): Volunteers drop off 'Christmas in July' gifts for veterans (17 July, Patrick Phillips, 823k online visitors/mo; Charleston, SC)

It was an early Christmas Sunday at the Charleston Veterans Administration hospital thanks to a group of volunteers.

Members of the American Legion Post 166, made up of veterans committed to community service, dropped off dozens of presents to patients at the hospital.

"We all feel like we have an obligation and a sense of pride for the veterans that came before us to make sure that they don't feel unwanted, unneeded or forgotten," one volunteer said.

The group received a police escort to the VA Hospital Sunday morning.

The gift distribution is an annual event for the volunteers, but they say they had more gifts this year than in any other.

They're hoping it grows even larger next year.

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2.5 - WALB (NBC-10, Video): Veterans express mixed views at VA Center town hall (17 July, Amanda Hoskins, 473k online visitors/mo; Albany, GA)

ALBANY, GA (WALB) - Many South Georgia veterans said they want more help and guidance from the Veterans Affairs clinic.

At least that's what some who attended Albany's town hall meeting on Monday said.

Representatives from the Carl Vinson VA Medical Center hosted the town hall meeting.

It was the first time the center hosted a town hall for folks in Albany.

Emotions were high as dozens of veterans packed inside American Legion Post 30.

"We need help here in Albany, Georgia, The base is just not working," said Willie Ross, who tells WALB he's been having issues with the clinics for several years.

"I call over there and I can't get anybody," another veteran told the crowd.

Veterans asked questions and Carl Vinson Medical Center Director Maryalice Morro gave answers.

"Sometimes it's a perception and sometimes it's real," explained Morro. "So we listen to them and help them."

For many veterans, when asked about care, they have same answer.

"Some good and some bad," said Jimmie Benjamin Frazier

They said they are thankful for the help, but thinks the clinics need improvements.

"The VA clinic just does not have enough money to get enough doctors to staff the clinic and make sure you get an appointment in a timely manner," said Charlie Jones.

Jones took several notes during the meeting to share with friends who couldn't make it.

Recently, he said he's been going to the clinic at the Marine Corps Logistics Base in Albany.

He said he's been able to adapt, knowing the faults of the clinics. In the end, he said the clinics are helping him, especially at the new clinic on the marine base.

"I was able to get my eye glasses, hearing aids and I got some treatment for my feet," explained Jones.

Many veterans praised the director of the center but said corruption is coming from the people working in the smaller clinics.

"I laid there for eight hours without being seen," explained Frazier when he had a procedure done at one of the clinics.

Some veterans put it bluntly.

"I really personally just don't believe in the VA clinic no more," said Ross, shaking his head.

Ross said he believes the people inside the clinics only care about money and not needs.

"They had the nerve to walk up to me this morning and give me a pamphlet about PTSD. I don't need a pamphlet I want help," said Ross.

WALB sat down with Morro following the meeting.

She said she is aware of many of the problems. She said it's not lack of funding, it's a lack of primary care doctors nationwide.

"So we are a microcosm of that. We're in a very rural area, so it's very hard to keep folks," said Morro.

Morro admitted the Albany clinic just lost a doctor and is losing a nurse practitioner soon too.

She said it may be tough for a few months, but they are actively working to recruit new staff for the clinic.

She said the newest US Secretary of Veterans Affairs is well aware of the problems and is working efficiently to fix them on the national level.

"He's a mover and he doesn't let a lot of time go by," explained Morro.

Morro said he has a list of initiatives.

Those ranged from cutting down on the suicide rate to fixing the Choice program, which many veterans say doesn't work.

The Choice Program has been around for two years. Morro said like any new launch of a program, it has had its share of problems.

She said the center is working to fix the problems, but it is a process.

Representatives from the American Legion Post 30 said they will be happy to help veterans who are having issues with claims.

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2.6 - WCAX (CBS-3, Video): Major shake up at veterans hospital in New Hampshire (17 July, 321k online visitors/mo; South Burlington, OH)

MANCHESTER, N.H. - A major shake up at the veterans hospital in New Hampshire.

A new report alleges veterans are getting "dangerously substandard" care at the Manchester hospital. Eleven doctors and employees contacted the feds saying the hospital was putting its patients in jeopardy.

The Boston Globe reports they described a fly-infested operating room and surgical instruments that weren't always sterilized. And the feds found "substantial likelihood" that those allegations were true.

The hospital denies patient safety has been compromised.

Now, Manchester VA Medical Center Director Danielle Ocker and Chief of Staff James Schlosser have both been removed. And Alfred Montoya, the director at the VA hospital in Vermont, will take over.

Monday, in a letter to New Hampshire's Senate delegation, Gov. Chris Sununu, R-New Hampshire, said, "Systematic change is needed to fully address the substandard care that our veterans are receiving, and I fully expect more changes will be made soon."

This comes after a new law was just passed to try to protect veterans and hold VA hospitals accountable. It will also protect whistleblowers like the staff at the Manchester hospital.

The goal is to clean up the Department of Veterans Affairs. Veterans have been fighting for this for decades and one of them told Peter Zampa the law could save lives.

"We are edging closer to accountability on the part of management," Rick Weidman said.

Vietnam Veteran Rick Weidman has called for accountability in the Department of Veterans Affairs for nearly four decades. He says a new law, the VA Accountability and Whistleblower Protection Act, will do just that. The law is meant to expedite the process for firing bad-acting VA employees and protect those who expose them.

"The whole key in this has always been accountability," Weidman said. "We believe the VA can work, but you've got to have managers who take those tools, pick them up, and use them."

Weidman says the VA has been riddled with scandal for years with doctors mistreating patients and veterans put on extremely long wait lists.

Alabama Congresswoman Martha Roby is one of the bill's co-sponsors.

"There are a lot of good people that are committed to our veterans that work within the VA. But the bad actors, the ones who are not there to help our veterans, they don't need to be there anymore," said Roby, R-Alabama.

Some are concerned as to whether this law will actually accomplish the goal of a more accountable VA.

"What it does is make it really, really easy to fire people. And we know that when a government agency has the power to fire people, they fire people for all the wrong reasons," Jacque Simon said.

Simon is the policy director at American Federation of Government Employees. She says she expects this law to have the opposite effect of what is intended.

"Anybody who raises his or her voice to tell the truth about what's going on in terms of mismanagement will be fired on the spot and essentially no way to appeal," Simon said.

But opponents and supporters of this law agree bad actors need to be ousted.

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2.7 - The Post and Courier: Civil service needs reform (18 July, Editorial Board, 319k online visitors/mo; Charleston, SC)

The federal civil service needs reform starting at the Department of Veteran's Affairs, as shown by new data listing how many VA employees were dismissed in the last five months and how that compares to the rate of dismissals in the private sector. Ironically federal employee unions and advocates insist that the data show the opposite.

The need to address glaring personnel problems at the VA has been a major national issue since May 2014. Thanks to whistleblowers, the public learned that year that officials in many VA

hospitals were found to be lying about the speed with which they responded to veterans' health problems. Employees who blew the whistle on this issue and other abuses were often punished by their superiors.

Efforts to correct these management problems soon ran into the thicket of civil service rules that make it hard to dismiss federal employees. It can take months and even years of litigation to fire one person who takes advantage of these rules.

Frustration with this situation led Congress in 2014 to pass a law reducing the amount of time available to appeal personnel decisions. But when a senior VA hospital official challenged her dismissal under the new law on constitutional grounds the Obama administration decided not to enforce it.

Attempts by Congress to pass new legislation to streamline dismissals at VA finally got bipartisan support this year, and President Trump signed the law June 23. Now in an effort to demonstrate transparency and accountability in personnel actions the VA has published a list of dismissals, suspensions and demotions for the five months before the new act took effect. The 500 plus dismissals on the list cover a gamut of employees from janitors to physicians.

The American Federation of Government Employees represents over 70 percent of the VA's employees. Its president, J. David Cox, told the Washington Post that the list "isn't transparency. It's an intimidation tactic" by the Trump administration.

But Bill Valdez, president of the Senior Executives Association, said the VA list is "a great demonstration to the American public that feds are held accountable and can be held accountable ….[I]t's not so hard to remove feds and it happens all the time," adding, "Why in the world did they need more authority to fire feds when they can to it at this rate?"

The data show that the rate is, in fact, highly favorable to employees and a demonstration of the difficulty of removing federal employees who abuse their position.

The data show that in the five months since President Trump was inaugurated the VA "removed" slightly more than 500 employees, for a rate of about 100 firings a month or about 0.03 percent of the VA's 375,000 employees per month. For the federal government as a whole, the Bureau of Labor Statistics (BLS) reports that in April 11,000 employees were either dismissed or came to the end of temporary jobs, at a monthly rate of 0.4 percent, more than 10 times greater than at the VA. Because of temporary employees, the rates are not strictly comparable.

But the VA rate can also be compared to the rate of layoffs and discharges in private industry. For April, BLS reports that it was 1.2 percent, 40 times greater than the rate at the VA.

In other words, on average a VA employee in April had a 99.97 percent chance of keeping his or her job, no matter how badly performed.

That's no indication that VA employees should be afraid of losing their jobs. Indeed, the figures show how hard it is to dismiss civil servants. It is an argument for improving the accountability process, as the new law does.

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2.8 - WDTN (ABC-2): Dayton VA Director to retire in October (17 July, Kim Allen, 205k, 205k online visitors/mo; Moraine, OH)

DAYTON, Ohio (WDTN) — The CEO/Director of the Dayton VA Medical Center is retiring in October.

Glenn Costie will step aside on October 28th. Costie says he's making the announcement now in order to give the VA time to find his replacement.

Costie says the advance notice will also allow the VA to train his successor in day-to-day management of the Dayton VA.

The 400-acre facility serves 40,000 veterans each year.

Costie has served as the Director/CEO of the Dayton VA Medical Center since December, 2011.

During his tenure, the number of Veterans receiving care each year at the Dayton VAMC and associated Community Based Outpatient Clinics (CBOC's) rose from 35,907 just prior to Costie's arrival in 2011 to 39,724 as of October 2016 – an increase of nearly 11%.

Costie was named a "Leader of the Year" award from the Dayton Chamber of Commerce and "Mentor of the Year" from the American College of Healthcare Executives – both in 2016.

Costie and his wife Tammy will remain in the Miami Valley, where he plans to remain active in the community supporting service to others.

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2.9 - Valley News: Vt. Leader Takes Helm at N.H. VA (18 July, Nora Boyle-Burr, 164k online visitors/mo; West Lebanon, NH)

White River Junction — The director of the White River Junction Veterans Affairs Medical Center has been asked to oversee the VA Medical Center in Manchester following whistleblower complaints about patient care and sanitation at the only New Hampshire-based VA hospital.

U.S. Secretary of Veterans Affairs David Shulkin on Sunday asked Alfred Montoya Jr., who has been the permanent director in White River Junction for little more than a year, to take the helm of the Manchester VA center as acting director several hours after publication of a Boston Sunday Globe Spotlight team story raising questions about the Manchester facility.

Montoya replaced Danielle Ocker, the Manchester director and a former top official in White River Junction. Ocker's chief of staff, James Schlosser, also was asked to step aside, and Shulkin ordered a "top-to-bottom" review of the Manchester VA that began on Monday, according to a VA news release issued on Sunday afternoon.

“These are serious allegations, and we want our veterans and our staff to have confidence in the care we’re providing,” Shulkin said in the release. “I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations.”

The Manchester VA Medical Center does not offer inpatient care, but provides walk-in urgent care for non-emergencies, primary care, ambulatory surgery, specialty clinics, mental health, home-based primary care and long-term care. In addition to its primary facility, it offers services in four community-based outpatient clinics in: Conway, N.H.; Portsmouth, N.H.; Somersworth, N.H., and Tilton, N.H.

The complaints outlined in the Globe story include an operating room that had to be closed due to a fly infestation, the discovery of rust or blood on supposedly sterile operating instruments, patients having difficulty scheduling appointments with specialists and concerns of some outside physicians about the quality of care veterans receive in Manchester, particularly relating to spinal conditions and pain management.

Ocker, who has had a home in Hartland, worked at the White River Junction VA — which serves veterans in Vermont and the four contiguous counties of New Hampshire — most recently in the role of associate director. In that role, she led statewide and medical center emergency response efforts and was responsible for the facility’s infrastructure, according to a news release at the time of her 2015 hiring in Manchester.

Ocker began her career at the White River Junction medical center as a student nurse in 1985, according to the 2015 release. She earned her associate degree in nursing from New Hampshire Technical College in 1986, and then earned both a bachelor’s degree and a master of business administration from the University of Phoenix.

Jim Blue, a regional VA spokesman, said Monday there were no concerns about Ocker’s performance when she was in White River Junction.

“Ms. Ocker was a strong associate director at the White River Junction VA Medical Center and held a multitude of acting director and senior leadership roles,” he said via email.

Montoya, a U.S. Air Force veteran and former assistant director of a VA medical center in Connecticut, reported to his new job on Monday, said White River Junction VA spokesperson Katherine Tang.

In recent months, Montoya led a team at the White River Junction VA, which has successfully reduced the length of stay in the hospital’s medical and surgical beds from about six days in January to four in June. This was an area of deficiency outlined in a report released by the Department of Veterans Affairs Office of Inspector General earlier in June based on a site inspection conducted last December.

The White River Junction VA’s Assistant Director Matthew Mulcahy, a U.S. Navy veteran who previously served as the chief of facilities management service for the White River Junction medical center, is now acting as its director, Tang said.

Neither Montoya nor Mulcahy was available for comment on Monday, Tang said. Ocker could not be reached for comment.

A replacement for Schlosser, Manchester's chief of staff, has not yet been named, according to Sunday's release.

Tang said Montoya and Mulcahy will remain in their acting positions while the Veterans Health Administration Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection conduct their review in Manchester.

Tang said she did not know how long the review will take.

In the meantime, she said veterans need not worry about the care they will receive in White River Junction.

"I can assure everyone that our veterans here at White River Junction will be taken care of," she said. "Veterans are (our) number one priority."

That message was reinforced Monday by Blue, the regional VA spokesman.

"The White River Junction VA Medical Center takes seriously its obligation to provide the highest quality care and services to America's veterans. Director Alfred Montoya has a strong leadership team and succession plan in place, and during Montoya's service in Manchester, veterans who depend on the White River Junction VAMC can be assured of seamless service under the leadership of acting director Matthew Mulcahy," Blue said via email.

Blue said the acting associate director in White River Junction will be Dr. Paul Zimmerman.

Politicians on both sides of the aisle reacted to the allegations included in the Globe story.

"The reports concerning the Manchester VA Medical Center are simply unacceptable," U.S. Rep. Annie Kuster, D-N.H. said in a news release on Sunday. "Our veterans deserve much better. I was deeply concerned when I met last year with the group of VA doctors."

Kuster, who serves on the House Veterans' Affairs Committee, said she brought the doctors' concerns to the Office of the Inspector General.

"I appreciate the seriousness with which Secretary Shulkin is taking this matter, and I will continue to monitor the investigation closely and provide assistance through the House VA Committee," she said.

In a letter to the state's Congressional delegation on Monday, Republican Governor Chris Sununu expressed his support for Shulkin's actions in light of the Globe story.

"I was encouraged by his willingness to address these troublesome allegations quickly, without hesitation, and with an insistence on transparency," Sununu wrote. "Secretary Shulkin knows that immediate action can help restore confidence in the system. We will stop at nothing short of delivering the best care for our veterans."

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2.10 - Star Beacon: Disabled vets train at Spire for Wheelchair Games (17 July, Justin Dennis, 77k online visitors/mo; Ashtabula, OH)

EDITOR'S NOTE: This story is the last in a series on people personally impacted by their time at Spire Institute.

HARPERSFIELD TOWNSHIP — Bill Searles pushed himself hard on the indoor track inside Spire Institute's Track and Field building. The 62-year-old Cleveland veteran said it's the only time he likes to use the running wheelchair.

He and other disabled Youngstown- and Cleveland-area veterans — shuttled by Veterans Affairs to the Harpersfield Township athletic facility once or twice a week — were training for the 37th National Veterans Wheelchair Games, which kick off today in Cincinnati.

Searles is competing in the 100- and 200-meter running chair races. At last year's Buckeye Wheelchair Games, hosted at Spire, Searles won his heats in the 100- and 60-meter races, he said.

"Since I lost the ol' leg ... I try to stay in shape. I just feel good overall about me," he said, adding it's better than sitting at home. "This way, I get to come out for camaraderie."

Searles had the facility's fitness room mostly to himself before the shuttle arrived. He broke to greet and poke fun at his workout partner, 56-year-old Keith Mitchell, as he stepped off the shuttle. Searles massaged his right leg, above his prosthetic, before starting up again on the treadmill, with Mitchell picking the one beside.

Patty Whitecotton, a recreation therapist with the Louis Stokes Cleveland VA Medical Center who organized the current training program for disabled veterans, said the VA wanted competing veterans to get out to regular fitness clinics, rather than have the games be their only outlet.

When she looked at Spire's capability, she said she thought, "This is perfect. ... A lot of the equipment is adapted for wheelchairs so no matter what level they're at, they can still work out."

The VA trainees can take the running chairs on Spire's 300-meter indoor track or through obstacle courses, and toss shot put, javelin or discus. They also have access to the 50-meter Aquatics Center pool for swimming training.

Once or twice a month, they head to Spire's Michael Johnson Performance Center for more advanced training.

A $15,000 grant from the Department of Veterans Affairs partially funds the program, said Spire COO Jeff Orloff.

The more veterans that join, the more grant funding the facility can receive, said Whitecotton. And "the program has exploded lately," she said — between 10 and 15 disabled veterans come to each session.

"When they get to the games, they feel like they can compete. They feel better about themselves. A lot of them say, 'I just want to get better. I want to get fit,'" she said, later adding trainers and other volunteers from Spire "treat the veterans like gold."

Searles — one of the first to join, along with Mitchell — said he's been coming to Spire for about five years. When he first showed up, he said he weighed close to 230 pounds, now down to about 190.

"Believe it or not, it's enjoyable," he said. "It helps keep you in shape. I pray and hope that they keep it going."

Mitchell — who's also readying for the Wheelchair Games and talked to the Star Beacon before lining up some practice throws on the indoor field — said his time at Spire getting fit and befriending fellow servicemen is "like a little vacation."

"When I lost my leg, I had thought 'that was it,'" he said. "I wouldn't be able to do the things I was able to do."

He'll compete in weightlifting, basketball, baseball, javelin, discus, shot put and bocce ball events this week.

The day the Star Beacon visited the VA training program, Whitecotton said one of the veterans working on his weight also made a personal breakthrough.

"'I don't want to be in my wheelchair today. I want to walk from machine to machine,'" he told her. "'I want to walk. I want to use my leg. I want to be able to get around myself.'"

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2.11 - WVXU (NPR-91.7): Veterans Compete In National Wheelchair Games In Cincinnati
(17 July, Tana Weingartner, 74k online visitors/mo; Cincinnati, OH)

More than 600 veterans are in Cincinnati this week competing in the National Veterans Wheelchair Games. It's billed as the world's largest annual wheelchair multi-sport and rehabilitation event.

The competition is organized by the Paralyzed Veterans of America (PVA) and the Department of Veterans Affairs. Athletes from the U.S., Puerto Rico and Great Britain must compete in at least four events.

PVA President David Zurfluh calls the games a life changing event for many veterans. "For the newer athletes... they're the people that were down at their lowest point, they're going to be mentored by older veterans. They're going to pick them up and show them that they can do incredible things with their lives and you're literally going to see people's lives changed during this week."

Zurfluh isn't just national president; he's a competitor as well excelling in the shooting sports.

"Competing with fellow veterans, you just have that camaraderie with each other," Zurfluh says. "You're pushing each other. It's not so much the wins, it's just trying to do the best that you can as a person. And if you've felt like you've left everything out there, it's really a rewarding experience."

Athletes took over Fountain Square Monday to demonstrate a Slalom event featuring a course with obstacles to climb and weave through.

More than 3,000 local volunteers are assisting with the games being held at the Duke Energy Convention Center and various venues around town.

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2.12 - Sunshine State News: Marco Rubio Continues the Fight to Reform the VA (17 July, Kevin Derby, 63k online visitors/mo; Tallahassee, FL)

U.S Sen. Marco Rubio, R-Fla. is continuing his efforts to reform the U.S. Department of Veterans Affairs, cosponsoring the “VA Quality Employment Act” brought out by U.S. Sen. Luther Strange, R-Ala.

Strange’s bill would reform hiring and other HR matters at more than 1,200 VA health service centers across the nation. The bill’s supporters, which also include U.S. Sen. Tom Cotton, R-Ark., and U.S. Sen. Jim Inhofe, R-Ok., insist the bill will help the “VA attract and retain top talent, hold poor performance accountable, and deliver exceptional services and care to America’s veteran population."

“For millions of Americans who have served, Veterans Administration employees represent the face of our nation’s promise of care,” Strange said on Friday. “It is critical that VA facilities stand ready to meet their needs. By implementing reviews of agency leadership and providing talented caregivers with ongoing training and development, the VA Quality Employment Act builds on the work of President Trump’s administration to reform the agency. I am proud to champion an effort to help the VA keep its covenant with our nation’s heroes.”

“It is crucial that employees at the Department of Veterans Affairs stand ready to provide exceptional care for our veterans and always take responsibility for their actions in the work place,” Rubio said in support of the proposal. “While we have made significant progress on VA reform in recent months, there is still more that can be done to ensure our nation’s heroes are getting the services and care they need and deserve. I am proud to support legislation that will further our agenda of reforming the VA.”

In recent years, Rubio has been leading the charge for VA reform on Capitol Hill. Back in May, Rubio teamed up with U.S. Sen. Johnny Isakson, R-Ga., and U.S. Sen. Jon Tester, D-Mont., to bring out the “Department of Veterans Affairs Accountability and Whistleblower Protection Act" which would “reform the VA by allowing the secretary to dismiss bad employees, and ensure appropriate due process protections for whistleblowers.” The Senate passed the measure on voice vote last month. Under the proposal, the VA secretary would have more power to remove or demote under performing and incompetent employees while giving whistleblowers more protection, including creating the Office of Accountability and Whistleblower Protection in the VA. The bill would also ensure more accountability in the VA medical system, giving the VA secretary the ability to “directly appoint individuals to the positions of Medical Center Director and Director of Veterans Integrated Service Network (VISN) if they have demonstrated ability in the medical profession, health care administration, or health care fiscal management."

At the start of the year, Rubio reintroduced his “VA Accountability First and Appeals Modernization Act.” Last July, Rubio teamed up with then U.S. Rep. Jeff Miller, R-Fla., who was serving as the chairman of the U.S. House Veterans Affairs Committee, to bring out the bill last summer. That bill adds more “protections for whistleblowers,” would “increase flexibility to remove VA employees for poor performance or misconduct” and “reform the department’s disability benefits appeals process.” The proposal also closes loopholes from the “VA Accountability Act” from Miller and Rubio which passed the House in 2015 but stalled in the Senate.

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2.13 - WRGT (FOX-45): CEO of Dayton VA Medical Center to retire in October (17 July, Gabi Warwick, 51k online visitors/mo; Miamisburg, OH)

DAYTON, Ohio (WKEF/WRGT) - The CEO and Medical Center Director for the Dayton VA Medical Center announced he plans to retire in October 2017.

Glenn Costie has been with the Dayton VA since December 2011. Over the past 5 1/2 years, he's emphasized community partnerships, transparency and ensuring employees were doing the right thing for each veteran.

His work was also recognized at the International Relationship-Based Cure Symposium in June 2017, where he gave a two hour speech titles "Investing in Relationships - Achieving the Return."

In his tenure, he's also seen an increase in number of veterans treatment by nearly 11 percent, and a 36 percent improvement in inpatient rating.

Costie began working as an engineer trainee at the VA in Martinsburg, West Virginia, and worked his way up through multiple locations. He and his wife Tammy plan to remain in the Miami Valley.

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2.14 - WFXL (FOX-31, Video): Veterans sound off on concerns at VA town hall (17 July, Mary Green, 35k online visitors/mo; Albany, GA)

Representatives from the VA now have a better idea of what some of the problems facing local veterans are at this time.

That comes after hearing questions from a packed house at an Albany town hall Monday, hosted by the Carl Vinson VA Medical Center in Dublin.

Some specific worries ranged from storm recovery and aid to caregivers to transportation to the Dublin hospital.

But the concern that come up most frequently had to do with the Veterans Choice Program.

Army veteran Richard Claxton Jr. said he wants the program to be gone.

“Eliminate Choice Care from the books,” he said.

‘Choice Care’ is the national Veterans Choice Program, which Congress enacted in 2014 with a goal of reducing wait times by allowing veterans to locally receive health care.

But Claxton, a Vietnam veteran, said it’s created some problems, like forcing patients to go through a middle man instead of contacting doctors directly.

“That’s not doing anything for the care for the veterans,” he said.

But the program won’t be going anywhere right now, as Congress extended it just a few months ago.

Maryalice Morro, director of the Vinson Medical Center, said the extension will go “as long as the money lasts” to fund it, and she said the VA is determined to make that money last by altering some of previous treatment strategies.

“As we see those funds dwindling, if we can provide that service within 30 days, we’re asking them—and they’re capable, and they’re capable—we’re asking them to come to our larger facilities that can support those types of things,” she said.

But Morro said she believes this process will get easier for vets, especially as the VA is currently trying to change how it buys care for them.

“It’s with using VA employees who know the area, who know the local communities, especially in rural Georgia, where there’s not a lot of things to choose from. We have those relationships that we’ve developed with them for many, many years.”

Morro said these changes might not require the middle man, either.

“Not on the front end,” she said. “Perhaps on the back end. Again, what that next steps looks like isn’t completely worked out.”

Morro said the Choice Program is one of five target areas of new VA Secretary David Shulkin, along with “getting to zero” regarding veteran suicides; modernization; improving infrastructure; and improving access to care.

As for Claxton, he said he didn’t have to go through the Choice Program for earlier medical procedures but now might have to for an upcoming foot surgery, which he hopes to get done soon.

“If I can get ahold of Choice Care,” he said. “It’s hard to get ahold of them.”

American Legion Post 30 hosted the town hall, and they encourage local veterans to take advantage of the services they offer, including helping find programs and sort through any required paperwork.

“We can help you with the paperwork. We can’t fill it out for you, but we can help you with it, and we can send you to the right people. We don’t have access to the VA system, but we know people that do have access,” Post Commander Nick Nicholson said.

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2.15 - Vermont Public Radio: Manchester VA Director, Chief of Staff Removed Pending Investigation (17 July, Pete Biello, 21k online visitors/mo; Colchester, VT)

Two top officials at the Department of Veterans Affairs Medical Center in Manchester have been removed pending a review of conditions described in a Boston Globe report. Several doctors at the Manchester VA complained in the report of unsanitary operating rooms and alleged substandard care.

Medical Center Director Danielle Ocker will be replaced by Alfred Montoya, current director of the VA Medical Center in White River Junction, Vermont. A replacement for the Manchester VA's Chief of Staff James Schlosser has not yet been announced.

The newspaper’s “Spotlight” investigative team detailed complaints from doctors who say they don’t have the proper equipment to treat patients. Doctors also reported being unable to easily set up appointments with outside specialists, leading to worsening problems in several patients with spine issues. And in one instance, doctors reported having to cancel surgeries last month because they found rust or blood on their tools. The hospital also has supposedly been struggling with an infestation of flies since 2007.

In a statement, VA Secretary David Shulkin says these are serious allegations and he’s committing to fixing any and all problems.

Sen. Maggie Hassan said in a statement that "the poor conditions and quality of care alleged by whistle-blowers at the Manchester VA are completely unacceptable."

Sen. Jeanne Shaheen called the allegations "deeply troubling," adding that "no veteran should experience the substandard care described in this report."

Rep. Annie Kuster, a member of the House Veterans Affairs Committee, called the allegations "unacceptable," adding that "our veterans deserve much better."

Gov. Chris Sununu said in a statement he'd spoken with Shulkin and said he was "encouraged by his willingness to address these troublesome allegations quickly."

The VA Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection are planning to start looking into the matter Monday.

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2.16 - WGIR (CMN-610, Audio): Weekend Round-up: Interview with VA Secretary Shulkin (17 July, 20k online visitors/mo; Manchester, NH)

In this nearly eight-minute clip, correspondent Kimmy McCormack interviews Secretary Shulkin about the new GI Bill legislation, which would remove the 15-year time limit for Veterans to take advantage of those education benefits. It also covers the VA accountability legislation and the Choice program.

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3. Access to Healthcare

3.1 - CNN: How tapering off opioids can help people with chronic pain (17 July, Nadia Kounang, 29.7M online visitors/mo; Atlanta, GA)

Last year, when the US Centers for Disease Control and Prevention established new guidelines on prescribing opioids, it recommended that long-term opioid users be weaned or tapered off pain pills. A study published this week in the journal Annals of Internal Medicine bolsters this idea, finding that chronic pain patients who taper off opioids can have a better quality of life without them.

According to the American Academy of Pain Medicine, 100 million Americans suffer from chronic pain. And for many of those with chronic pain, treatment has consisted of narcotic painkillers. But long-term use also carries an increased risk of dependency and overdose, and an opioid overdose epidemic is ravaging the United States: It claimed more than 33,000 lives in 2015, half of them associated with prescription drugs.

For the approximately 10 million Americans who are prescribed long-term opioid therapy to manage their pain, what alternatives are there?

"It's counterintuitive that pain and well-being could be improved when you decrease pain medication. ... Patients felt better when dosages were reduced," said Dr. Erin Krebs, medical director of the Women Veterans Comprehensive Health Center, part of the Minneapolis Veterans Affairs Health Care System, and an author of the study.

Krebs and her colleagues evaluated 67 studies that considered more than 12,000 patients and evaluated the effectiveness of various ways to reduce narcotic pain management, including buprenorphine-assisted programs, behavioral therapy programs, ketamine-assisted dose reduction programs, acupuncture and interdisciplinary pain management programs that incorporate physical or occupational therapies along with behavioral therapies such as counseling and exercise.

Many of the studies accounted for a decrease in pain among patients as well as increased mobility and overall increase in quality of life. However, the analysis, which was funded by the Veterans Health Administration in the Department of Veterans Affairs, had some significant limitations: Many of the studies evaluated were not double-blind controlled studies, considered to be the gold standard in science. However, of the studies they considered, at least 16 were of good or fair design. In addition, the studies evaluated whether patients stopped using opioids because the narcotic therapy had actually eliminated pain.

"This study provides needed information for providers about how to taper and/or discontinue opioids safely and effectively -- that is, with nonopioid treatments, slow reductions in opioid dosage, patient buy-in, and close monitoring," the CDC's Tamara Haegerich, who wrote an editorial accompanying the study, wrote in an email.

Lots of gain, little pain

The most successful programs had an interdisciplinary approach. "All these studies involved new therapies and close followup and a team -- maybe a physician working with a nurse and therapist -- to help with the process," Krebs said.

Suddenly withdrawing from opioids is difficult because withdrawal symptoms can be severe. "It's not just they are experiencing excruciating pain. Panic sets in; it's a psychological response. It's been described as a sense of impending doom," said Dr. Andrew Kolodny, co-director of opioid policy research at the Heller School for Social Policy and Management. Kolodny, who was not involved with the study, said it was important to show that patients on opioids could be weaned successfully, but it takes a lot of work.

"Getting patients off is not easy. The patients that were able to get off needed lots of visits and multidisciplinary care," he said.

And getting that care can be difficult, said Dr. Steven Stanos, president of the American Academy of Pain Medicine.

"You need to have the resources to do this. Articles like this show we need to have greater access to behavioral health, interdisciplinary programs," he said.

He said some physicians don't have any choice but to prescribe opioids because they don't have access to these kind of therapies. He hopes that studies like this can help convince insurance companies that it is important to cover these types of treatments.

"If all you can get is medication, your pain management options are pretty limited," Krebs said. But she also cautioned that this isn't a one-size-fits-all prescription for pain management -- and there may be people for whom non-opioid therapies aren't effective.

"The opioid epidemic started in a large part as a response to conversations about pain. People need access to effective treatments for pain," Krebs said. Treatments are "low-tech: It's support for physical therapy, occupational therapy, nurses, physicians and all kinds of clinicians. It's not one drug or another. It's just really important as we think of access to treatments. People need a variety of approaches to pain."

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3.2 - ABC News (AP): Top officials at New Hampshire veterans hospital removed (17 July, 24.1M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin has removed two top officials at New Hampshire's only veterans hospital and has ordered a review of the facility amid allegations of "dangerously substandard care."

The Boston Globe reported (http://bit.ly/2utP3xD) that 11 physicians and medical employees alleged the Manchester VA Medical Center was endangering patients. They described a fly-infested operating room and surgical instruments that weren't always sterilized.

The Office of the Special Counsel, a federal whistle-blower agency, found "substantial likelihood" the allegations were true and ordered an investigation, which began in January.

Following the newspaper report Sunday, Shulkin removed hospital Director Danielle Ocker and Chief of Staff James Schlosser. He ordered a more thorough review.

A VA spokesman told the newspaper Ocker and Schlosser would be assigned other duties in the interim.

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3.3 - Stars and Stripes: VA removes top officials from New Hampshire center after allegations of poor conditions, care (16 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)

The director and chief of staff of the VA hospital in Manchester, N.H., have been removed from their posts following a news report of dirty conditions, long patient wait times and substandard care, Department of Veterans Affairs Secretary David Shulkin announced Sunday.

A group of 11 whistleblowers, including some physicians and other medical personnel, contacted the federal government and the Boston Globe with complaints of dangerous conditions, the newspaper reported Sunday.

In addition to removing the top two officials at the hospital, Shulkin called for a “top-to-bottom” review of the hospital, starting Monday.

“These are serious allegations, and we want our veterans and our staff to have confidence in the care we’re providing,” Shulkin said in a written statement. “I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations.”

The director, Danielle Ocker, was replaced by Alfred Montoya, the director of the VA hospital in White River Junction, Vt. The VA said it would soon find a replacement for the chief of staff, James Schlosser.

According to VA documents from December, the Manchester VA Medical Center, the only VA hospital in New Hampshire, was given four stars on a five-star rating system that compares VA hospitals nationwide.

However, flies infested one of the four operating rooms at the hospital, which had to be shut down, according to the Globe report. The Veterans Choice Program, which allows patients to seek care in the private sector, “has broken down” there, the report said, and thousands of veterans have been unable to schedule appointments.

The U.S. Office of the Special Counsel had already been investigating the hospital and found a "substantial likelihood" of a danger to public health, according to the news report. It ordered an investigation by the VA Office of Medical Inspector, which began in January.

Now, VA headquarters is starting its own investigation. The VA Office of Accountability and Whistleblower Protection was sent to the hospital Monday, the VA said.

President Donald Trump established the office earlier this year with the purpose of removing poor-performing employees.

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3.4 - NH1 News: Veterans Affairs launches review of Manchester medical center after poor care allegations (17 July, 1.2M online visitors/mo; Concord, NH)

MANCHESTER — The Veterans Affairs Office is launching a review of the Manchester Veterans Affairs Medical Center following allegations of poor conditions and patient care.

Boston Globe's Spotlight Team published an article Saturday that made public the claims of patients and doctors who described the alleged issues within the hospital, including an operating room abandoned because of flies and patients struggling to get any care.

"These are serious allegations, and we want our Veterans and our staff to have confidence in the care we're providing. I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations," said David J. Shulkin, M.D., U.S. Secretary of Veterans Affairs.

The VA Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection will start their review Monday.

In addition, effective immediately, the department has removed the director and chief of staff at the facility, pending the outcome of the review.

Alfred Montoya, the director of the VAMC in White River Junction, Vermont, will serve as the new director of the Manchester VAMC and the new chief of staff will be announced shortly.

New Hampshire lawmakers have released statements reacting to these allegations.

U.S. Senator Jeanne Shaheen:

"These allegations regarding the Manchester VA are alarming and deeply troubling," said Shaheen. "No veteran should experience the substandard care described in this report. After being informed of these allegations in a meeting with doctors from the Manchester VA, I raised their concerns with the VA Office of Special Counsel and the VA Office of the Inspector General for further investigation. I will continue to work with the VA and, going forward, Secretary Shulkin to investigate these claims and urge that the agency immediately address any shortfalls. Our veterans deserve nothing less than high quality, convenient, accessible health care, and I will not accept anything less."

U.S. Senator Maggie Hassan:

"The poor conditions and quality of care alleged by whistle-blowers at the Manchester VA are completely unacceptable. The VA must immediately launch a full-scale investigation to get answers about these reports of outrageous practices and administrative indifference, including why the hospital recently received such high marks from the VA for its quality of service despite serious problems at the facility. Veterans across New Hampshire and America have demonstrated a selfless commitment to keeping our nation safe, secure and, free, and we must ensure that every one of our veterans receives the care that they need and have earned. I will continue to work with members of both parties to hold the VA accountable for its unacceptable practices."

Congresswoman Annie Kuster:

"The reports concerning the Manchester VA Medical Center are simply unacceptable. Our veterans deserve much better. I was deeply concerned when I met last year with the group of VA doctors. As a member of the House Veterans' Affairs Committee, I brought these concerns to the Office of the Inspector General. I appreciate the seriousness with which Secretary Shulkin is taking this matter, and I will continue to monitor the investigation closely and provide assistance through the House VA Committee. I'm committed to doing all I can to ensure the highest quality of care for all our brave veterans and servicemembers. They deserve nothing less."

Congresswoman Carol Shea-Porter tweeted:

"Today's @GlobeSpotlight report deeply concerning. I support full investigation by @DeptVetAffairs. NH vets deserve highest standard of care."

Governor Chris Sununu:

"This morning I spoke with Secretary of Veterans Affairs Dr. David Shulkin, and am encouraged by his willingness to address these troublesome allegations quickly, without hesitation, and with an insistence on transparency. Despite previous administrations who swept issues under the rug, Secretary Shulkin has proven that he is willing to take immediate action so that we can restore confidence in the system. We will stop at nothing short of delivering the best care for our veterans."

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3.5 - Pantagraph: Veterans Corner 7/17/17 (17 July, 834k online visitors/mo; Bloomington, IL)

Q: I will soon be retiring from my career civilian job. I will not be able to continue my health insurance through my employer after I retire. I have never applied for VA Health Care since my employer has always made health insurance part of my employment package. I served from 1968 to 1972 in the Army, and have not been in the military for over four decades. Can I still receive health care through the VA?

A: There is no deadline for applying for VA Health Care. Eligibility for VA Health Care is complicated. Veterans discharged or released under conditions other than dishonorable may

qualify for VA health care benefits. The length of service requirements vary by when the veteran served and may be waived for veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.

Veterans of military service from 1968 to 1972 should expect that their length of service requirement would be 30 or 90 days depending on the end date of service. However, the government added a “means” test in 2003 based upon the income of the veteran at the time of application for VA Health care. Income over a certain amount likely would result in ineligibility for VA Health Care. However, any veteran granted a service-connected disability rating is eligible for VA Health Care regardless of income.

“Boots on the ground” veterans of service in Vietnam should apply for VA Health Care benefits even if they have been denied in the past due to the means test.

Enrollment is easy utilizing VA form 10-10EZ and can be completed at http://www.va.gov/1010ez.htm or by calling 877-222-VETS (8387) Alternatively, contact a Veterans Service Office at your local Veterans Assistance Commission or at the Illinois Department of Veterans Affairs Office for help in obtaining and completing the 10-10EZ form. You must have a DD214 form Separation from Active duty to accompany the application.

Q: I recently completed my four-year enlistment in the Army. I served in the infantry and had three deployments to the Middle East. I have decided not to use the G.I. Bill for education right now. I have applied for jobs with little success. After not working for several weeks since my separation from active duty, I am unemployed. Can I receive unemployment benefits based on my military service work?

A: Veterans who do not begin civilian employment immediately after leaving military service may receive weekly unemployment compensation for a limited time. The amount and duration of payments are determined by individual states and would be affected if and when, the veteran began using the G.I. bill for education.

Apply for unemployment compensation by contacting the nearest state employment office listed in your local telephone directory. To apply for unemployment compensation, a veteran must complete the state Employment Service Registration Requirement that requests the IDES to assist the veteran to find work. The nearest Illinois Department of Employment Security (IDES) office is in Peoria at 406 Elm St. The toll-free telephone number is 800-244-5631.

Did you know?

Many veterans have chronic conditions for which they take medication. In most cases, the veteran does not need to go to the VA Medical Center or community-based outpatient clinic to have a prescription filled. Mail-order VA prescriptions are delivered directly to the veteran at his or her home. The VA Mail Order Pharmacy processes 460,000 prescriptions daily. Every workday, over 316,000 veterans receive a package of prescriptions in the mail.

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3.6 - WJXX (ABC-25, Video): Veterans Choice Program success might be affecting veterans waiting for care (17 July, Kenneth Amaro, 321k online visitors/mo; Jacksonville, FL)

BRUNSWICK, Ga. - Jim Yale, 70, is a Vietnam Veteran who has discovered walking is no longer a simple task.

He said every step is filled with pain.

"My feet always hurt, always," Yale said. “It feels like there's a clamp around them."

The Navy Veteran was seeing a Brunswick, Georgia podiatrist approved through the Veterans Choice Program (VCP).

"[VCP] was working so well Veterans," he said. "More veterans are asking for it. You can stay at home and receive treatment."

Now, it seems the program's success is creating some backlash for Yale and other veterans. "[VCP] was working too well, the funds are leaving the VA and they're afraid to close the clinics and hospitals," he said.

The VA spokesperson stated there are two accounts to pay for VA community care: One for VCP and the other for traditional VA community care. As a result, the VA is adjusting its processes to accommodate shifts in demand from these accounts.
"[VCP] kept me from having to drive to Dublin, Georgia by having things performed locally," he said.

Yale said recently it turned on him. He contacted his patient advocate at the VA about next week’s surgery and was told it is on hold.

"Everything was put on hold because of Congress," Yale said. "No explanation, just it is on hold."
What it meant for him is that instead of his surgery taking place next week at a Brunswick facility, it will be done late August at a VA facility in Dublin.

"If you pardon the expression I was pretty pissed off," Yale said. "That's not what we expect as patients of the VA."
He said he is very sure the issue is affecting the entire veteran community. Because of our inquiry, VCP is reaching out to Yale to see if they can help him get his surgery sooner.

This is a statement from the Veteran HealthCare Administration:

> *A top priority for VA is making sure that Veterans have access to high quality care when and where they need it. One way VA accomplishes this priority is by using VA’s community care network. The Veterans Choice Program (VCP), one pathway among several for accessing the community care network, is being used at an increased rate. As a result, VA is providing its medical facilities with the flexibility needed to optimize resources locally for VA community care. Veterans that need community care will continue to be able to receive it.*

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3.7 - New Hampshire Union Leader: VA center doctors say they had to speak up (17 June, Dave Solomon, 319k online visitors/mo; Manchester, NH)

Dr. William “Ed” Kois, head of the spinal cord clinic at the Manchester VA Medical Center, was a little nervous about reporting for work on Monday morning. He had just figured prominently as one of the lead whistleblowers in a report of conditions at the center that led to the removal of two top administrators.

Instead, he found himself welcomed as a returning hero.

“One of the van drivers pulled over, stuck his hand out to shake mine, and said, ‘I just want to tell you how much we appreciate what you are doing for us and we want you to keep doing it,’ ” said Kois. “And that was repeated half a dozen times with maintenance staff, patients and other staff that were thanking me for what we are doing. I had several people call and leave messages.”

He now hopes the investigation that he and his fellow whistleblowers have triggered will do more than improve conditions at the Manchester VA. They hope Manchester will become a model for improving veterans health care nationwide.

Veterans Affairs Secretary David Shulkin, reacting to Sunday’s report in the Boston Globe, ordered top administrators from the VA to Manchester on Monday, but Kois and his fellow whistleblowers think Shulkin himself needs to make an appearance.

“We’re going to suggest that Dr. Shulkin come here to see if somehow the VA in Manchester can serve as a beta site for the development or research of a new VA model,” said Kois.

“We would like to be part of the dialogue on how to move forward. In the past, when they (hospital administrators) found rust under the bumper, they would take out a can of spray paint and paint it; and they keep doing that. We feel the problems with the VA systemically are serious enough that we need to grind that rust off and rebuild. We need a new approach.”

A model for change?

Kois and other doctors interviewed agreed that the Manchester VA is an ideal location from which to test and then launch nationwide VA hospital reforms.

“The VA in Manchester is unique,” said Kois. “It’s small; the people know each other; the vets are great people.”

And they are people who deserve much better care than they’ve been getting, according to doctors interviewed at the offices of their attorney, Andrea Amodeo-Vickery of Manchester, who became involved after she was approached by Kois in the spring of 2016.

Like the doctors, she has been overwhelmed by the response from veterans and their families who want to tell their stories or encourage the reform effort that’s under way.

To give those people a voice, Amodeo-Vickery said some of the doctors involved want to be on a panel at a town hall meeting for New Hampshire veterans to answer their questions and hear their stories. She hopes to schedule that at a place and time to be announced soon.

In addition, she said the doctors plan to take up an offer from Congresswoman Ann McLane Kuster, D-N.H., to set up a field hearing in New Hampshire with the VA secretary and top administrators, or have the doctors go to Washington, D.C., to testify.

Amodeo-Vickery said she was shocked by their stories of patients going untreated and ending up with complications that could have easily been avoided, unsanitary conditions, lack of equipment and lack of properly trained staff at the center that serves 25,000 veterans annually from a sprawling complex on Smyth Road.

Doctors marginalized

The major problem, they say, stems from a culture in which doctors are treated as second-class citizens by administration, and not sufficiently involved in patient care or operational issues. The VA scorecard by which the Manchester facility received four stars is a sham, according to Kois and his associates, in which top administrators essentially rate their own facilities on a scorecard that is then approved in Washington.

Patients are being foisted off to third-party care through the Veterans Choice program, but can't get appointments because Veterans Choice is so far behind in payments to practitioners. Kois estimates that as many as 96 patients are suffering from consequences of spinal disorders that could have been mitigated by some sort of earlier treatment or intervention.

"If you are going for an annual physical or getting routine service, it's a great place," said Kois. "But if you've got brain cancer or cardiac disease or a spinal cord injury, it's pretty tough. The higher-level stuff is what's at issue. Rather than paying money to hire a second doctor or buy equipment, they have cost-shifted people to Veterans Choice, which doesn't work."

Eleven professionals from the hospital — eight doctors and three nurse practitioners — have signed whistleblower complaints. "I don't think there has ever been that number of doctors blow the whistle on a VA hospital at the same time," said Dr. Edward Chiabro, one of the eight.

Patients weigh in

Some veterans awaiting treatment on Monday or in residence at the center spoke highly of the care they've received, while others reinforced the allegations of the doctor and nurse group. That comes as no surprise to Kois and Chiabro.

"Vet patients are unique people," said Kois. "They've been in a system where they stand in line until someone tells them not to stand in line. They are very obedient and generally polite, and often are not aware of the substandard care they are getting. One of the things that was really sad to me was seeing people in wheelchairs and diapers that shouldn't have been that way."

Dennis Olmstead of Allenstown, a veteran who has lived for the past three years at the Community Living Center in the Manchester VA, calls the allegations "baloney."

"I've been here three years and I love it," he said. "They take good care of you here. "

Veteran Donald Wyatt of Manchester says he has sought treatment at the Manchester VA off and on for 20 years.

“I don’t have the faintest idea what they’re talking about,” he said. “It’s beyond the average patient, I think. I love it here. People are great. Sure every now and then you run into a jerk, but you would in any hospital. I have never had a problem. Most likely those whistleblowers have had a bad experience with one person.”

But other vets interviewed at the hospital on Monday had a different perspective.

Gerry Branch of Dublin said he had problems getting an appointment with a cardiologist.

“I had a helluva time getting an appointment because they are shorthanded; they’re always shorthanded,” he said. “So they were going to let me see a nurse practitioner. I said, ‘I don’t want to see a nurse practitioner, I’ve got to see a cardiologist.’ I thought I was going to have to get hold of my senator to get an appointment with that cardiologist.”

Branch finally got his appointment by working directly with a nurse. “I ended up talking to the nurse, which they really don’t like you to,” he said. “They want you to go through a call center, where I think they are a bunch of rude turkeys.”

Reluctant whistleblowers

The doctors were at first hesitant to come forward, trying to work within the system, until they say that yielded no results. They were finally moved to action out of concern for the patients, and a fear that they would be made scapegoats in future malpractice lawsuits.

Chiabro, 66, had spent 32 years at the Lahey Clinic and could be in comfortable retirement, but said he decided to go to work for the VA because he saw it as an opportunity to give back at the end of his career.

“I thought I could make it a robust surgical center and do something good there,” he said.

Despite the pressure from family to refrain from going public, and the fear of retaliation, Chiabro said he had no choice.

“I felt like a fraud,” he said. “Patients were being sent out and I couldn’t follow these patients through. I couldn’t end my career like that. I was a reluctant whistleblower.”

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3.8 - Daily Hampshire Gazette: Editorial: Nation’s ‘atomic veterans’ deserve recognition
(17 July, Editorial Board, 191k online visitors/mo; Northampton, MA)

Thousands of military veterans who were exposed to radiation — including many who developed debilitating and sometimes fatal diseases — as the result of nuclear weapons tests between 1945 and 1962 are closer to receiving the long-overdue recognition they deserve.

The U.S. House of Representatives on Friday unanimously approved a measure co-sponsored by U.S. Rep. James McGovern, D-Worcester, that would create a service medal awarded to the so-called “atomic veterans” or their surviving relatives to recognize their sacrifice. The Atomic

Veterans Service Medal Act, also co-sponsored by Massachusetts Sen. Edward Markey, faces an uncertain future in the Senate.

According to McGovern, the Pentagon previously has dissuaded members of the Senate Armed Committee from supporting a service medal for atomic veterans. “Regrettably, the Pentagon remains silent on honoring the service of our atomic veterans, arguing that to do so would diminish the service of other military personnel who are tasked with dangerous missions. This is a pitiful excuse,” McGovern said in remarks delivered Friday in the House.

Between 225,000 and 250,000 veterans are believed to have participated in some 235 nuclear weapons tests conducted in the southwestern United State and Pacific Ocean between 1945 and 1962, or served during the occupation of Japan near Hiroshima or Nagasaki after the U.S. dropped atomic bombs on those cities.

Then-President George H. W. Bush in 1990 signed a compensation act for atomic veterans. However, many were prevented by secrecy laws from seeking medical care or disability compensation from the Department of Veterans Affairs for conditions resulting from their exposure to radiation.
It wasn’t until Congress repealed the Nuclear Radiation and Secrecy Agreement Act in 1996 that atomic veterans were finally able to legally describe their military involvement in nuclear testing so they could file for VA benefits. Veterans exposed to radiation who developed any of 21 types of cancer are eligible for compensation.

McGovern believes that is critical now to formally recognize the service of these atomic veterans who were part of the military’s effort to test the impact of atomic blasts on humans.

“A few years ago, I met with a number of constituents who are atomic veterans,” McGovern told Gazette reporter Dusty Christensen. “These veterans have never been formally recognized for their service — there’s no ribbon, no medal, nothing from the Pentagon.”

On the House floor, McGovern said, “These GIs were placed in extremely dangerous areas and were constantly exposed to potentially dangerous levels of radiation in performance of their duties. They were sworn to secrecy, unable to even talk to their doctors about their past exposure to radiation.

“Tragically, more than 75 percent of atomic veterans have already passed away, never having received … recognition. They served honorably and kept a code of silence that most certainly led to many of these veterans passing away too soon.”

The nonprofit National Association of Atomic Veterans was established in 1979 to represent those who participated in the atmospheric and underwater nuclear weapons tests. According to the association, “They also included veterans who were assigned to post-test duties, such as ‘ground-zero’ nuclear warfare maneuvers and exercises, removing radiation cloud samples from aircraft wing pods, working on close proximity to radiated test animals, decontamination of aircraft and field test equipment, retrieval and transport of test instruments and devices, and a host of other duty assignments that provided an opportunity for a radiation exposure and contamination event.”

The association adds that “since nuclear testing began, it has been very difficult to get a useful accounting of the effects of human exposure to the radiation particle fallout from these tests.

This was largely motivated partly by military secrecy, partly by a desire to allay public fears … and partly by a fear of possible legal actions by actual (or potential) radiation-exposed victims."

The military's use of human guinea pigs as part of nuclear weapons testing was shameful enough. The government's failure to recognize their service and sacrifices is doubly shameful.

We applaud Congressman McGovern's persistence in seeking that formal recognition, and urge the Senate to follow the lead of the House in quickly approving a service medal for the dwindling number of atomic veterans who remain alive.

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3.9 - The Daily News: Newburyport doctor behind shakeup at VA hospital (17 July, John Castelluccio, 189k online visitors/mo; Newburyport, MA)

Behind a major shakeup and investigation at the Veterans Administration hospital in Manchester, New Hampshire, is a Newburyport doctor who's been on a two-year journey to shed light on alleged deplorable and dangerous conditions for veterans in the hospital's care.

Dr. William "Ed" Kois, who has headed up the medical center's spinal chord clinic since 2012, claims nearly 100 veterans have become disabled and paralyzed because of substandard care — and neglect — from the VA hospital. He says, in many cases, what have become crippling conditions for patients could have been prevented with surgery.

Kois is credited with leading the charge among a group of 11 physicians and medical employees who have brought whistleblower concerns to federal authorities. They were featured in an in-depth report over the weekend by the Boston Globe Spotlight team.

The whistleblowers described a fly-infested operating room; surgical instruments that weren't always sterilized; and patients whose conditions were ignored or weren't treated properly.

The Office of the Special Counsel, a federal whistleblower agency, found "substantial likelihood" the allegations were true and ordered an investigation, which began in January.

Following Sunday's Globe report, U.S. Secretary of Veterans Affairs David Shulkin immediately removed two hospital administrators and initiated a "top-to-bottom" review of the facility and the accusations. He had received a call about the issue from New Hampshire Gov. Chris Sununu that morning.

"These are serious allegations, and we want our veterans and our staff to have confidence in the care we're providing," said Shulkin in a statement. "I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations."

Shulkin also said the VA Office of the Medical Inspector and VA Office of Accountability and Whistleblower Protection were being sent in Monday to begin that review.

The two administrators — medical center director Danielle Ocker and chief of staff James Schlosser — are on leave pending the outcome of that investigation, the statement said. Alfred

Montoya, the director at the VA hospital in White River Junction, Vermont, will take over immediately and a new chief of staff will be announced soon.

Granite State lawmakers, Rep. Annie Kuster, a member of the U.S. House Veterans' Affairs Committee, and Sen. Jeanne Shaheen, a member of the Senate Armed Services Committee — both Democrats — met with VA doctors last year about their allegations and brought the concerns to the VA's Office of Special Counsel and the Office of the Inspector General for further investigation. Kuster said she was "deeply concerned."

New Hampshire is one of a few states without a full-service VA hospital. The Manchester center provides urgent care, primary care, ambulatory surgery, mental health treatment and other services, but it contracts with Concord Hospital and others for more elaborate surgery and inpatient care.

And Kois, who lives in downtown Newburyport, promises this is only the start. He, along with other whistleblower doctors and their attorney, held a press conference in Manchester, New Hampshire, Monday afternoon in which they pushed for major reforms to a system they say allowed this situation to fester.

Speaking to the Daily News prior to the press conference, Kois said they are demanding a new model of care for the VA system.

"The basic premise is that the VA system is bureaucratically problematic to the point that it needs to be changed," said Kois. "We want the care done right... This failure is a catalyst for new change and a new direction rather than (just) damage control."

Material from the Associated Press was used in this report.

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3.10 - Concord Monitor: Veterans advocates 'angered' at story of failure at Manchester VA (17 July, Nick Reid, 164k online visitors/mo; Concord, NH)

Some veterans who say they've received substandard care at the Manchester veterans hospital have the ear of its leaders.

They achieve this connection through the advocacy of service organizations – such as the Veterans of Foreign Wars – which have a standing monthly meeting with the top officials at the Manchester Veterans Affairs Medical Center.

Paul Lloyd, the state adjutant of the VFW, said he's generally seen the VA sort these problems out when his organization brings them up. But not all veterans' problems can be addressed this way.

Lloyd, a Concord resident who served in the Navy, said he was shocked when he read the Boston Globe's account of a Gilmanton veteran who didn't have an advocate – and lost his mobility as a result.

“He had basically been misdiagnosed and not properly cared for for over 20 years. I was really surprised,” Lloyd said.

He added: “Let me be frank with you: That really pissed me off that that’s going on. ... We really advocate on behalf of the veterans, so that angered us.”

Robert McWhinnie, who served in the Korean War and was a focal point of the newspaper article, underwent two surgeries in 1995 to remove a tumor from his spine, but the surgeon couldn’t get all of it, the Globe reported.

Over the next 21 years, while McWhinnie gradually lost his ability to walk, he went to the Manchester VA dozens of times and never received the type of routine scan that would have shown whether the tumor was growing again, according to the Globe.

“They knew that these things grow back, and they knew if it grows back it’s got to be cared for, so you’ve got to image them on a regular basis,” said McWhinnie’s attorney, Mark Abramson. “If you don’t do that, it could lead to paralysis, and 20 years go by and they don’t even put him in a radiology suite to take a picture.”

Last summer, the head of the Manchester VA’s spinal cord clinic met McWhinnie for the first time and quickly diagnosed him. That doctor compiled a list of 80 patients suffering ailments similar to McWhinnie’s and reported the hospital to the federal Office of the Special Counsel, which found “substantial likelihood” of wrongdoing, the Globe reported.

Abramson predicted the malpractice lawsuit he plans to file on McWhinnie’s behalf will be only the “tip of the iceberg,” as others come forward with complaints of their own.

“This is the same story that has been played out over and over again,” he said. “It’s very third-world what’s been going on there for at least the last 20 years.”

Veterans Affairs Secretary David Shulkin removed two top officials at the hospital hours after the Globe’s report was published.

During the hospital’s regularly scheduled meeting with a group of veterans Monday, state Rep. Al Baldasaro, who was co-chair of veterans issues for President Donald Trump’s campaign, said he had a chance to familiarize the new acting director of the Manchester VA, Alfred Montoya, with the issues facing New Hampshire veterans.

Baldasaro said he trusts that Montoya will be able to sort out the good doctors from the bad ones.

“For a director, he’s a hands-on guy, you know what I mean? He goes down and talks to the veterans,” Baldasaro said. “I think somebody needs to talk to the veterans and see, because one size does not fit all. There’s different issues, different doctors. One doctor they were praising and another one wasn’t doing what he was supposed to.”

Lloyd noted that the VA has its own patient advocate for veterans who aren’t happy with their experience, and therefore it shouldn’t fall to the VFW and other services organizations to hold the hospital accountable.

“It kind of sounds like either that avenue wasn’t working or they didn’t go down that avenue,” Lloyd said. “That’s something we need to have someone take a deeper look at. Maybe the person down there isn’t doing the job they should be for the veterans.”

That will fall under the scope of the ongoing wholesale review at the VA, Baldasaro said.

“There are going to be people from Washington in and out of the VA for the next week or so,” he said.

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3.11 - New Hampshire Public Radio (Audio): Manchester VA Doctor Skeptical of Federal Investigation's Integrity (17 July, Pete Biello, 148k online visitors/mo; Concord, NH)

The Boston Globe published revelations on Saturday of dangerous delays in care and unsanitary conditions at the Manchester VA Medical Center.

Following the Globe report, VA Secretary David Shulkin removed the Medical Center's director, Danielle Ocker, and the chief staff, James Schlosser, from their positions. Shulkin also ordered an inspection of the facility by high-level VA officials.

Doctor Stewart Levenson is one of the doctors who blew the whistle on conditions at the Manchester VA. Levenson is the Manchester VA's medical service chief, and he spoke with NHPR’s Peter Biello on Monday.

Of the things you saw, what was the most disturbing?

Oh, where do I begin. There were a lot of disturbing issues. A few of my doctors would come to me about issues, I would take them through the chain of command, and I would really get nowhere. Every few months, I uses to send an email to the network director—I felt at one point that it was like a message in a bottle. I’d get a referral back from him that would state, these are matters that are best handled locally.

So the administrative channels just did not work.

No, they actually in some ways worked against us. Whenever there was an opportunity, funding was cut. Programs which I took a great deal of pride in growing over the years were being decimated, all through the idea that this Veterans Choice money was outside of the local medical center budget and we should spend that before spending medical center money.

The result was that patients were not getting care.

What did you make of the Boston Globe’s report? You had a hand in it, because you were talking to them.

I thought it hit the nail right on the head. It was accurate, matter of fact. In some ways it only skimmed the surface of the problems in Manchester.

Do you think the VA’s response was appropriate?

The VA's response was that Dr. Shulkin would order an investigation. I'm a bit circumspect—I was at a leadership meeting this morning where they named the Office of Medical Inspector as the investigative body. I've had less than satisfactory experiences with that office.

Before we went to the Boston Globe, we had complained through the Office of the Medical Inspector, and we essentially got nowhere and we felt the investigation was biased.

So you're concerned that the new investigation will be biased as well.

That's definitely a concern.

There's also some concern about whistleblowers. There are several of them, and you would count yourself among them, I imagine.

Yes, there are about a dozen of us, if not more. We are concerned. We have seen the beginnings of retaliation. Obviously they haven't taken hold because the staff have been removed over the weekend. But before that, there was some concern from whistleblowers about retaliation.

Is this kind of thing unusual, in your experience, for the VA?

The VA is a very hierarchical organization in which people are afraid to come forward for reasons that may or may not be true. This is my first experience with being a whistleblower.

Unfortunately I think some of this behavior is endemic in the system. We've seen it in Phoenix and Cincinnati, and other areas where whistleblowers have been retaliated against.

Dr. James Schlosser has been removed from his duties, pending this investigation. Do you feel safe and secure in your job now that he is not there?

I feel safe in the fact that I'm leaving the VA in a couple of weeks. Before I went the track of being a whistleblower, I decided that my tenure at the VA was best ended.

I've spent eighteen years there. I love the patients I take care of—I feel the veterans are the best patients I've ever taken care of. So there is a sense of regret, but . . . I think I can move on to other things.

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3.12 - Task & Purpose: Will VA Doctors Finally Be Able To Recommend Marijuana For Vets? (17 July, Sarah Sicard, 102k online visitors/mo; New York, NY)

In a 24-7 vote on July 13, lawmakers on the Senate Appropriations Committee passed an amendment that would give Department of Veterans Affairs authority to recommend medical marijuana in states where it is legal for medicinal use.

The Senate amendment, part of the VA's budget request for fiscal year 2018, would work by removing funding from the VA portion of the budget that is used to police VA doctors from

recommending marijuana as a type of treatment and prevent veterans from participating in state-run medical marijuana treatments.

The legislation represents a marked change from current policy, which for years has prevented the VA from being able to recommend the use of marijuana for veterans with physical and mental health problems, despite increasing bipartisan support in Washington.

Federal law currently prohibits VA medical providers from providing recommendations or opinions regarding a veteran's participation in state marijuana programs. Although the provision technically expired in 2016, as no new policy has been implemented, it still stands until Congress decides on a new law.

Despite popularity among the committee, the amendment's future is up in the air. Last year, a similar provision gained traction in both the House and the Senate, but vanished from the final merged bill that became law.

But the proposal does have one particularly weighty supporter. In May, VA Secretary David Shulkin said in a White House press briefing that he would consider expanding the use of medical marijuana for post-traumatic stress disorder, without changing federal law in the process.

"My opinion is, is that some of the states that have put in appropriate controls, there may be some evidence that this is beginning to be helpful," Shulkin told reporters during the press briefing. "We're interested in looking at that and learning from that. But until the time that federal law changes, we are not able to be able to prescribe medical marijuana for conditions that may be helpful."

Shulkin did note that states that have legalized the use of cannabis provide something of a loophole.

"We are acutely aware of the work that's going on around the country, particularly in states that have legalized medical marijuana," he told Task & Purpose. "And we are observing very closely work that's being done that may be helping veterans, and we are open to any ideas and therapies that may be effective."

Though not every congressman and senator agrees, the use of medical marijuana to help veterans has continued to gain popularity among lawmakers year after year. The Senate committee voted 20 to 10 in favor of the amendment last year, as did the House with 239 Congressman voting yes. Hopefully the amendment won't mysteriously disappear from the 2018 budget like last year.

Task & Purpose reached out to several veteran service organization for statements on the amendment and will update this story as more information becomes available.

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3.13 - WAGM (FOX-8): Senator Collins Continues to Protect Northern Maine Veterans' Access to Health Care (17 July, Taylor Lumpkin, 36k online visitors/mo; Presque Isle, ME)

U.S. Senator Susan Collins announced that the Senate Appropriations Committee approved a provision she authored aiming to preserve Northern Maine veterans' access to health care. Senator Collins is a senior member of the Appropriations Committee.

Specifically, Senator Collins' provision directs the Secretary of the Department of Veterans Affairs to ensure that veterans who participated in the Access Received Closer to Home (ARCH) pilot maintain continuity of care through the use of provider agreements.

"The VA has called the ARCH pilot in Maine the 'standard-bearer' for coordinating community care, and in fact, the pilot had a 90 percent satisfaction rating among veterans who participated. I've heard from countless Maine veterans about how ARCH eliminated the need for long and difficult travel, reduced wait times, and provided access to high-quality care in their communities," said Senator Collins. "Given this success, I am pleased that the Appropriations Committee approved my provision directing the Secretary to ensure Northern Maine veterans continue to receive access to the quality health care they have earned and deserve."

Background on ARCH:

Beginning in 2011, the ARCH pilot program allowed Northern Maine veterans to receive health care services at Cary Medical Center in Caribou, negating the need for these veterans to travel up to 600 miles roundtrip to the Togus VA Hospital in Augusta. Prior to the ARCH program's expiration in 2016, Senator Collins strongly advocated for the continuation of similar access to community care and invited Dr. Shulkin, the Secretary of Veterans Affairs, to Cary Medical Center last year so that they could see this highly successful program firsthand.

Following Dr. Shulkin's visit, the VA began authorizing provider agreements that allowed Northern Maine veterans to continue receiving health care services at Cary Medical Center and other providers in a manner very similar to the ARCH program.

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3.14 - Baxter Bulletin: The fight for VA clinic in Baxter County continues (17 July, Billy Jean Louis, 57k online visitors/mo; Mountain Home, AR)

Before Bud Spaulding died, he asked his friend, Kim Koenen, principal broker/owner of Southern Breeze Real Estate, to continue working on a petition that would benefit veterans.

Spaulding, who was known as "The Junker," came to Koenen two months ago to talk about a petition he had already started. He was heading to Springfield. In case he didn't come back, he wanted to have Koenen's word that she would continue the fight.

Koenen agreed.

According to the petition, the goal is to "bring awareness of the outstanding number of veterans (to include retired/disabled) within Baxter County & surrounding counties to include Missouri, which are in need of additional services in this area due to the age and/or disability."

The petition also stated that the fact that the U.S. Department of Veterans Affairs facilities that "offer these services are at a minimum three-hour drive by personal auto … many veterans forgo the service and either pay out of pocket or do nothing at all."

"He started a petition for a better VA facility here," Koenen said. "Some of the veterans have to travel three to five hours to get treatment, and it's just too long for them, especially riding in a van, and then they have to wait until everybody else is done."

Koenen said they could leave at 5 or 6 a.m. and not get home until 10 p.m. A lot of these individuals are people who are 70 and older.

Koenen said Spaulding didn't do this for himself: He did it for the other veterans who have served the country, she said. Additionally, Spaulding wanted his fellow veterans to have a better place to get treatment, so they wouldn't have to travel.

Koenen has three sons who have served in the military — one in the Marines and two in the Navy. They all have issues from being in the military. They have to make the trip to go to the VA hospital, she said, lamenting that they have problems with medicine.

"People are not aware what all these individuals go through," she said.

Bryce Koenen, who served in the U.S. Navy for six years, travels out of town for medical visits. He said by having a VA hospital in the area, people won't have to take a full day off work, or a couple of days depending on what they do.

According to The Bulletin's archives, Dennis Chafa, one of the petition's circulators, said: "The Mountain Home Community-Based Outpatient Clinic, which treats area veterans for the Department of Veterans Affairs, refers patients to Little Rock for many procedures that could be completed locally."

Koenen said the country has its freedom because of what these individuals gave up, and it's taken for granted.

The petition's purpose is to get the Veteran's Administration's attention so that it would "consider expanding the VA clinic services to include, but not limited to, additional medical teams, audiology, dental and optometry." Around 11,000 signatures have been collected. The petition needs a total of 17,000.

Koenen is hoping to get enough signatures within the next two months.

She hosted an open memorial for Spaulding on Friday for anybody who wanted to stop by. The memorial was in part a way of letting veterans know that they're not going to be forgotten and that the fight to get signatures will continue.

People don't need to be a veteran to sign the petition. Anyone who's over the age of 18 can sign it. Call 425-8868, or 405-5932 for more information.

"We're gonna carry on where (Spaulding) left off," Koenen said.

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3.14 - Homer Glen Patch: Will County Lauded for 'Effectively Ending Homelessness Among Veterans' - Reps from several area agencies teaming up to end homelessness among veterans in Will County made a big announcement last week. (17 July, Carrie Frillman, Homer Glen, IL)

WILL COUNTY, IL - Reps from several area agencies that are teaming up to end homelessness among veterans in Will County announced last week that their efforts have yielded significant success.

Officials from the United States Interagency Council on Homelessness (USICH), the Department of Housing and Urban Development, and the Department of Veterans Affairs said that the Will County Continuum of Care has, "effectively ended homelessness among veterans in the county."

“I am proud of the collaborative effort in Will County that is working towards ending homelessness for all of our veterans,” said Will County Executive Larry Walsh. “These veterans have made large sacrifices to protect our freedom and our nation. The very least we can do is assist them in finding permanent housing.”

Matthew Doherty, executive director of the USICH, sent a letter to Will County officials acknowledging the success of the Joliet, Bolingbrook/Will County Continuum of Care in ensuring any veteran in Will County who is experiencing homelessness will receive help to find permanent housing. He commended the infrastructure and systems the continuum has built to ensure any veteran experiencing homelessness in Will County quickly gets the support needed to find a permanent home.

“Through partnership and perseverance, Will County has become the 50th community in the nation to end veteran homelessness,” Doherty said. “The lessons we learn from communities like Will County are helping us end homelessness for veterans nationwide.”

The Will County Continuum of Care is led by Will County Center for Community Concerns. The Continuum has a broad membership, including the following partners: the Will County Land Use Department, the Will County Veterans Assistance Commission, Catholic Charities, Diocese of Joliet, Edward Hines Jr. VA Healthcare for Homeless Veterans/HUD VASH, Family and Friends Grant and Per Diem, Grundy County Veterans Assistance Commission, Joliet Police Department, Joliet Public Library, Joliet Neighborhood Services, Kendall County Veterans Assistance Commission, Midwest Shelter for Homeless Veterans, Morning Star Mission, Cornerstone Services, Inc.

In 2016, 59 Veterans were connected to permanent housing in the local community, averaging 58 days of homelessness. Since the beginning of 2017, 45 Veterans have been connected to permanent housing in the county.

"This is a great example of leaders coming together around the right strategies to end homelessness among our veterans," said Steven Braverman, M.D., director, Edward Hines, Jr. VA Hospital. "We truly appreciate the great work being done by our partners in the Will County Continuum to help solve this important issue."

"We at HUD are proud of the Will County Continuum of Care and community leaders' achievement in effectively ending veteran homelessness," said HUD Midwest Deputy Regional Administrator James A. Cunningham. "Communities around the country can now look to Will County as a model for ensuring that our nation's heroes have a safe and stable place to call home. Through our ongoing collaboration we can and must uphold our own duty to support all those who have answered the call of duty."

For information about the Will County Continuum of Care contact Will County Center for Community Concerns Homeless Services Director, Merridith Montgomery at (815) 722-0722 ext. 205 or at mmontgomery@wcccc.net.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - The Daily Sentinel: Grand Junction VA gets vehicle upgrade Grand Junction VA gets vehicle upgrade (18 July, Joe Vaccarelli, 192k online visitors/mo; Grand Junction, CO)

Barb and Ron Fiedler had so enjoyed their two previous cross-country trips delivering vans for the Disabled American Veterans that they volunteered to do it again, even though this time it meant that Barb would have to do all the driving.

With Ron unable to drive, the Grand Junction residents headed for Cold Springs, Kentucky, to pick up the vehicle and spent about 10 days on the road visiting friends and family in Cincinnati, Indianapolis and Kansas City, Missouri, before finishing the trip back to Grand Junction earlier this month. The DAV handed off the SUV to the Grand Junction Veterans Health Care System on Monday.

"We'd gone back twice before and gotten the vans and had a good time doing it," Barb said.

The "van" — a 2017 Ford Flex — will be used to transport veterans around the Grand Valley to medical appointments. The Disabled American Veterans, Leon Daily 25 Chapter bought and donated the SUV to the Grand Junction VHCS. DAV also provides volunteer drivers to man the vehicles that typically transport about a half dozen veterans per day to their medical appointments.

"We rely so heavily on our veteran service organizations," said Michael Kilmer, director of Grand Junction Veterans Health Care System. "It's a total free service for our veterans to get them safely to their medical appointment."

This vehicle is replacing an older model that had been driven more than 250,000 miles. The new SUV had 30 miles on it when the Fiedlers picked it up and a little more than 1,500 when it was dropped off Monday.

“The thing is we’re transporting vets, which is one of our most valuable assets, so we need to make sure we have safe equipment to do it with,” said Dave Dunnagan, commander of the DAV Chapter 25, who said vehicles typically last about five or six years. The SUV is not equipped to handle veterans who use wheelchairs or oxygen tanks, but the VA has other vehicles to drive them to appointments.

A second new vehicle will be on its way shortly to Montrose where its DAV chapter shuttles veterans between their homes and medical services around the Uncompahgre Valley.

Dunnagan said his chapter bought the SUV for a reduced price from Ford and the national chapter also kicked in some money. In the end, Dunnagan’s chapter paid about $14,500 for the vehicle. The hospital saved about $4,000 in shipping thanks to the Fiedlers.

The VA now takes on ownership of the SUV for its lifespan. When it’s time to replace the vehicle, it will be offered back to the DAV, so it can sell it and keep the money.

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7. Supply Chain Modernization

7.1 - Politico: Cerner hires ex-VA exec (17 July, Arthur Allen, 23.9M online visitors/mo; Arlington, VA)

FIRST in Morning eHEALTH: Cerner has hired David Waltman, a behind-the-scenes health IT strategist who has been involved since 2011 on VA and DoD integration efforts—from inside and outside the VA. Waltman is working on “efforts related to government strategy, innovating, engineering and compliance,” Cerner said in a release. Waltman was chief information strategy officer under David Shulkin at the Veterans Health Administration from 2014 until November when he took over IT strategy at AbleVets, a VA and DoD contractor.

— Waltman was the user experience officer on the failed 2011-2013 iEHR project to integrate DoD and VA electronic records; he led one of the project’s bright points: the Joint Legacy Viewer, which allows VA docs to see a patient’s DoD records, and vice-versa. When iEHR fell apart, Waltman went to ASM Research, part of Accenture, but was brought back to the agency following the Phoenix scheduling scandal. Waltman has been a fairly open promoter of a commercial solution for VistA, saying that while doctors like its interface, VistA is outdated and the VA lacks a critical mass of expertise to modernize it.

— Word is that Cerner hope to keep much of the VA contract for itself, avoiding the need to hire “integrators” such as Leidos and Accenture, Cerner’s partners in the Pentagon’s MHS Genesis contract.

— We also confirmed that Cerner learned it had been chosen to replace VistA exactly one day before Shulkin announced it. “They were as surprised as everyone else,” a plugged-in source tells us. “It happened because the White House wanted it to happen.”

[…]

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7.2 - Becker's Hospital Review: Senate passes 2018 VA appropriations bill, to 'reevaluate' Cerner EHR funding at later date (17 July, Jessica Kim, 441k online visitors/mo; Glencoe, IL)

The Senate Appropriations Committee unanimously approved its fiscal year 2018 Military Construction, Veterans Affairs and Related Agencies Appropriations Bill in a 31-0 vote July 13.

The bill includes $88.9 billion in discretionary funding across various agencies, up $6.1 billion from 2017. It also earmarks $78.4 billion in discretionary funding for the Department of Veterans Affairs, a $4 billion increase over last year.

However, the bill does not allocate additional funding for the VA's transition to the Cerner EHR. VA Secretary David J. Shulkin, MD, announced the shift to Cerner June 5. The Senate Appropriations Committee said the announcement did not provide the committee enough time to ascertain how the cost of a new EHR will compare with the cost to fund the VA's homegrown EHR, VistA, which is currently in use at the department.

"It can be assumed the VA total cost will exceed previous estimates for VistA Evolution," the bill reads. "To that end, in its oversight capacity, the [appropriations] committee will reevaluate [along with] the Committee on Appropriations of the House of Representatives, the constraints on the obligation or expenditure of funding for the new acquisition at the appropriate time."

By contrast, the House Appropriations Committee cleared its 2018 Military Construction and Veterans Affairs Appropriations bill June 12, allocating $65 million to modernize that VA's EHR system. The $65 million is the same amount President Donald Trump had requested.

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7.3 - Healthcare IT News: Cerner hires VA technology expert to help with Vista overhaul strategy - David Waltman has worked in two capacities at the Department of Veterans Affairs, and most recently at startup focused on better using health IT to help vets and service members. (17 July, Mike Miliard, 438k online visitors/mo; Portland, ME)

As it begins to plan its massive electronic record health initiative at the U.S. Department of Veterans Affairs, Cerner has hired a professional with deep and varied experience in the ways technology is deployed at the VA.

David Waltman has recently signed on to Cerner's federal team, where he'll help with "efforts related to government strategy, innovation, engineering and compliance," according to a statement from the company.

Most recently, Waltman served as chief strategy officer at AbleVets, a company that develops technologies – VA protocol text messaging, security tools, telehealth, mobile apps – to help the VA and Department of Defense better serve their patients.

But prior to that, between 2014 and 2016, he worked at VA and Veterans Health Administration as Chief Information Strategy Officer and Senior Advisor to the Under Secretary for Health.

There, he led VistA Evolution, the agency's earlier planned five-year multi-billion dollar EHR modernization program. He advised senior VA officials on IT strategy and and spearheaded development of the project's enterprise health management platform.

Before that, between 2011 and 2013, Waltman was chief UX architect for DoD-VA's since-abandoned iEHR project. He was responsible for developing that initiative's Joint Legacy Viewer, which enables both DoD and VA clinicians to get integrated bidirectional views into patient records.

He's previously worked on federal systems integration projects for Accenture subsidiary ASM Research, and earlier as a software engineer for Microsoft. (He also has a masters degree in music from Western Washington University and was chief conductor at Washington State's Rainier Symphony for more than a decade.)

Having learned some things about what works and what doesn't when endeavoring to connect to massive government entities, Cerner officials say Waltman will bring "significant insight and experience with federal agency health IT systems, will help us build and deploy effective solutions supporting seamless care for service members and veterans."

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7.4 - FEDweek: Congress, GSA Focus on VA Acquisition (17 July, 48k online visitors/mo; Glen Allen, VA)

A House Veterans Affairs subcommittee has passed a newly introduced bill (HR-3169) to improve hiring and training of acquisition and construction management personnel at the VA.

The measure would: require VA to create career certification programs for construction and logistics employees reflecting similar programs at the Department of Defense; extend VA's career certification for contracting officers to VA's logistics workers and construction managers; and expand its acquisition intern programs to bring in more new college graduates and recently discharged veterans.

Meanwhile, the GSA has entered into a memo of agreement with the department designed to make it easier for VA acquisition personnel to access VA-verified vendor information when purchasing from GSA and VA managed federal supply schedules.

The memo involves changes to policies and a vendor database aimed at enhancing the VA's use of set-asides for veteran-owned small businesses and service-disabled veteran-owned small businesses.

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8. Other

8.1 - Washington Examiner: 'Historic preservation' blocks VA bid to save millions, help more vets (17 July, Paul Bedard, 4.8M online visitors/mo; Washington, DC)

Talk about your fixer-uppers.

The Department of Veterans Affairs is trying to unload hundreds of vacant and useless buildings, potentially saving taxpayers $23 million every year, but historic preservation tags have been slapped on many of them, blocking action.

VA Secretary David J. Shulkin said the agency owns thousands of buildings from the Revolutionary War, Civil War, World War I, and World War II, many vacant and under historical preservation status.

Citing 100 buildings that are from the Civil War and Revolutionary War, Shulkin said "even though they are buildings that we aren't using or buildings that are too old to viably use, they still have historic preservation status."

Overall, 2,226 VA buildings, hospitals, private garages, and even a bowling alley in Iowa — 35 percent of its 6,297 real estate holdings — have historic status, blocking destruction or major renovations. One dates to 1735.

But that is no longer going to hold up VA's bid to do something about them.

"I need to work with other federal agencies and government organizations to make sure that we can get those properly addressed, either gift them, or give them back to organizations that want to maintain them or readdress some of their status," Shulkin said.

Shulkin is on a two-year mission to dump or repurpose 1,100 buildings. He said the effort would save taxpayers $15.7 million annually beginning in 2017 and a total of $23 million in combined annual savings.

"My plan is to deal with those 1,100 in the next two years. When you look at them, there are 142 that I've already made decisions on, and I'm proceeding either to dispose of them, destroy them, or essentially give them back to the [General Services Administration, the federal real estate agency], back to the federal inventory," he said.

VA officials said he also is working hard with non-governmental groups and local governments for partnerships that will help veterans, either providing them cheap housing in the buildings or other services — and share upkeep costs.

"We don't want to just demolish them," said spokesman Terrence Hayes. "That's a last resort."

For Shulkin, the goal is helping vets and cutting costs to taxpayers. When he announced his plan, Shulkin said, "We owe it to the American taxpayer to apply as much of our funding as possible to helping veterans," adding, "We need to move rapidly to bring savings to taxpayers.

We will work through the legal requirements and regulations for disposal and reuse, and we will do it as swiftly as possible."

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

18 July 2017

1. Top Stories

1.1 - Star Tribune: **Walz calls report on local VAs 'concerning'** (17 July, Mark Brunswick, 10.8M online visitors/mo; Minneapolis, MN)
U.S. Rep. Tim Walz on Monday requested a meeting with top Department of Veterans Affairs officials from Minneapolis and St. Cloud after a watchdog report criticized how the VA hospitals told several patients about their cases and scheduling. A report from the VA's Office of Inspector General (OIG) released Monday looked at concerns at the two VA hospitals and the Vet Center in New Brighton, focusing on mental health and post-traumatic stress disorder (PTSD) treatments and scheduling.

Hyperlink to Above

1.2 - The Nation: **America's Biggest Publicly Funded, Fully Integrated Health-Care System Is Under Attack, The Veterans Health Administration is a successful example of a single-payer system in the United States. It's time for progressives to defend it.** (17 July, Suzanne Gordon, 3.2M online visitors/mo; New York, NY)
The threat—faced by VHA users and staff (one-third of whom are veterans themselves)—is privatization. The Trump administration has no trouble boosting an already swollen Pentagon budget. But it favors only a modest increase in VHA funding, most of which would be spent on steering veterans' care toward non-VHA doctors and hospitals and to for-profit companies for services like audiology and optometry.

Hyperlink to Above

1.3 - LA Weekly: **Law Would Force Feds to Let Veterans Get Medical Marijuana** (17 July, Denis Romero, 3.1M online visitors/mo; Culver City, CA)
The amendment to force the U.S. Department of Veterans Affairs to make cannabis available to veterans who need it was recently approved by the Senate's Appropriations Committee on a 24-to-7 vote. The department would be prohibited from interfering with a veteran's ability to obtain weed, and from blocking health care providers from giving pot to veterans where it's legal, according to language attached to a military appropriations bill.

Hyperlink to Above

1.4 - Military Times: **VA medical center leaders removed after reports of unsafe conditions** (17 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Top leaders at a New Hampshire Veterans Affairs Medical Center were swiftly removed from their posts Sunday after a scathing article portrayed the facility as unsanitary and disorganized, despite internal ratings labeling it as one of the agency's best facilities. On Saturday, the Boston Globe chronicled multiple problems at the VA-labeled four-star facility, including flies in surgical rooms, poorly-maintained medical equipment and an administration that ignores the best interests of patients.

Hyperlink to Above

1.5 - WCPO (ABC-9, Video): **National Veterans Wheelchair Games bring 600 athletes to Cincinnati** (17 July, Craig McKee, 2.1M online visitors/mo; Cincinnati, OH)
Those who fought for our country now have the chance to fight for something a little different. The 37th National Veterans Wheelchair Games kicked off Monday. The six-day event is

happening for the first time in the Queen City, “It's huge! It's like bringing the regular Olympics to Cincinnati,” said Todd Sledge, Chief of Communications for the Cincinnati VA Medical Center.

Hyperlink to Above

1.6 - WMUR (ABC-9, Video): VA whistleblowers said they were thanked when they returned to work, 2 top officials removed after Globe Spotlight report (17 July, Amy Coveno and Adam Sexton, 2M online visitors/mo; Manchester, NH)
Two top officials at the Manchester Veterans Affairs Medical Center were removed from their positions after a Boston Globe Spotlight article exposed allegations of negligence and mismanagement at the only care facility in New Hampshire designated for veterans. The article was triggered by allegations made by 11 whistleblowers who started sounding the alarm last year. That prompted quiet visits to New Hampshire from federal investigators, and a report was issued in June.

Hyperlink to Above

1.7 - Stars and Stripes: Large GI Bill expansion faces easy review in House hearing (17 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)
The changes to education benefits for veterans in a new House bill are numerous, including the end of a 15-year deadline for veterans to use their GI Bill after leaving the service, reimbursements for veterans whose schools abruptly close and boosts in aid for Purple Heart recipients, dependents, technical education and members of the National Guard and Reserve.

Hyperlink to Above

1.8 - Dayton Daily News (Video): Dayton VA chief to retire from post (17 July, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)
The Dayton VA Medical Center director recognized nationally for his work to help two embattled VA medical facilities in the midst of scandals will step down in October from the local top post. Glenn Costie, 55, announced his retirement Monday to give the VA time to find and train a replacement before he leaves. “I feel like the organization is doing really well,” he said in an interview at the Dayton VA.

Hyperlink to Above

1.9 - WBUR (NPR-90.0, Audio): 'I Have Never Seen A Hospital Run This Poorly': Problems At Manchester VA Exposed (17 July, Shawn Bodden and Meghna Chakrabarti, 1.1M online visitors/mo; Boston, MA)
The U.S. Secretary of Veterans Affairs David Shulkin has removed the two top officials at the Manchester Veterans Affairs Medical Center. The decision followed a story published in the Boston Globe this weekend. Members of the Globe's Spotlight team were contacted by a group of whistle blowers concerned with conditions at the hospital.

Hyperlink to Above

1.10 - The Atlantic: How VA Reform Turned into a Fight Over Privatization, Democrats and service organizations worry that a Republican push to expand health-care choices for veterans will sap money from the ailing federal system. (17 July, Russell Berman, 613k online visitors/mo; Washington, DC)

Veterans were waiting months for appointments, and dozens may have died because they could not get treated in time. Spurred to action, Congress created a program aimed at temporarily alleviating the strain on the VA: Veterans who lived more than 40 miles from a health-care facility or who had to wait more than 30 days for an appointment could take their benefits outside the system and seek treatment from private doctors.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - The Washington Times (AP): Head of Dayton VA Medical Center in Ohio retiring in October (18 July, 10.8M online visitors/mo; Washington, DC)
Glenn Costie also oversaw the VA medical facility in Cincinnati for part of 2016. He filled in as director of the Cincinnati medical center after the head of its Ohio-based regional network was ousted and the Cincinnati hospital's then-acting chief of staff was disciplined in connection with a probe of the hospital's management and veterans' care.

Hyperlink to Above

2.2 - The Fiscal Times: A New GI Bill Would Boost Spending for American Military Veterans (17 July, Eric Pianin, 1.6M online visitors/mo; New York, NY)
Lawmakers have introduced new legislation that would increase spending on veterans' educational benefits under the GI Bill. In the wake of the 9/11 terrorist attacks, Congress approved major improvements to the GI bill, paving the way for hundreds of thousands of veterans and their families to obtain undergraduate and graduate college degrees or advanced training to help them find a job.

Hyperlink to Above

2.3 - Inside Higher Ed: Expanding GI Bill Benefits, The GI Bill update, the first since 2011, removes 15-year time limit for benefits and awards semester of aid to veterans affected by closures of for-profit colleges. (19 July, Andrew Kreighbaum, 1.6M online visitors/mo; Washington, DC)
Testifying before the House of Representatives veterans' affairs committee Monday, Will Hubbard, the vice president of government affairs at Student Veterans of America, said if student veterans sat down to write an update to the GI Bill, it would look like the proposal before the committee.

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2.4 - WCSC (CBS-5, Video): Volunteers drop off 'Christmas in July' gifts for veterans (17 July, Patrick Phillips, 823k online visitors/mo; Charleston, SC)
It was an early Christmas Sunday at the Charleston Veterans Administration hospital thanks to a group of volunteers. Members of the American Legion Post 166, made up of veterans committed to community service, dropped off dozens of presents to patients at the hospital. "We all feel like we have an obligation and a sense of pride for the veterans that came before us to make sure that they don't feel unwanted, unneeded or forgotten," one volunteer said.

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2.5 - WALB (NBC-10, Video): Veterans express mixed views at VA Center town hall (17 July, Amanda Hoskins, 473k online visitors/mo; Albany, GA)
Many South Georgia veterans said they want more help and guidance from the Veterans Affairs clinic. At least that's what some who attended Albany's town hall meeting on Monday said. Representatives from the Carl Vinson VA Medical Center hosted the town hall meeting. It was the first time the center hosted a town hall for folks in Albany.

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2.6 - WCAX (CBS-3, Video): Major shake up at veterans hospital in New Hampshire (17 July, 321k online visitors/mo; South Burlington, OH)
A new report alleges veterans are getting "dangerously substandard" care at the Manchester hospital. Eleven doctors and employees contacted the feds saying the hospital was putting its patients in jeopardy. The Boston Globe reports they described a fly-infested operating room and surgical instruments that weren't always sterilized. And the feds found "substantial likelihood" that those allegations were true.

Hyperlink to Above

2.7 - The Post and Courier: Civil service needs reform (18 July, Editorial Board, 319k online visitors/mo; Charleston, SC)
The federal civil service needs reform starting at the Department of Veteran's Affairs, as shown by new data listing how many VA employees were dismissed in the last five months and how that compares to the rate of dismissals in the private sector. Ironically federal employee unions and advocates insist that the data show the opposite.

Hyperlink to Above

2.8 - WDTN (ABC-2): Dayton VA Director to retire in October (17 July, Kim Allen, 205k online visitors/mo; Moraine, OH)
The CEO/Director of the Dayton VA Medical Center is retiring in October. Glenn Costie will step aside on October 28th. Costie says he's making the announcement now in order to give the VA time to find his replacement. Costie says the advance notice will also allow the VA to train his successor in day-to-day management of the Dayton VA.

Hyperlink to Above

2.9 - Valley News: Vt. Leader Takes Helm at N.H. VA (18 July, Nora Boyle-Burr, 164k online visitors/mo; West Lebanon, NH)
The director of the White River Junction Veterans Affairs Medical Center has been asked to oversee the VA Medical Center in Manchester following whistleblower complaints about patient care and sanitation at the only New Hampshire-based VA hospital. U.S. Secretary of Veterans Affairs David Shulkin on Sunday asked Alfred Montoya Jr., who has been the permanent director in White River Junction for little more than a year…

Hyperlink to Above

2.10 - Star Beacon: Disabled vets train at Spire for Wheelchair Games (17 July, Justin Dennis, 77k online visitors/mo; Ashtabula, OH)
Patty Whitecotton, a recreation therapist with the Louis Stokes Cleveland VA Medical Center who organized the current training program for disabled veterans, said the VA wanted

competing veterans to get out to regular fitness clinics, rather than have the games be their only outlet. When she looked at Spire's capability, she said she thought, "This is perfect. ... A lot of the equipment is adapted for wheelchairs so no matter what level they're at, they can still work out."

Hyperlink to Above

2.11 - WVXU (NPR-91.7): Veterans Compete In National Wheelchair Games In Cincinnati (17 July, Tana Weingartner, 74k online visitors/mo; Cincinnati, OH)
More than 600 veterans are in Cincinnati this week competing in the National Veterans Wheelchair Games. It's billed as the world's largest annual wheelchair multi-sport and rehabilitation event. The competition is organized by the Paralyzed Veterans of America (PVA) and the Department of Veterans Affairs. Athletes from the U.S., Puerto Rico and Great Britain must compete in at least four events.

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2.12 - Sunshine State News: Marco Rubio Continues the Fight to Reform the VA (17 July, Kevin Derby, 63k online visitors/mo; Tallahassee, FL)
U.S Sen. Marco Rubio, R-Fla. is continuing his efforts to reform the U.S. Department of Veterans Affairs, cosponsoring the "VA Quality Employment Act" brought out by U.S. Sen. Luther Strange, R-Ala. Strange's bill would reform hiring and other HR matters at more than 1,200 VA health service centers across the nation. The bill's supporters, which also include U.S. Sen. Tom Cotton, R-Ark., and U.S. Sen. Jim Inhofe, R-Ok…

Hyperlink to Above

2.13 - WRGT (FOX-45): CEO of Dayton VA Medical Center to retire in October (17 July, Gabi Warwick, 51k online visitors/mo; Miamisburg, OH)
The CEO and Medical Center Director for the Dayton VA Medical Center announced he plans to retire in October 2017. Glenn Costie has been with the Dayton VA since December 2011. Over the past 5 1/2 years, he's emphasized community partnerships, transparency and ensuring employees were doing the right thing for each veteran.

Hyperlink to Above

2.14 - WFXL (FOX-31, Video): Veterans sound off on concerns at VA town hall (17 July, Mary Green, 35k online visitors/mo; Albany, GA)
Representatives from the VA now have a better idea of what some of the problems facing local veterans are at this time. That comes after hearing questions from a packed house at an Albany town hall Monday, hosted by the Carl Vinson VA Medical Center in Dublin. Some specific worries ranged from storm recovery and aid to caregivers to transportation to the Dublin hospital.

Hyperlink to Above

2.15 - Vermont Public Radio: Manchester VA Director, Chief of Staff Removed Pending Investigation (17 July, Pete Biello, 21k online visitors/mo; Colchester, VT)
Two top officials at the Department of Veterans Affairs Medical Center in Manchester have been removed pending a review of conditions described in a Boston Globe report. Several doctors at

the Manchester VA complained in the report of unsanitary operating rooms and alleged substandard care.

Hyperlink to Above

2.16 - WGIR (CMN-610, Audio): Weekend Round-up: Interview with VA Secretary Shulkin (17 July, 20k online visitors/mo; Manchester, NH)
In this nearly eight-minute clip, correspondent Kimmy McCormack interviews Secretary Shulkin about the new GI Bill legislation, which would remove the 15-year time limit for Veterans to take advantage of those education benefits. It also covers the VA accountability legislation and the Choice program.

Hyperlink to Above

3. Access to Healthcare

3.1 - CNN: How tapering off opioids can help people with chronic pain (17 July, Nadia Kounang, 29.7M online visitors/mo; Atlanta, GA)
"It's counterintuitive that pain and well-being could be improved when you decrease pain medication. ... Patients felt better when dosages were reduced," said Dr. Erin Krebs, medical director of the Women Veterans Comprehensive Health Center, part of the Minneapolis Veterans Affairs Health Care System, and an author of the study.

Hyperlink to Above

3.2 - ABC News (AP): Top officials at New Hampshire veterans hospital removed (17 July, 24.1M online visitors/mo; New York, NY)
Veterans Affairs Secretary David Shulkin has removed two top officials at New Hampshire's only veterans hospital and has ordered a review of the facility amid allegations of "dangerously substandard care." The Boston Globe reported that 11 physicians and medical employees alleged the Manchester VA Medical Center was endangering patients.

Hyperlink to Above

3.3 - Stars and Stripes: VA removes top officials from New Hampshire center after allegations of poor conditions, care (16 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)
The director and chief of staff of the VA hospital in Manchester, N.H., have been removed from their posts following a news report of dirty conditions, long patient wait times and substandard care, Department of Veterans Affairs Secretary David Shulkin announced Sunday. A group of 11 whistleblowers, including some physicians and other medical personnel, contacted the federal government and the Boston Globe with complaints of dangerous conditions, the newspaper reported Sunday.

Hyperlink to Above

3.4 - NH1 News: Veterans Affairs launches review of Manchester medical center after poor care allegations (17 July, 1.2M online visitors/mo; Concord, NH)
The Veterans Affairs Office is launching a review of the Manchester Veterans Affairs Medical Center following allegations of poor conditions and patient care. Boston Globe's Spotlight Team

published an article Saturday that made public the claims of patients and doctors who described the alleged issues within the hospital, including an operating room abandoned because of flies and patients struggling to get any care.

Hyperlink to Above

3.5 - Pantagraph: Veterans Corner 7/17/17 (17 July, 834k online visitors/mo; Bloomington, IL)
I will soon be retiring from my career civilian job. I will not be able to continue my health insurance through my employer after I retire. I have never applied for VA Health Care since my employer has always made health insurance part of my employment package. I served from 1968 to 1972 in the Army, and have not been in the military for over four decades. Can I still receive health care through the VA?

Hyperlink to Above

3.6 - WJXX (ABC-25, Video): Veterans Choice Program success might be affecting veterans waiting for care (17 July, Kenneth Amaro, 321k online visitors/mo; Jacksonville, FL)
The Navy Veteran was seeing a Brunswick, Georgia podiatrist approved through the Veterans Choice Program (VCP). "[VCP] was working so well Veterans," he said. "More veterans are asking for it. You can stay at home and receive treatment." Now, it seems the program's success is creating some backlash for Yale and other veterans.
"[VCP] was working too well, the funds are leaving the VA and they're afraid to close the clinics and hospitals," he said.

Hyperlink to Above

3.7 - New Hampshire Union Leader: VA center doctors say they had to speak up (17 June, Dave Solomon, 319k online visitors/mo; Manchester, NH)
The major problem, they say, stems from a culture in which doctors are treated as second-class citizens by administration, and not sufficiently involved in patient care or operational issues. The VA scorecard by which the Manchester facility received four stars is a sham, according to Kois and his associates, in which top administrators essentially rate their own facilities on a scorecard that is then approved in Washington.

Hyperlink to Above

3.8 - Daily Hampshire Gazette: Editorial: Nation's 'atomic veterans' deserve recognition (17 July, Editorial Board, 191k online visitors/mo; Northampton, MA)
Thousands of military veterans who were exposed to radiation — including many who developed debilitating and sometimes fatal diseases — as the result of nuclear weapons tests between 1945 and 1962 are closer to receiving the long-overdue recognition they deserve. The U.S. House of Representatives on Friday unanimously approved a measure co-sponsored by U.S. Rep. James McGovern, D-Worcester, that would create a service medal awarded to the so-called "atomic veterans" or their surviving relatives to recognize their sacrifice.

Hyperlink to Above

3.9 - The Daily News: Newburyport doctor behind shakeup at VA hospital (17 July, John Castelluccio, 189k online visitors/mo; Newburyport, MA)
Behind a major shakeup and investigation at the Veterans Administration hospital in Manchester, New Hampshire, is a Newburyport doctor who's been on a two-year journey to

shed light on alleged deplorable and dangerous conditions for veterans in the hospital's care. Dr. William "Ed" Kois, who has headed up the medical center's spinal chord clinic since 2012, claims nearly 100 veterans have become disabled and paralyzed because of substandard care — and neglect — from the VA hospital.

Hyperlink to Above

3.10 - Concord Monitor: Veterans advocates 'angered' at story of failure at Manchester VA (17 July, Nick Reid, 164k online visitors/mo; Concord, NH)
Some veterans who say they've received substandard care at the Manchester veterans hospital have the ear of its leaders. They achieve this connection through the advocacy of service organizations – such as the Veterans of Foreign Wars – which have a standing monthly meeting with the top officials at the Manchester Veterans Affairs Medical Center.

Hyperlink to Above

3.11 - New Hampshire Public Radio (Audio): Manchester VA Doctor Skeptical of Federal Investigation's Integrity (17 July, Pete Biello, 148k online visitors/mo; Concord, NH)
VA Secretary David Shulkin removed the Medical Center's director, Danielle Ocker, and the chief staff, James Schlosser, from their positions. Shulkin also ordered an inspection of the facility by high-level VA officials. Doctor Stewart Levenson is one of the doctors who blew the whistle on conditions at the Manchester VA. Levenson is the Manchester VA's medical service chief, and he spoke with NHPR's Peter Biello on Monday.

Hyperlink to Above

3.12 - Task & Purpose: Will VA Doctors Finally Be Able To Recommend Marijuana For Vets? (17 July, Sarah Sicard, 102k online visitors/mo; New York, NY)
In a 24-7 vote on July 13, lawmakers on the Senate Appropriations Committee passed an amendment that would give Department of Veterans Affairs authority to recommend medical marijuana in states where it is legal for medicinal use. The Senate amendment, part of the VA's budget request for fiscal year 2018, would work by removing funding from the VA portion of the budget that is used to police VA doctors from recommending marijuana…

Hyperlink to Above

3.13 - WAGM (FOX-8): Senator Collins Continues to Protect Northern Maine Veterans' Access to Health Care (17 July, Taylor Lumpkin, 36k online visitors/mo; Presque Isle, ME)
U.S. Senator Susan Collins announced that the Senate Appropriations Committee approved a provision she authored aiming to preserve Northern Maine veterans' access to health care. Senator Collins is a senior member of the Appropriations Committee. Specifically, Senator Collins' provision directs the Secretary of the Department of Veterans Affairs to ensure that veterans who participated in the Access Received Closer to Home (ARCH) pilot maintain continuity of care through the use of provider agreements.

Hyperlink to Above

3.14 - Baxter Bulletin: The fight for VA clinic in Baxter County continues (17 July, Billy Jean Louis, 57k online visitors/mo; Mountain Home, AR)

The petition also stated that the fact that the U.S. Department of Veterans Affairs facilities that "offer these services are at a minimum three-hour drive by personal auto … many veterans forgo the service and either pay out of pocket or do nothing at all."

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3.15 - Homer Glen Patch: Will County Lauded for 'Effectively Ending Homelessness Among Veterans' - Reps from several area agencies teaming up to end homelessness among veterans in Will County made a big announcement last week. (17 July, Carrie Frillman, Homer Glen, IL)
Reps from several area agencies that are teaming up to end homelessness among veterans in Will County announced last week that their efforts have yielded significant success. Officials from the United States Interagency Council on Homelessness (USICH), the Department of Housing and Urban Development, and the Department of Veterans Affairs said that the Will County Continuum of Care has, "effectively ended homelessness among veterans in the county."

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - The Daily Sentinel: Grand Junction VA gets vehicle upgrade Grand Junction VA gets vehicle upgrade (18 July, Joe Vaccarelli, 192k online visitors/mo; Grand Junction, CO)
Barb and Ron Fiedler had so enjoyed their two previous cross-country trips delivering vans for the Disabled American Veterans that they volunteered to do it again, even though this time it meant that Barb would have to do all the driving. With Ron unable to drive, the Grand Junction residents headed for Cold Springs, Kentucky, to pick up the vehicle and spent about 10 days on the road…

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7. Supply Chain Modernization

7.1 - Politico: Cerner hires ex-VA exec (17 July, Arthur Allen, 23.9M online visitors/mo; Arlington, VA)
Waltman is working on "efforts related to government strategy, innovating, engineering and compliance," Cerner said in a release. Waltman was chief information strategy officer under David Shulkin at the Veterans Health Administration from 2014 until November when he took over IT strategy at AbleVets, a VA and DoD contractor.

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7.2 - Becker's Hospital **Review: Senate passes 2018 VA appropriations bill, to 'reevaluate' Cerner EHR funding at later date** (17 July, Jessica Kim, 441k online visitors/mo; Glencoe, IL)
The Senate Appropriations Committee unanimously approved its fiscal year 2018 Military Construction, Veterans Affairs and Related Agencies Appropriations Bill in a 31-0 vote July 13. The bill includes $88.9 billion in discretionary funding across various agencies, up $6.1 billion from 2017. It also earmarks $78.4 billion in discretionary funding for the Department of Veterans Affairs, a $4 billion increase over last year.

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7.3 - Healthcare IT News: **Cerner hires VA technology expert to help with Vista overhaul strategy - David Waltman has worked in two capacities at the Department of Veterans Affairs, and most recently at startup focused on better using health IT to help vets and service members.** (17 July, Mike Miliard, 438k online visitors/mo; Portland, ME)
As it begins to plan its massive electronic record health initiative at the U.S. Department of Veterans Affairs, Cerner has hired a professional with deep and varied experience in the ways technology is deployed at the VA. David Waltman has recently signed on to Cerner's federal team, where he'll help with "efforts related to government strategy, innovation, engineering and compliance," according to a statement from the company.

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7.4 - FEDweek: **Congress, GSA Focus on VA Acquisition** (17 July, 48k online visitors/mo; Glen Allen, VA)
A House Veterans Affairs subcommittee has passed a newly introduced bill (HR-3169) to improve hiring and training of acquisition and construction management personnel at the VA. The measure would: require VA to create career certification programs for construction and logistics employees reflecting similar programs at the Department of Defense; extend VA's career certification for contracting officers to VA's logistics workers and construction managers…

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8. Other

8.1 - Washington Examiner: **'Historic preservation' blocks VA bid to save millions, help more vets** (17 July, Paul Bedard, 4.8M online visitors/mo; Washington, DC)
The Department of Veterans Affairs is trying to unload hundreds of vacant and useless buildings, potentially saving taxpayers $23 million every year, but historic preservation tags have been slapped on many of them, blocking action. VA Secretary David J. Shulkin said the agency owns thousands of buildings from the Revolutionary War, Civil War, World War I, and World War II, many vacant and under historical preservation status.

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1. Top Stories

1.1 - Star Tribune: **Walz calls report on local VAs 'concerning'** (17 July, Mark Brunswick, 10.8M online visitors/mo; Minneapolis, MN)

U.S. Rep. Tim Walz on Monday requested a meeting with top Department of Veterans Affairs officials from Minneapolis and St. Cloud after a watchdog report criticized how the VA hospitals told several patients about their cases and scheduling.

A report from the VA's Office of Inspector General (OIG) released Monday looked at concerns at the two VA hospitals and the Vet Center in New Brighton, focusing on mental health and post-traumatic stress disorder (PTSD) treatments and scheduling.

The issue was how some patients were informed about pending changes in a non-VA provider of mental health services for veterans with PTSD. The investigation looked at whether patients were notified by letter rather than in person about the changes, and whether alternative treatments were made available.

In its report, the Inspector General, the watchdog arm of the agency, recommended that both the Minneapolis and St. Cloud VA hospitals tighten their notification processes and determine whether patient preferences for further treatment were taken into account. It also recommended that the New Brighton Vet Center reconnect with affected veterans to make sure they were offered alternative care.

In written responses, both VA hospitals and the Vet Center said they had either already made the changes recommended or were in the process of doing so.

Walz, D-Minn., the ranking member of the House Veterans Affairs Committee, asked for the probe in 2014. He called the substantiated allegations in the report "concerning."

"The care and treatment of our veterans must be the VA's number one priority, especially when it comes to mental health care. That's why the substantiations outlined in the OIG's report today are so concerning," Walz said in a statement.

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1.2 - The Nation: **America’s Biggest Publicly Funded, Fully Integrated Health-Care System Is Under Attack, The Veterans Health Administration is a successful example of a single-payer system in the United States. It’s time for progressives to defend it.** (17 July, Suzanne Gordon, 3.2M online visitors/mo; New York, NY)

In the Bay Area, public meetings critical of conservatives are not hard to find. But when about 200 San Francisco military veterans jammed into an auditorium in their city’s Veterans War Memorial Building in mid-April, they added diversity to the local “resistance.” Those in attendance—representatives of veterans-service organizations, patients of the Veterans Health Administration, health-policy experts, and local Congresswoman Nancy Pelosi—were trying to educate veterans and the public about proposals that could destroy a single-payer plan for 9 million Americans whose past military service, in combat and noncombat jobs, makes them eligible for VHA coverage.

The threat—faced by VHA users and staff (one-third of whom are veterans themselves)—is privatization. The Trump administration has no trouble boosting an already swollen Pentagon budget. But it favors only a modest increase in VHA funding, most of which would be spent on steering veterans' care toward non-VHA doctors and hospitals and to for-profit companies for services like audiology and optometry. As part of their ever-expanding outsourcing strategy, Trump's Republican allies—and even some Democrats—have demonized VHA employees and attacked their workplace rights and union protections. Meanwhile, according to a number of VHA clinicians I have recently spoken with, VHA leadership is making it difficult for facilities to hire needed staff. An in-house electronic medical-records system that's one of the best in the country is slated to be replaced by one produced by a private vendor. More importantly, Congress is considering legislation that could pave the way for agency dismantling.

Such steps will dramatically increase costs to the US taxpayer—and strike a collateral blow against efforts by labor and the left to defend federally funded medical coverage in any form, whether through the Affordable Care Act (ACA), Medicaid, or Medicare.

The current VHA privatization push first gained traction in 2014, when staff whistle-blowing drew public attention to appointment delays at some overwhelmed VHA facilities, like the Phoenix VA Health Care System. Serious problems existed at the Phoenix VA and other VHA medical centers, where administrators, since fired or disciplined, were caught gaming performance measures that mandated that veterans be seen within 14 days of requesting an appointment (a performance standard many criticize as unrealistic and unattainable). A subsequent inspector general's report identified "patterns of obstacles to care" in the Phoenix VA Health Care System, including a faulty appointment-making system and limited access to psychotherapy and mental-health services. The inspector general's report found that 40 VHA patients had died while on treatment wait lists—a number that was widely reported in the mainstream media—but the report went on to say that only six of those deceased patients had experienced "clinically significant delays," and concluded that it could not "conclusively assert that the absence of timely quality care caused the deaths of these [six] veterans."

The Concerned Veterans for America (CVA), a Koch brothers–financed Astroturf group that provides no services and has few actual members, quickly exploited this situation and helped foster a wave of highly misleading reporting about the VHA. Although average wait times at the VHA are comparable to wait times in the private sector (a recent estimate reported average wait times of 24 days), the CVA and its allies continue to argue that the VHA is broken beyond repair. Coverage in mainstream media, like The New York Times, reflects this narrative consistently, describing the VA as "beleaguered," a "stumbling bureaucracy," or a "troubled health system."

Like the British National Health Service, the VHA not only pays for but also provides services to veterans.

Republicans seized on the trumped-up scandals, despite having blocked the effort of Senator Bernie Sanders, then chair of the Senate Veterans Affairs Committee, to provide the needed level of funding and support the VHA earlier in the year. In response to the Phoenix scandal, Congress passed the hastily and ill-crafted Veterans Access, Choice, and Accountability Act of 2014, brokered by Sanders and Arizona Senator John McCain. Through the Choice program, vets faced with appointment delays of more than 30 days or more than 40 miles of travel to the nearest VHA facility could use private health-care providers instead.

The Choice program, which was originally scheduled to sunset in August, has already been extended until Choice money runs out. Now Republicans are seeking a wholesale expansion of the outside-the-VHA option, creating a gold mine for the health-care industry. At the San Francisco forum, speakers opposed to such privatization, like Michael Blecker, a Vietnam War veteran and leader of Swords to Plowshares, warned of its budgetary impact on successful VHA programs to reduce veteran homelessness in the Bay Area. House minority leader Pelosi argued that the Republican goal is not improving the quality of veterans' care or reducing the cost of it. "The people who want to privatize the VA don't want to make it better," she said. "They want to make a buck."

That's a lesson that Vietnam War vet Bob Rowen learned the hard way when his wife, suffering from terminal brain tumor, ran up large doctor and hospital bills. His family almost went bankrupt over her medical expenses, Rowen reported at the San Francisco meeting. In contrast, his own coverage is fully paid, without copays or premiums. His salaried VHA caregivers can coordinate treatment, in cost-effective fashion, for his multiple conditions, which include heart trouble, high blood pressure, high cholesterol levels, and post-traumatic stress disorder (PTSD), an area of unrivaled VHA expertise.

"How will veterans with serious mental and physical conditions be able to navigate the maze that is private-sector health care?" Rowen asked. "My wife and I couldn't. We simply could not overcome the obstacles the system placed in our way."

As the San Francisco speak-out demonstrated, grassroots organizing against VHA privatization is growing among veterans, their advocacy groups, and the American Federation of Government Employees union (which has more than 100,000 VA dues payers). But many progressives currently fighting ACA repeal or Medicaid cuts are only dimly aware of the parallel threats to the VHA. Some health-care reformers erroneously assume that veterans can easily fend off these attacks because of the lobbying clout and patriotic cachet derived from their membership in veterans-service organizations like the American Legion or Disabled American Veterans, which oppose privatization. Others, in left and liberal circles, have been adversely influenced by negative coverage of the VHA.

"When it comes to fighting to save America's only single-payer system, even dedicated single-payer activists aren't giving the issue much thought," says VHA physician and "Medicare for all" advocate Jason Kelley. "Most health-care activists don't know much about the VHA, and have no idea about the high-quality of care it delivers. Their views on what's going on in the Canadian or European health-care systems are very up-to-date but, when it comes to the VA, they are closer to the public's outdated attitudes."

As Kelley points out, the VHA is the nation's largest publicly funded, fully integrated health-care system. And the VHA is not just an insurer—reimbursing private providers like Canada or our federal government does, in more limited fashion, to provide Medicare for seniors. Like the British National Health Service, the VHA not only pays for but also provides services to veterans. It is, as Kelley suggests, a workable model for those fighting for single-payer health care in the United States, which should be promoted more effectively. The agency employs 300,000 people (a third are veterans) many of them functioning like direct-care providers in the UK's national health service.

These VHA employees don't serve all US veterans. Congressionally mandated eligibility requirements limit VHA access to about nine out of America's 21 million veterans. To qualify, you must be either low-income or have service-connected disabilities. (As a result, VHA's

patient population is generally older, sicker, and poorer than in the private sector. There is, currently, no effort to expand benefits to veterans who are healthier and more affluent. In fact, current efforts to channel more veterans into private-sector care may lead to further restrictions in eligibility, cuts in services, or increased out-of-pocket payments.)

Because of the totality of veterans' physical, mental, and economic problems, "the VHA endeavors to be a leader in health equity," as the American Journal of Public Health has reported. Unlike its private-sector counterparts, the VHA operates extensive programs to reduce homelessness and help veterans find employment and adjust to civilian life when they leave active duty. The VHA also anchors a national system of Veterans Treatment Courts, helping veterans faced with minor criminal charges avoid jail time if they accept counseling help.

The VHA model of integrated care stands in stark contrast to the fragmented, episodic nature of much patient care elsewhere.

The VHA has developed what is, arguably, the only functional mental and behavioral health-care system in the United States. The veterans served by it have far more mental-health problems—including PTSD, depression, anxiety, schizophrenia, and other conditions—than the average private-sector patient. The VHA is one of the only health-care systems in the country that has integrated mental-health care into all of its primary-care settings. When patients raise a mental-health issue, their primary-care physician doesn't just provide a specialist referral and leave it to them to follow up. A primary-care doctor can walk a patient down the hall and personally introduce them to a psychologist or psychiatric nurse practitioner at the same clinic location. Vietnam War veteran Denny Riley, for example, went to his primary-care physician in Martinez, California, to talk about the fact that he was having trouble sleeping. "She then immediately introduced me to a psychologist," he said. "In the course of being treated for my sleep problems, I showed the psychologist a poem I'd written about tinnitus and she immediately sent me to a hearing specialist for hearing aides to help with that."

Veterans who need help understanding how to take their medications or who have trouble adjusting their diet or obtaining housing get the same kind of "warm hand-off" to a pharmacist, dietician, or social worker who are part of primary-care teams. Care is also coordinated between, for example, a specialist in hearing loss—a widespread veteran problem—and a neurologist familiar with Agent Orange–related Parkinson's disease, or a pulmonologist who can diagnose the respiratory damage done by exposure to military-base burn pits in Iraq or Afghanistan.

Myriad studies have found that treatment of veterans with diabetes, heart disease, and mental-health problems like PTSD is superior to private-sector care precisely because this VHA model of team-based integrated care stands in stark contrast to the fragmented, episodic nature of much patient care elsewhere. One RAND study on mental-health care documented that 70 percent of VHA mental-health providers understand military culture, while only 8 percent in the private sector had any familiarity with the kinds of specific military-related issues that effect veterans. A recent study on cancer care published in the Annals of Internal Medicine reported that older male veterans received care in the VHA that was often better than that in the private sector, because the VHA "is much better coordinated than in most other settings."

The VHA is also able to deliver such high-quality care because its doctors, nurses, and other clinicians are salaried. They have no financial incentive to over-treat their patients, as so many private-sector physicians paid on a fee-for-service model do. Instead, the VHA encourages

what's known as "right care"—avoiding unnecessary tests, medications, and procedures that are sometimes harmful themselves, responsible for many patient injuries, and claim one-tenth of all US health-care spending.

Despite an aging US population, many private hospitals and health-care networks still have insufficient services for elderly patients. VHA hospitals are, in contrast, recognized leaders in the provision of geriatric and palliative and hospice care. As Dr. Diane Meier, a specialist in those fields, notes, "The VA was first out of the box on geriatrics," starting fellowship programs throughout the country when few other hospital systems had them, and is a leader in delivering appropriate end-of-life care. The VHA trains a huge share of American physicians; 70 percent do their residency at the VHA. VHA clinicians also conduct research of great benefit to the broader US patient population; among their singular achievements are the shingles vaccine, the first implantable cardiac pacemaker, and the nicotine patch.

All of this and much more is in jeopardy. At a June 7 meeting of the Senate Committee on Veterans Affairs, VA Secretary David Shulkin unveiled a plan to outsource more VA services to the private sector and defended White House budget priorities. Shulkin is a medical doctor and former VHA undersecretary for health under President Obama; he is the only Trump cabinet pick both qualified for his position and publicly supportive of his agency's mission. Now, in meetings at the White House, he must placate Trump's son-in-law, Jared Kushner, who leads the administration's Office of American Innovation, which includes VHA overhaul in its portfolio. In addition, Trump has saddled Shulkin with advisers like Darin S. Selnick, a former staffer for the Koch-funded CVA and leading conservative advocate of VHA privatization. Trump has also met with private-sector hospital CEOs who stand to gain from the outsourcing of VHA care to their institutions.

On Capitol Hill in June, Senator Jon Tester (D-MT) questioned the fact that 33 percent of the budget increase sought by Shulkin would be diverted to private-sector treatment, adding only 1.2 percent to support directly delivered care. "It doesn't take very many budgets like that and…we're privatizing the VA," Tester warned. In its longer-range forecast, Fighting for Veterans Healthcare, a San Francisco–based VA advocacy group, predicts that, as budgets are shrunk to pay for outsourced care, more salaried caregivers, specialized programs, and clinics would be eliminated, and "the VA will become a shell of itself." In early July, the chair of the Senate Committee on Veterans Affairs, Johnny Isakson (R-GA), went even further, introducing a draft of a bill that would pave the way for the total privatization of the VA health-care system.

Those on the left who oppose the Trump agenda and want to erode his working-class support—where it exists—have a golden opportunity in the fight to save the VHA. They can help promote the closest thing to a European-style national health service the United States has ever produced—a working example of single-payer financing that has broad popular support among the millions of patients covered. Without additional allies and public broader understanding of what's at stake, national veterans' organizations, plus affected VHA unions, could easily lose this crucial anti-privatization fight, making it even harder for health-care reformers to win Medicare for all.

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1.3 - LA Weekly: **Law Would Force Feds to Let Veterans Get Medical Marijuana** (17 July, Denis Romero, 3.1M online visitors/mo; Culver City, CA)

The amendment to force the U.S. Department of Veterans Affairs to make cannabis available to veterans who need it was recently approved by the Senate's Appropriations Committee on a 24-to-7 vote. The department would be prohibited from interfering with a veteran's ability to obtain weed, and from blocking health care providers from giving pot to veterans where it's legal, according to language attached to a military appropriations bill.

"The amendment ensures that veterans have equal access to all of the medical options available in their local community, to include medical marijuana in states where it is legal," according to a statement from the office of co-author Steve Daines, a Montana Republican.

Clearing the VA's blockade of medical marijuana has been attempted before. In 2015, military spending legislation supported by Southern California U.S. Rep. Dana Rohrabacher would have allowed Veterans Affairs–affiliated doctors to write medical marijuana recommendations in states like California. It was rejected in the House.

And, last year, language very similar to the latest amendment made it through the House and Senate but was stripped in a last-minute move by Republican leaders in the House Appropriations Committee.

This time around, there seems to be more hope for the legislation co-authored by Oregon Democrat Jeff Merkley.

"It has an excellent chance of passing the Senate, as it did last year," Tom Angell, chairman of the group Marijuana Majority, said via email.

"Unfortunately last year, the conference committee stripped the language when reconciling both chambers' bills, something we will be working extra hard to prevent this year," Angell said. "I think the increase in support in the Senate committee, plus the new state laws coming on board, is an indication we are well-positioned."

But support from key Republicans, including the administration of President Trump, who could veto the bill or exert pressure to strip the language again, is up in the air, Paul Armentano, deputy director of the pro-marijuana organization NORML, said via email. Attorney General Jeff Sessions, in particular, has expressed disdain for states' medical marijuana legalization.

"Given the rising level of both public and political support in favor of medical cannabis access, particularly for veterans — coupled with the increasing lobbying efforts from veterans' groups like the American Legion and AMVETS — I would not only anticipate members of the House and Senate to once again approve this reform legislation but also to do so in greater numbers than last year," Armentano said. "The question that remains, however, is whether high-ranking Republicans or the Trump administration will respect this vote, or will they turn their back on the needs of veterans and the will of the overwhelming majority of voters."

The Department of Veterans Affairs itself has long opposed medical cannabis for those who have fought for our country. It calls medical pot use among vets "a growing concern" and casts doubt on the science supporting weed's use for post-traumatic stress disorder (PTSD). "There is no evidence at this time that marijuana is an effective treatment for PTSD," according to a VA fact sheet.

Huntington Beach's Rohrabacher said last year, "Americans have found relief in regulated medical marijuana. These include stroke victims, epileptics, veterans afflicted with post-traumatic stress and those suffering from the effects of chemotherapy, among many other health-related issues."

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1.4 - Military Times: VA medical center leaders removed after reports of unsafe conditions (17 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Top leaders at a New Hampshire Veterans Affairs Medical Center were swiftly removed from their posts Sunday after a scathing article portrayed the facility as unsanitary and disorganized, despite internal ratings labeling it as one of the agency's best facilities.

On Saturday, the Boston Globe chronicled multiple problems at the VA-labeled four-star facility, including flies in surgical rooms, poorly-maintained medical equipment and an administration that ignores the best interests of patients.

The newspaper quoted the center's chief of medicine — one of at least 11 whistleblowers filing complaints about conditions there — as saying he had "never seen a hospital run this poorly — every day it gets worse and worse."

In a statement Sunday, Shulkin called the allegations "serious" and said he was removing the director (Danielle Ocker) and chief of staff (James Schlosser) at the facility immediately.

"We want our veterans and our staff to have confidence in the care we're providing," the statement said. "I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations."

Alfred Montoya, director of the VA Medical Center in White River Junction, Vermont, will serve as director pending a full review of the center's operations. No replacement has yet been named for Schlosser.

The moves come just weeks after the White House signed into law new accountability rules for VA workers, designed to speed up firing of employees found guilty of incompetence or negligence.

However, those rules have not yet been put in place, and the moves at the New Hampshire facility appear to fall under the same workplace authorities as in the past.

Shulkin has said promised to improve accountability within VA, saying that not properly punishing bad employees hurts morale across the workforce. But he has also said the new firing rules will not result in large waves of firings.

His moves so far have generally drawn praise from lawmakers. On Sunday, Rep. Ann Kuster, D-N.H. — who in the past has reported problems at the facility to the VA Inspector General — said in a statement that she appreciated the quick action.

"The reports concerning the Manchester VA Medical Center are simply unacceptable," she said. “"Our veterans deserve much better.”

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1.5 - WCPO (ABC-9, Video): National Veterans Wheelchair Games bring 600 athletes to Cincinnati (17 July, Craig McKee, 2.1M online visitors/mo; Cincinnati, OH)

Those who fought for our country now have the chance to fight for something a little different.

The 37th National Veterans Wheelchair Games kicked off Monday. The six-day event is happening for the first time in the Queen City, “It's huge! It's like bringing the regular Olympics to Cincinnati,” said Todd Sledge, Chief of Communications for the Cincinnati VA Medical Center.

The National Veterans Wheelchair Games gives vets the chance to do what some may have thought impossible.

Rory Cooper, who competes and coaches athletes, says it’s about more than winning medals.

“For me, it's just the camaraderie - to help and train some of the younger guys and to expose to the American public what veterans can achieve,” Cooper said.

Cooper served in the Army and started competing in the games in 1983.

“You'll see some amazing athletes here. You get a chance to see how well our veterans do, how well the VA takes care of them,” Cooper said.

Every year, the VA and Paralyzed Veterans of America put on the wheelchair games for vets who have suffered spinal cord injuries, amputations or other mobility impairments.

“We just love it,” said Ernie Butler, games director. “This is our life.”

Butler has been working three years to prepare the city and help organize the games.

“Every time you get to the end of the road and the start of the games, it makes every one of the visits and all the planning so worthwhile,” Butler said.

To kick off the games, Cooper and other athletes took a practice run through the slalom course at Fountain Square. They went over ramps, weaved through cones, even rolled over steps.

More than 600 athletes are participating.

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1.6 - WMUR (ABC-9, Video): VA whistleblowers said they were thanked when they returned to work, 2 top officials removed after Globe Spotlight report (17 July, Amy Coveno and Adam Sexton, 2M online visitors/mo; Manchester, NH)

Two top officials at the Manchester Veterans Affairs Medical Center were removed from their positions after a Boston Globe Spotlight article exposed allegations of negligence and mismanagement at the only care facility in New Hampshire designated for veterans.

The article was triggered by allegations made by 11 whistleblowers who started sounding the alarm last year. That prompted quiet visits to New Hampshire from federal investigators, and a report was issued in June.

Five hours after The Boston Globe article broke Sunday, two top staffers were let go. The whistleblowers said they didn't know what to expect when they returned to work Monday.

"I went into the cafeteria, and this vet thanked me. The vets have thanked me," Dr. Ed Kois said. "I don't think the administration is going to talk to me, but I don't really care."

Kois led the whistleblower effort.

"I didn't know how I would be received, and I have problems walking, and they have a van pick me up, and the guy who drives the van stuck his hand out and shook it, and he thanked me," Kois said.

Dr. Stewart Levanson turned whistleblower after working 18 years at the VA, and he said that something similar happened to him.

"People were grateful," he said. "Many of them were relieved that these problems came to light. I shook a bunch of hands this morning, which I wasn't expecting."

Levanson said that for years, he tried to raise concerns to upper management and had reservations about exposing the allegations.

"It was not something I did lightly," he said. "It was something I was very concerned about. I didn't want issues getting confused where the veterans' lost confidence in the care they were getting."

The 11 medical providers filed for whistleblower protection in August and have been working quietly with the Globe Spotlight team to expose what the doctors said are systematic problems. The issues included antiquated equipment, expensive equipment that was ordered but unable to be used because a room is too small to fit the machine, and flies in an operating room.

Dr. Ed Chibaro said the issue with the flies could be significant, but it isn't because the facility isn't providing full services.

"I wish I could tell you that it's a bigger story than it is, but frankly it's not, because we don't do anything," he said. "There's no reason to use that operating room because we don't do anything."

Chibaro said upper management officials would rather send surgical procedures to other hospitals under a program called Veteran's Choice.

"They want to cost shift," Chibaro said.

At least one Manchester VA patient is preparing to sue for malpractice.

The state's congressional delegation is voicing its support for the whistleblowers. The doctors and their attorney reached out to U.S. Sen. Jeanne Shaheen and U.S. Rep. Annie Kuster last year, and the whistleblowers said both offices took immediate action to help them and protect their identities.

"As soon as we got the letter, we acted on it," Shaheen said.

Shaheen said she immediately contacted the Veterans Affairs' inspector general and the Office of the Special Counsel to investigate.

"We also notified Director Danielle Ocker, then-Director Ocker, at the VA and made sure that the VA was appropriately copied on everything that we sent out," Shaheen said.

It's not clear when the investigations will wrap up.

"There were some delays because, understandably, the physicians were concerned about potential retaliation if their identities became known," Kuster said.

Shaheen and Kuster said that vigilance is the key moving forward and ensuring that reform at the Manchester VA is real.

"I know Secretary (David) Shulkin has made some changes about the leadership at the VA in Manchester, and I just want to make sure that we continue to push to get the best quality of care for our veterans in New Hampshire," Kuster said.

"We absolutely have to get to the bottom of what has happened and what has been happening at the VA in Manchester, and we need to hold people accountable, and then we need to improve the system and the facility that we have," U.S. Sen. Maggie Hassan said.

Gov. Chris Sununu also weighed in, sending a letter to the federal delegation and offering whatever assistance his office might be able to provide.

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1.7 - Stars and Stripes: Large GI Bill expansion faces easy review in House hearing (17 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)

The changes to education benefits for veterans in a new House bill are numerous, including the end of a 15-year deadline for veterans to use their GI Bill after leaving the service, reimbursements for veterans whose schools abruptly close and boosts in aid for Purple Heart recipients, dependents, technical education and members of the National Guard and Reserve.

Altogether, HR 3218 combines 18 different bills and about 30 provisions put forth by Democrats and Republicans.

Though the scope of the legislation is large, nothing in it prompted opposition or controversy Monday night, during a hearing that will be the House's closest examination of the bill. Sixteen people testified, and all but one of the 24 members on the House Committee on Veterans' Affairs waived their usual five minutes to ask questions.

Rep. Jack Bergman, R-Mich., asked Curtis Coy, a Department of Veterans Affairs undersecretary, the biggest challenges in implementing the legislation.

"I think across the board when you talk to the people who work at the VA, this bill is an exciting bill for lots of reasons," Coy said. "Probably my biggest concern is [information technology]. Almost all of these sections require some degree of changes in our IT system, and that's what concerns me the most."

VA Secretary David Shulkin expressed his support for the GI Bill expansion earlier Monday on Twitter, saying it would "strengthen an important benefit used by many."

The committee is set to vote Wednesday morning on the bill. House Majority Leader Kevin McCarthy, R-Calif., said Monday that he wanted to schedule the bill for a vote on the House floor within the next week.

McCarthy, Rep. Phil Roe, R-Tenn., the committee chairman, and Rep. Tim Walz, D-Minn., the committee's ranking Democrat, lauded the process as the way Congress should work.

"This committee has shown time and again a bipartisan way on how to govern. It's an example for all of our committees and a model for our colleagues," McCarthy said.

The legislation was put together by lawmakers over the last several weeks. Negotiations were reignited by a group of veterans organizations, primarily Student Veterans of America, following a rift between organizations in April about how to pay for the GI Bill expansion. Walz said it was almost a "death knell" for the bill.

The expansion is estimated to increase GI Bill costs by $3 billion in 10 years. To pay for it, the proposal now calls for decreasing living stipends to GI Bill recipients to fall in line with active-duty servicemembers' basic housing allowance. The change would not apply to people currently using the GI Bill.

"We've had a hiccup or two getting where we are tonight," Roe said. "Wednesday we're going to mark this up and hopefully get unanimous consent."

After the House committee introduced the legislation Thursday, Sen. Johnny Isakson, R-Ga., and Sen. Jon Tester, D-Mont., leaders of the Senate Veterans' Affairs Committee, announced their intent to follow with their own version. A bill had not been introduced in the Senate as of Monday.

"If student veterans sat down to write a bill, it would look like this," said Will Hubbard, vice president of Student Veterans of America. "We look forward to similar success in the Senate."

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1.8 - Dayton Daily News (Video): Dayton VA chief to retire from post (17 July, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)

The Dayton VA Medical Center director recognized nationally for his work to help two embattled VA medical facilities in the midst of scandals will step down in October from the local top post.

Glenn Costie, 55, announced his retirement Monday to give the VA time to find and train a replacement before he leaves.

“I feel like the organization is doing really well,” he said in an interview at the Dayton VA. “Dayton is a top performing medical organization for our veterans and it just felt like it was the right time for me to go start a new chapter in my life.”

The Dayton VA leader gained national attention when he was appointed for several months to oversee two troubled VA facilities in Phoenix in 2014 and Cincinnati last year, temporarily stepping aside from duties in Dayton each time.

Pushing for transformation and fixing broken cultures is not new for Costie — it’s what brought him to the Dayton VA 2011 in the midst of a dental clinic hygiene scandal.

In Phoenix, hundreds of staff were added to deal with a patient backlog. In Cincinnati, Costie said he tried to give employees “hope” in the midst of a high-level staff shake-up. He aided in the recruitment and selection of a new leader in Cincinnati, Costie said.

“Defining the culture and transforming it was one of my biggest challenges at both facilities and I think it’s one of my biggest successes here in Dayton,” he said.

The Dayton dental clinic today ranks nationally among VA medical centers for patient satisfaction, he said.

During his tenure, the number of patients at Dayton VA facilities rose 11 percent to 39,724 last year while patient satisfaction ratings rose by double digits, according to the VA. In 2013, the VA ranked the Dayton medical center among 32 facilities as “top performers.”

However, Costie also has faced controversy at the Dayton VA. In 2015, a whistleblower employee brought attention to a patient backlog at the pulmonary clinic. The VA reported “scheduling irregularities” when a prior employee used an informal list to set up appointments.

At the time, Costie said 150 patients had died before they could be seen for appointments, but a VA panel investigation determined none of the patients died because of a lack of care. The employees who were involved in the situation faced “some of the most severe accountability measures we can take,” Costie said Monday.

With patient wait times an issue at VA hospitals and clinics across the nation and a rising tide of veterans returning from years of wars, the agency faced heightened public and congressional scrutiny. Washington has sent billions of dollars more to the VA and lawmakers have passed legislation to increase accountability in the organization nationally.

National VA History Center in Dayton

In perhaps the biggest announcement while he was director, the VA announced Dayton was selected to be the future home of a VA National History Center. The future museum and archive, with an estimated $20 million to $25 million price tag expected to be significantly dependent on private fund raising, will be housed in a yet-to-be restored former VA national headquarters and a club house. The West Dayton campus was named a National Historic Landmark in 2012.

The Dayton VA, one of the first three national hospitals set up to medically treat veterans, marks its 150th anniversary in 2017. The campus was listed on the National Register of Historic Places in 2004.

Becoming the first community in Ohio to “effectively” end veterans’ homelessness in the Dayton region with a collaboration of community groups was a key milestone, he said.

U.S. District Judge Walter H. Rice, leader of the American Veterans Heritage Center on the VA campus, said Costie has worked to integrate the campus with the community more than any other Dayton VA leader in decades. He called Costie’s departure “a loss.”

“At a time when the VA generally is under some negative publicity, he’s done just a tremendous job of improving the image of the VA in this community,” Rice said.

Ohio’s congressional lawmakers noted Costie’s departure.

U.S. Rep. Mike Turner said in a statement Costie was “a national figure for saving veterans affairs facilities.” The lawmaker said he worked with Costie to bring additional housing for senior citizens and the national history center to the West Dayton campus.

U.S. Sen. Rob Portman, R-Ohio, called Costie “an innovative leader” at the VA.

“His retirement will leave a void not just in Dayton, but in the VA as a whole where Glenn’s efforts have had important impacts across the nation,” the senator said in a statement.

U.S. Sen. Sherrod Brown, D-Ohio and a member of the Senate Veterans Affairs Committee, said Costie served the state’s veterans well in both Dayton and Cincinnati.

The Dayton VA has about 2,000 employees and cares for about 40,000 patients a year. It operates clinics in Lima, Springfield, Middletown and Richmond, Ind.

Dayton VA Director leaving

Dayton VA Medical Center Director Glenn Costie announced Monday he will retire from the top leadership post in October.

Here are a few key dates in his career in Dayton.

December 2011: Costie becomes Dayton VA to deal with a dental clinic hygiene scandal.

July 2014 to October 2014: Interim Director at the Phoenix VA medical center.

April 2016: Dayton VA named future home of National VA History Center

May 2015 to October 2016: Interim director at the Cincinnati VA medical center.

October 2017: Costie sets retirement from the Dayton VA.

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1.9 - WBUR (NPR-90.0, Audio): 'I Have Never Seen A Hospital Run This Poorly': Problems At Manchester VA Exposed (17 July, Shawn Bodden and Meghna Chakrabarti, 1.1M online visitors/mo; Boston, MA)

The U.S. Secretary of Veterans Affairs David Shulkin has removed the two top officials at the Manchester Veterans Affairs Medical Center. The decision followed a story published in the Boston Globe this weekend.

Members of the Globe's Spotlight team were contacted by a group of whistle blowers concerned with conditions at the hospital. Among the conditions were an operating room that needed to be abandoned due to a fly infestation and cancer patients unable to book appointments with an oncologist.

Guests

Jonathan Saltzman, member of The Boston Globe's Spotlight team, which tweets @globespotlight.

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1.10 - The Atlantic: How VA Reform Turned into a Fight Over Privatization, Democrats and service organizations worry that a Republican push to expand health-care choices for veterans will sap money from the ailing federal system. (17 July, Russell Berman, 613k online visitors/mo; Washington, DC)

In 2014, the Department of Veterans Affairs was mired in a scandal.

An inspector general's report had found "systemic" manipulation by government officials to hide lengthy and growing wait times at its medical centers. Veterans were waiting months for appointments, and dozens may have died because they could not get treated in time.

Spurred to action, Congress created a program aimed at temporarily alleviating the strain on the VA: Veterans who lived more than 40 miles from a health-care facility or who had to wait more than 30 days for an appointment could take their benefits outside the system and seek treatment from private doctors.

Veterans groups backed the move as a necessary response to a crisis. The Choice Program, as it was called, would allow veterans to get the care they needed while giving policy-makers time to make broader fixes at the Department of Veterans Affairs, which suffered from mismanagement and insufficient resources.

Three years later, attempts by Republicans in Congress and the Trump administration to extend and significantly expand the Choice Program have given these groups and leading Democrats a new worry: a creeping privatization of the VA.

“This particular program was authorized as a temporary fix in the midst of a crisis,” said Allison Jaslow, executive director of Iraq and Afghanistan Veterans of America. “We always viewed it as an experiment.” Veterans groups were alarmed at the Trump administration’s budget request, which while increasing funding for the department overall, proposed to make permanent spending for the Choice Program while cutting other areas of the budget, including benefits for disabled veterans. The plan fed concerns that Republicans would siphon off money from the core health system to expand private-sector options for veterans. “It is a ‘stealth’ privatization attempt which The American Legion fully opposes,” wrote Charles Schmidt, national commander of the nation’s largest veterans organization. “Choice should not be advanced to the detriment of cost of living increases for veterans.”

The Choice Program was due to expire this summer, but Congress passed, and President Trump signed, legislation to extend the program at least until its funding ran out. The VA now says it needs a new bill to keep the program running, but lawmakers in the Senate want to use the impending deadline to write a law that would revise Choice and give veterans much more flexibility to seek private care outside the VA health system. There’s even talk that Republicans would tie legislation expanding private health-care options for veterans to an increase in the debt ceiling, hoping that linking a popular measure to an unpopular one would solve two problems at once.

Veterans affairs has long been a bipartisan issue on Capitol Hill, and the $16 billion legislation lawmakers passed responding to the 2014 crisis and making it easier for the government to fire or punish senior executives was one of the few collaborative efforts to succeed in the final years of the Obama administration. Even now, despite concerns on the left about the direction Republicans are going, the debate over the future of veterans health is far more civil than the rancorous fight over civilian health-care and the GOP’s proposed replacement for the Affordable Care Act. The parties share some common ground: Liberal Democrats acknowledge the need for veterans to have access to private care in some circumstances, and Republican leaders insist they remain committed to a “robust” Veterans Health Administration.

Yet the specter of privatization has hovered over the debate in ways that echo long-running arguments over public education, where Democrats have opposed GOP efforts to enact voucher programs—and to a lesser extent, expand charter schools—on the grounds that they would divert funding and institutional support for traditional public schools. “If there’s some veteran in South Dakota, or Vermont who lives a zillion miles away from a VA hospital, should that person be able to get their health care across the street in their community? Who would argue against that?” Senator Bernie Sanders of Vermont said last week at a hearing to consider a range of veterans-affairs legislation, including a Republican proposal to expand the Choice Program.

“But here is the problem: While we want to give veterans choice, we do not want to do it in a way which dismantles the VA,” Sanders continued. “We want to strengthen the VA. What we don’t want to do is dismantle the VA piece by piece and put that money into the Choice Program.”

As Sanders has pointed out, the GOP proposals to direct more money to private care come at a time when the VA has some 45,000 vacancies. Under its new secretary, David Shulkin, the department has also begun publishing, under a new office dedicated to accountability and the protection of whistleblowers, a list of employees it has either removed or suspended for violations. The first report, posted last week and covering the first six months of the year, ran 27 single-spaced pages.

Republicans have been increasingly sensitive to the suggestion that they want to privatize a health-care system that dates back to the Civil War and now serves 22 million veterans. They acknowledge that despite the 2014 scandal and continued issues with wait times, many veterans are happy with their care. “I think that’s just a false narrative,” Representative Phil Roe of Tennessee, chairman of the House Veterans Affairs Committee, told me when I asked about privatization concerns. He pointed to a VA budget that has nearly doubled in the eight years he’s been in Congress—although that increase has been necessitated, in part, by the hundreds of thousands of troops who have returned home from Iraq and Afghanistan during that time. At last week’s hearing, the Republican chairman of the Senate Veterans Affairs Committee, Johnny Isakson of Georgia, also pushed back against Sanders and other Democrats warning of a rush to privatize. “There is no game plan on this committee to bleed any system dry,” he said.

Shulkin, who has gotten off to a fast start as the only Obama holdover to join the new president’s Cabinet, has backed away from a Trump campaign idea to give every veteran a card that they could use for treatment outside the VA system.

“I am not in support of a program that would lead toward privatization or shutting down the VA.programs,” the secretary told a Senate committee last month. And although Shulkin has proposed to do away with the Choice Program’s restrictions based on geography and wait time, he said he did not want to make the program completely open-ended or reduce the VA’s role in coordinating a veteran’s care among doctors. “Unfettered Choice is appealing to some, but it would lead to essentially, I believe, the elimination of the VA system altogether,” Shulkin said. “It would put veterans with very difficult problems out into the community with nobody to stand up for them and to coordinate their care.”

“You’re inevitably going to have to rely more on community care and private sector care.”
The most aggressive advocates for increased private access for veterans’ care is the group Concerned Veterans for America, a conservative organization backed by the Koch network and run out of the Virginia office of their main advocacy arm, Americans for Prosperity. Yet even CVA isn’t embracing the privatization label in full. “We think the provider system needs new governance, but nobody on Capitol Hill is talking about selling the VA health-care system off to a private company and just having them run it,” Dan Caldwell, CVA’s director of policy, told me.

As CVA sees it, the VA needs to transition away from a structure built around the generation of veterans who served in World War II and Korea and who over the next decade or so will be dying off. The population of veterans will decrease, and they will be more geographically disperse. “You’re inevitably going to have to rely more on community care and private sector care,” Caldwell said.

The group has proposed turning the VA health system into a government-chartered non-profit corporation—a similar type of entity that Trump envisions for the air traffic control system, and what Democrats see as privatization. Yet Caldwell argued that the proposal would still allow veterans who want to get their care through the VA to continue doing that. “You need to have

freedom of choice, and you need to have competition for the system to succeed," Caldwell said. "But you don't need to dismantle the system to make that happen."

That kind of restructuring has not gained much support among top Republicans. They remain focused on expanding the Choice Program—or Choice 2.0, as some are calling it—despite the mixed reviews it has received from veterans who have had to navigate a bureaucratic maze to get approval for non-VA care. "To be kind, it was a little bumpy," Roe said of the rollout. "It's working better now." Democrats haven't been as charitable, and Shulkin acknowledged that the program hadn't worked well for many veterans.

The administration is proposing to consolidate several community-care programs into a single entity and allowing veterans to decide with their primary VA provider whether to seek treatment in or out of the system, which would take the place of the current rules based on geography and waiting times. Lawmakers are open to the idea, but they've expressed concerns about how the VA will hold private doctors and facilities to the same standards it has for itself. "Sending veterans into the private sector does not absolve the VA of the responsibility for the care and benefits that veteran receives," Senator Jon Tester of Montana, the top Democrat on the veterans committee, said during the hearing.

"You can outsource service," Tester warned later, "but I don't know that you can outsource responsibility."

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2. Veteran and Employee Experience

2.1 - The Washington Times (AP): Head of Dayton VA Medical Center in Ohio retiring in October (18 July, 10.8M online visitors/mo; Washington, DC)

DAYTON, Ohio (AP) - The director of the Dayton VA Medical Center in southwest Ohio says he'll retire in October after nearly six years of leading the facility, which serves about 40,000 veterans annually.

Glenn Costie also oversaw the VA medical facility in Cincinnati for part of 2016. He filled in as director of the Cincinnati medical center after the head of its Ohio-based regional network was ousted and the Cincinnati hospital's then-acting chief of staff was disciplined in connection with a probe of the hospital's management and veterans' care.

A statement from the Dayton medical center says Costie announced his retirement months in advance to allow time for his successor to be chosen and trained.

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2.2 - The Fiscal Times: A New GI Bill Would Boost Spending for American Military Veterans (17 July, Eric Pianin, 1.6M online visitors/mo; New York, NY)

Lawmakers have introduced new legislation that would increase spending on veterans' educational benefits under the GI Bill.

In the wake of the 9/11 terrorist attacks, Congress approved major improvements to the GI bill, paving the way for hundreds of thousands of veterans and their families to obtain undergraduate and graduate college degrees or advanced training to help them find a job.

The so-called Post-9/11 GI Bill, first implemented in August 2009, offers numerous educational benefits.

It covers full tuition and fees at publicly supported colleges and universities and up to $22,805 a year in tuition at a private or overseas college. Veterans are entitled to a monthly housing allowance, up to $1,000 a year for books and supplies, and even a one-time relocation allowance.

The program also permits veterans to transfer unused benefits to a spouse or child.

In fiscal 2015 alone, the Department of Veterans Affairs spent more than $11 billion on education benefits for 790,500 veterans and their families. Total government spending on the Post-9/11 GI Bill is likely to exceed $100 billion over the coming decade.

The program has long been praised by veterans' organization and Republicans and Democrats alike on Capitol Hill, despite concern about its overall cost and widespread examples of improper payments and waste.

For instance, the Government Accountability Office revealed in October 2015 that the VA made at least $416 million in Post-9/11 GI Bill overpayments in fiscal 2014, involving roughly one in four veteran beneficiaries and about 6,000 universities, colleges and training centers. The overpayments most often occurred when the VA made payments based on a student's enrollment at the beginning of the school term and the student later dropped one or more classes without notifying the VA.

Moreover, the VA in the past has not maintained data that systematically tracks retention and graduation rates among students receiving the benefits to better assess the overall impact of the program, according to The Center for Public Integrity.

Even so, Congress is on the verge of approving a major expansion of the program that would add $3 billion to the overall cost over the coming decade. The biggest changes will involve eliminating a 15-year time limit to take advantage of the benefits and boosting funding for thousands in the National Guard and Reserve.

The measure could be approved by the House as early as Wednesday before being sent on to the Senate for final approval this summer. It has been described as part of a sweeping effort by leaders in both parties to fill in "coverage gaps" in the original 2008 legislation in the face of dramatic changes in the job market that have increased the need for more sophisticated technical skills.

Veterans and members of their families would be granted bonus payments if they complete science, technology and engineering courses, according to the Associated Press. For instance, a veteran of the National Guard or Reserve would be in line for $2,300 a year more in tuition than he or she is currently receiving, along with a bigger housing allowance.

The bill would also eliminate the 15-year deadline for taking advantage of the GI educational benefits, to provide veterans with added flexibility to enroll later in life, depending on their family and employment circumstances. The change would apply only to service members who enlist after the expanded GI Bill takes effect, which is expected to be Jan. 1, 2018.

Finally, the bill would rename the program simply the “GI Bill” to symbolically disengage it from the era of warfare in Iraq and Afghanistan and signal a more permanent status for the benefits.

Charles E. Schmidt, the national commander of the American Legion, whose group drafted the original GI Bill of Rights in 1944, told the AP that "Years from now, veterans who were unable to attend institutions of higher learning during their military service or immediately afterward will be able to earn degrees and begin rewarding careers that can lead our economy.”

The bill surfaced in the House Committee on Veterans’ Affairs last week, and is the handiwork of Rep. Phil Roe (R-TN), the chair, and the ranking Democrat, Rep. Tim Walz of Minnesota, according to media reports. The upbeat, bipartisan effort was in sharp contrast to a major falling out between the two lawmakers several months ago over how to pay for the $3 billion of added benefits and costs.

Roe’s original idea in April was to offset the $3 billion by reducing service members’ monthly pay by about $100 per month. He pulled back on the proposal after veterans groups and the Democrats criticized it as an unfair “tax on troops.”

The latest proposal that is likely to fly in both chambers would offset the increased costs by bringing living stipend payments under the GI Bill down to the same level received by active-duty servicemen. Those payments were reduced in 2014 by one percent a year for five years.

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2.3 - Inside Higher Ed: Expanding GI Bill Benefits, The GI Bill update, the first since 2011, removes 15-year time limit for benefits and awards semester of aid to veterans affected by closures of for-profit colleges. (19 July, Andrew Kreighbaum, 1.6M online visitors/mo; Washington, DC)

Testifying before the House of Representatives veterans' affairs committee Monday, Will Hubbard, the vice president of government affairs at Student Veterans of America, said if student veterans sat down to write an update to the GI Bill, it would look like the proposal before the committee.

The committee held a hearing on a long-awaited update to the Post-9/11 GI Bill Monday just days after unveiling the new legislation -- a sign of the urgency felt by lawmakers and veterans' advocates backing the bill. The legislation attempts to fill gaps in veterans' benefits in the 2008 Post-9/11 GI Bill and also would restore benefits for those affected by recent closures of large for-profit colleges. And among other provisions, it would lift a 15-year time limit in which veterans must use GI Bill benefits, give Purple Heart recipients full eligibility for benefits, and expand support for veterans pursuing STEM degrees.

"The passage of this bill will represent the start of a new era for education for veterans," Hubbard told lawmakers Monday.

The bill also would expand access to aid for National Guard members and reservists, awarding up to $2,300 in additional tuition benefits as well as an increase in their housing allowance. And it would let veterans transfer eligibility between dependents.

Purple Heart recipients previously had to serve three years to get full access to GI Bill benefits, but the new bill would automatically provide full eligibility for those veterans.

Veterans groups said while they welcomed the legislation, it could still be improved, especially in provisions restoring benefits for veterans who attended closed institutions. The bill would give affected veterans one semester's worth of benefits if they have been affected by a closure since January 2015. The provision applies to school closures going forward as well.

"While we support this initiative, we feel it does not go far enough," said Patrick Murray, associate director for the national legislative service at Veterans of Foreign Wars.

Murray said veterans should be able to recoup the benefits for each month spent at an institution closed since 2015 such as those operated by ITT Tech and Corinthian Colleges.

Hubbard said Student Veterans of America also hoped to see, among other recommendations, full funding of the state approving agencies that administer the GI Bill and restoration of GI Bill benefits used to earn any credit at a closed institution that could not be transferred elsewhere toward completion of a degree.

The committee also sees a need for a legislative fix to school closures because of the possibility that more institutions will fail in the near future. The Department of Education in December dropped its recognition of the Accrediting Council for Independent Colleges and Schools, an accreditor of 269 mostly for-profit institutions, in an endorsement of a decision by the federal panel that oversees accreditors. The Trump administration in May backed that decision.

An analysis of ACICS-accredited institutions in June found that 52 either are closing, have closed or have lost access to federal aid, and another seven may lose access to aid this month. Another seven may lose federal aid eligibility next month, while 11 already have found a new accreditor.

Kevin Thompson, a U.S. Navy veteran who attended an ITT Tech campus in Phoenix from 2015 to 2016, said he had just purchased books and other materials for classes when the for-profit chain announced it was closing all 130 of its campuses last September. He was eventually able to transfer some of the credits he earned at ITT to DeVry University (now Adtalem Global Education) but has exhausted his GI Bill benefits two courses short of a bachelor's degree. Thompson said the restoration of benefits in the bill would allow him to finish his B.A. and find a job.

"I could complete those two classes and get that degree," Thompson said in an interview.

The Department of Education began in April to notify students who used aid from Pell Grants to attend closed institutions -- including those operated by ITT and Corinthian -- that their Pell eligibility would be restored so they can continue their education elsewhere. Now military students affected by those closures will see similar assistance from the federal government.

Rep. Luke Messer, an Indiana Republican, said in testimony at Monday's hearing that ITT's sudden closure last year affected 40,000 students across the country, including 7,000 veterans.

"If a student attended ITT Tech through a Pell Grant, they had that Pell Grant restored. And if they took out a federal loan the loan as forgiven," Messer said. "But nothing has been done for the student veterans who used their GI Bill benefits to attend ITT Tech. Frankly, our veterans got a raw deal."

Limitations in the Bill

Other advocates, even as they welcomed the overall expansion of benefits in the bill, raised concerns after its unveiling about where it came up short. Carrie Wofford, president of Veterans Education Success, said she was worried that current language in the bill -- which says that students at institutions that close during a semester would have their benefits restored -- wouldn't apply to ITT students because the chain closed before the fall semester officially began last year.

Tiffany Haverly, a spokeswoman for the veterans' committee, said that the Department of Veterans Affairs has determined that ITT students would be covered by the benefit, however.

WICHE Cooperative for Educational Technologies, a nonprofit focused on improving the quality of e-learning programs, also said ahead of Monday night's hearing that it was disappointed the bill does not address current rules at the VA that give students who take all their courses online only 50 percent of the national average housing allowance. A student may attend classes on campus one semester and receive a full housing allowance, the group said, and then take only online classes the next semester and see their housing allowance slashed by half.

The $100 million price tag over 10 years for the expanded benefits in the bill would be offset by reducing housing stipends under the GI Bill to a similar level as active-duty service members, who saw those stipends reduced by 1 percent for five years starting in 2014, committee staff said. The housing allowance for GI Bill recipients was exempted from that 2014 reduction. Current GI Bill recipients would be grandfathered in under that provision of the bill and would not see their housing stipends changed.

Representative Phil Roe, a Tennessee Republican and chairman of the veterans' affairs committee, said the bill was a "shining example" of how well members of Congress can and should work together.

"This isn't a package that comes along every day," he said.

Representative Tim Walz, a Minnesota Democrat and the ranking member on the committee, said the committee showed members of Congress can work together toward the goal of providing the best care for veterans.

“We would hope our Senate colleagues will follow our lead, take this thing, move it through, and I know the president wants to sign this," he said.

The bill is getting broad backing from veterans' groups. In April, a proposal from Roe’s office to pay for expanded benefits by requiring that service members pay into the GI Bill was tabled after intense backlash from several veterans' groups.

House Majority Leader Kevin McCarthy told the Associated Press last week that House leadership would move forward with the GI Bill update this month, and a similar bill is expected to be introduced with bipartisan backing in the Senate.

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2.4 - WCSC (CBS-5, Video): Volunteers drop off 'Christmas in July' gifts for veterans (17 July, Patrick Phillips, 823k online visitors/mo; Charleston, SC)

It was an early Christmas Sunday at the Charleston Veterans Administration hospital thanks to a group of volunteers.

Members of the American Legion Post 166, made up of veterans committed to community service, dropped off dozens of presents to patients at the hospital.

"We all feel like we have an obligation and a sense of pride for the veterans that came before us to make sure that they don't feel unwanted, unneeded or forgotten," one volunteer said.

The group received a police escort to the VA Hospital Sunday morning.

The gift distribution is an annual event for the volunteers, but they say they had more gifts this year than in any other.

They're hoping it grows even larger next year.

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2.5 - WALB (NBC-10, Video): Veterans express mixed views at VA Center town hall (17 July, Amanda Hoskins, 473k online visitors/mo; Albany, GA)

ALBANY, GA (WALB) - Many South Georgia veterans said they want more help and guidance from the Veterans Affairs clinic.

At least that's what some who attended Albany's town hall meeting on Monday said.

Representatives from the Carl Vinson VA Medical Center hosted the town hall meeting.

It was the first time the center hosted a town hall for folks in Albany.

Emotions were high as dozens of veterans packed inside American Legion Post 30.

"We need help here in Albany, Georgia, The base is just not working," said Willie Ross, who tells WALB he's been having issues with the clinics for several years.

"I call over there and I can't get anybody," another veteran told the crowd.

Veterans asked questions and Carl Vinson Medical Center Director Maryalice Morro gave answers.

"Sometimes it's a perception and sometimes it's real," explained Morro. "So we listen to them and help them."

For many veterans, when asked about care, they have same answer.

"Some good and some bad," said Jimmie Benjamin Frazier

They said they are thankful for the help, but thinks the clinics need improvements.

"The VA clinic just does not have enough money to get enough doctors to staff the clinic and make sure you get an appointment in a timely manner," said Charlie Jones.

Jones took several notes during the meeting to share with friends who couldn't make it.

Recently, he said he's been going to the clinic at the Marine Corps Logistics Base in Albany.

He said he's been able to adapt, knowing the faults of the clinics. In the end, he said the clinics are helping him, especially at the new clinic on the marine base.

"I was able to get my eye glasses, hearing aids and I got some treatment for my feet," explained Jones.

Many veterans praised the director of the center but said corruption is coming from the people working in the smaller clinics.

"I laid there for eight hours without being seen," explained Frazier when he had a procedure done at one of the clinics.

Some veterans put it bluntly.

"I really personally just don't believe in the VA clinic no more," said Ross, shaking his head.

Ross said he believes the people inside the clinics only care about money and not needs.

"They had the nerve to walk up to me this morning and give me a pamphlet about PTSD. I don't need a pamphlet I want help," said Ross.

WALB sat down with Morro following the meeting.

She said she is aware of many of the problems. She said it's not lack of funding, it's a lack of primary care doctors nationwide.

"So we are a microcosm of that. We're in a very rural area, so it's very hard to keep folks," said Morro.

Morro admitted the Albany clinic just lost a doctor and is losing a nurse practitioner soon too.

She said it may be tough for a few months, but they are actively working to recruit new staff for the clinic.

She said the newest US Secretary of Veterans Affairs is well aware of the problems and is working efficiently to fix them on the national level.

"He's a mover and he doesn't let a lot of time go by," explained Morro.

Morro said he has a list of initiatives.

Those ranged from cutting down on the suicide rate to fixing the Choice program, which many veterans say doesn't work.

The Choice Program has been around for two years. Morro said like any new launch of a program, it has had its share of problems.

She said the center is working to fix the problems, but it is a process.

Representatives from the American Legion Post 30 said they will be happy to help veterans who are having issues with claims.

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2.6 - WCAX (CBS-3, Video): Major shake up at veterans hospital in New Hampshire (17 July, 321k online visitors/mo; South Burlington, OH)

MANCHESTER, N.H. - A major shake up at the veterans hospital in New Hampshire.

A new report alleges veterans are getting "dangerously substandard" care at the Manchester hospital. Eleven doctors and employees contacted the feds saying the hospital was putting its patients in jeopardy.

The Boston Globe reports they described a fly-infested operating room and surgical instruments that weren't always sterilized. And the feds found "substantial likelihood" that those allegations were true.

The hospital denies patient safety has been compromised.

Now, Manchester VA Medical Center Director Danielle Ocker and Chief of Staff James Schlosser have both been removed. And Alfred Montoya, the director at the VA hospital in Vermont, will take over.

Monday, in a letter to New Hampshire's Senate delegation, Gov. Chris Sununu, R-New Hampshire, said, "Systematic change is needed to fully address the substandard care that our veterans are receiving, and I fully expect more changes will be made soon."

This comes after a new law was just passed to try to protect veterans and hold VA hospitals accountable. It will also protect whistleblowers like the staff at the Manchester hospital.

The goal is to clean up the Department of Veterans Affairs. Veterans have been fighting for this for decades and one of them told Peter Zampa the law could save lives.

"We are edging closer to accountability on the part of management," Rick Weidman said.

Vietnam Veteran Rick Weidman has called for accountability in the Department of Veterans Affairs for nearly four decades. He says a new law, the VA Accountability and Whistleblower Protection Act, will do just that. The law is meant to expedite the process for firing bad-acting VA employees and protect those who expose them.

"The whole key in this has always been accountability," Weidman said. "We believe the VA can work, but you've got to have managers who take those tools, pick them up, and use them."

Weidman says the VA has been riddled with scandal for years with doctors mistreating patients and veterans put on extremely long wait lists.

Alabama Congresswoman Martha Roby is one of the bill's co-sponsors.

"There are a lot of good people that are committed to our veterans that work within the VA. But the bad actors, the ones who are not there to help our veterans, they don't need to be there anymore," said Roby, R-Alabama.

Some are concerned as to whether this law will actually accomplish the goal of a more accountable VA.

"What it does is make it really, really easy to fire people. And we know that when a government agency has the power to fire people, they fire people for all the wrong reasons," Jacque Simon said.

Simon is the policy director at American Federation of Government Employees. She says she expects this law to have the opposite effect of what is intended.

"Anybody who raises his or her voice to tell the truth about what's going on in terms of mismanagement will be fired on the spot and essentially no way to appeal," Simon said.

But opponents and supporters of this law agree bad actors need to be ousted.

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2.7 - The Post and Courier: Civil service needs reform (18 July, Editorial Board, 319k online visitors/mo; Charleston, SC)

The federal civil service needs reform starting at the Department of Veteran's Affairs, as shown by new data listing how many VA employees were dismissed in the last five months and how that compares to the rate of dismissals in the private sector. Ironically federal employee unions and advocates insist that the data show the opposite.

The need to address glaring personnel problems at the VA has been a major national issue since May 2014. Thanks to whistleblowers, the public learned that year that officials in many VA

hospitals were found to be lying about the speed with which they responded to veterans' health problems. Employees who blew the whistle on this issue and other abuses were often punished by their superiors.

Efforts to correct these management problems soon ran into the thicket of civil service rules that make it hard to dismiss federal employees. It can take months and even years of litigation to fire one person who takes advantage of these rules.

Frustration with this situation led Congress in 2014 to pass a law reducing the amount of time available to appeal personnel decisions. But when a senior VA hospital official challenged her dismissal under the new law on constitutional grounds the Obama administration decided not to enforce it.

Attempts by Congress to pass new legislation to streamline dismissals at VA finally got bipartisan support this year, and President Trump signed the law June 23. Now in an effort to demonstrate transparency and accountability in personnel actions the VA has published a list of dismissals, suspensions and demotions for the five months before the new act took effect. The 500 plus dismissals on the list cover a gamut of employees from janitors to physicians.

The American Federation of Government Employees represents over 70 percent of the VA's employees. Its president, J. David Cox, told the Washington Post that the list "isn't transparency. It's an intimidation tactic" by the Trump administration.

But Bill Valdez, president of the Senior Executives Association, said the VA list is "a great demonstration to the American public that feds are held accountable and can be held accountable ….[I]t's not so hard to remove feds and it happens all the time," adding, "Why in the world did they need more authority to fire feds when they can to it at this rate?"

The data show that the rate is, in fact, highly favorable to employees and a demonstration of the difficulty of removing federal employees who abuse their position.

The data show that in the five months since President Trump was inaugurated the VA "removed" slightly more than 500 employees, for a rate of about 100 firings a month or about 0.03 percent of the VA's 375,000 employees per month. For the federal government as a whole, the Bureau of Labor Statistics (BLS) reports that in April 11,000 employees were either dismissed or came to the end of temporary jobs, at a monthly rate of 0.4 percent, more than 10 times greater than at the VA. Because of temporary employees, the rates are not strictly comparable.

But the VA rate can also be compared to the rate of layoffs and discharges in private industry. For April, BLS reports that it was 1.2 percent, 40 times greater than the rate at the VA.

In other words, on average a VA employee in April had a 99.97 percent chance of keeping his or her job, no matter how badly performed.

That's no indication that VA employees should be afraid of losing their jobs. Indeed, the figures show how hard it is to dismiss civil servants. It is an argument for improving the accountability process, as the new law does.

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2.8 - WDTN (ABC-2): Dayton VA Director to retire in October (17 July, Kim Allen, 205k, 205k online visitors/mo; Moraine, OH)

DAYTON, Ohio (WDTN) — The CEO/Director of the Dayton VA Medical Center is retiring in October.

Glenn Costie will step aside on October 28th. Costie says he's making the announcement now in order to give the VA time to find his replacement.

Costie says the advance notice will also allow the VA to train his successor in day-to-day management of the Dayton VA.

The 400-acre facility serves 40,000 veterans each year.

Costie has served as the Director/CEO of the Dayton VA Medical Center since December, 2011.

During his tenure, the number of Veterans receiving care each year at the Dayton VAMC and associated Community Based Outpatient Clinics (CBOC's) rose from 35,907 just prior to Costie's arrival in 2011 to 39,724 as of October 2016 – an increase of nearly 11%.

Costie was named a "Leader of the Year" award from the Dayton Chamber of Commerce and "Mentor of the Year" from the American College of Healthcare Executives – both in 2016.

Costie and his wife Tammy will remain in the Miami Valley, where he plans to remain active in the community supporting service to others.

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2.9 - Valley News: Vt. Leader Takes Helm at N.H. VA (18 July, Nora Boyle-Burr, 164k online visitors/mo; West Lebanon, NH)

White River Junction — The director of the White River Junction Veterans Affairs Medical Center has been asked to oversee the VA Medical Center in Manchester following whistleblower complaints about patient care and sanitation at the only New Hampshire-based VA hospital.

U.S. Secretary of Veterans Affairs David Shulkin on Sunday asked Alfred Montoya Jr., who has been the permanent director in White River Junction for little more than a year, to take the helm of the Manchester VA center as acting director several hours after publication of a Boston Sunday Globe Spotlight team story raising questions about the Manchester facility.

Montoya replaced Danielle Ocker, the Manchester director and a former top official in White River Junction. Ocker's chief of staff, James Schlosser, also was asked to step aside, and Shulkin ordered a "top-to-bottom" review of the Manchester VA that began on Monday, according to a VA news release issued on Sunday afternoon.

“These are serious allegations, and we want our veterans and our staff to have confidence in the care we’re providing,” Shulkin said in the release. “I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations.”

The Manchester VA Medical Center does not offer inpatient care, but provides walk-in urgent care for non-emergencies, primary care, ambulatory surgery, specialty clinics, mental health, home-based primary care and long-term care. In addition to its primary facility, it offers services in four community-based outpatient clinics in: Conway, N.H.; Portsmouth, N.H.; Somersworth, N.H., and Tilton, N.H.

The complaints outlined in the Globe story include an operating room that had to be closed due to a fly infestation, the discovery of rust or blood on supposedly sterile operating instruments, patients having difficulty scheduling appointments with specialists and concerns of some outside physicians about the quality of care veterans receive in Manchester, particularly relating to spinal conditions and pain management.

Ocker, who has had a home in Hartland, worked at the White River Junction VA — which serves veterans in Vermont and the four contiguous counties of New Hampshire — most recently in the role of associate director. In that role, she led statewide and medical center emergency response efforts and was responsible for the facility’s infrastructure, according to a news release at the time of her 2015 hiring in Manchester.

Ocker began her career at the White River Junction medical center as a student nurse in 1985, according to the 2015 release. She earned her associate degree in nursing from New Hampshire Technical College in 1986, and then earned both a bachelor’s degree and a master of business administration from the University of Phoenix.

Jim Blue, a regional VA spokesman, said Monday there were no concerns about Ocker’s performance when she was in White River Junction.

“Ms. Ocker was a strong associate director at the White River Junction VA Medical Center and held a multitude of acting director and senior leadership roles,” he said via email.

Montoya, a U.S. Air Force veteran and former assistant director of a VA medical center in Connecticut, reported to his new job on Monday, said White River Junction VA spokesperson Katherine Tang.

In recent months, Montoya led a team at the White River Junction VA, which has successfully reduced the length of stay in the hospital’s medical and surgical beds from about six days in January to four in June. This was an area of deficiency outlined in a report released by the Department of Veterans Affairs Office of Inspector General earlier in June based on a site inspection conducted last December.

The White River Junction VA’s Assistant Director Matthew Mulcahy, a U.S. Navy veteran who previously served as the chief of facilities management service for the White River Junction medical center, is now acting as its director, Tang said.

Neither Montoya nor Mulcahy was available for comment on Monday, Tang said. Ocker could not be reached for comment.

A replacement for Schlosser, Manchester's chief of staff, has not yet been named, according to Sunday's release.

Tang said Montoya and Mulcahy will remain in their acting positions while the Veterans Health Administration Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection conduct their review in Manchester.

Tang said she did not know how long the review will take.

In the meantime, she said veterans need not worry about the care they will receive in White River Junction.

"I can assure everyone that our veterans here at White River Junction will be taken care of," she said. "Veterans are (our) number one priority."

That message was reinforced Monday by Blue, the regional VA spokesman.

"The White River Junction VA Medical Center takes seriously its obligation to provide the highest quality care and services to America's veterans. Director Alfred Montoya has a strong leadership team and succession plan in place, and during Montoya's service in Manchester, veterans who depend on the White River Junction VAMC can be assured of seamless service under the leadership of acting director Matthew Mulcahy," Blue said via email.

Blue said the acting associate director in White River Junction will be Dr. Paul Zimmerman.

Politicians on both sides of the aisle reacted to the allegations included in the Globe story.

"The reports concerning the Manchester VA Medical Center are simply unacceptable," U.S. Rep. Annie Kuster, D-N.H. said in a news release on Sunday. "Our veterans deserve much better. I was deeply concerned when I met last year with the group of VA doctors."

Kuster, who serves on the House Veterans' Affairs Committee, said she brought the doctors' concerns to the Office of the Inspector General.

"I appreciate the seriousness with which Secretary Shulkin is taking this matter, and I will continue to monitor the investigation closely and provide assistance through the House VA Committee," she said.

In a letter to the state's Congressional delegation on Monday, Republican Governor Chris Sununu expressed his support for Shulkin's actions in light of the Globe story.

"I was encouraged by his willingness to address these troublesome allegations quickly, without hesitation, and with an insistence on transparency," Sununu wrote. "Secretary Shulkin knows that immediate action can help restore confidence in the system. We will stop at nothing short of delivering the best care for our veterans."

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2.10 - Star Beacon: Disabled vets train at Spire for Wheelchair Games (17 July, Justin Dennis, 77k online visitors/mo; Ashtabula, OH)

EDITOR'S NOTE: This story is the last in a series on people personally impacted by their time at Spire Institute.

HARPERSFIELD TOWNSHIP — Bill Searles pushed himself hard on the indoor track inside Spire Institute's Track and Field building. The 62-year-old Cleveland veteran said it's the only time he likes to use the running wheelchair.

He and other disabled Youngstown- and Cleveland-area veterans — shuttled by Veterans Affairs to the Harpersfield Township athletic facility once or twice a week — were training for the 37th National Veterans Wheelchair Games, which kick off today in Cincinnati.

Searles is competing in the 100- and 200-meter running chair races. At last year's Buckeye Wheelchair Games, hosted at Spire, Searles won his heats in the 100- and 60-meter races, he said.

"Since I lost the ol' leg ... I try to stay in shape. I just feel good overall about me," he said, adding it's better than sitting at home. "This way, I get to come out for camaraderie."

Searles had the facility's fitness room mostly to himself before the shuttle arrived. He broke to greet and poke fun at his workout partner, 56-year-old Keith Mitchell, as he stepped off the shuttle. Searles massaged his right leg, above his prosthetic, before starting up again on the treadmill, with Mitchell picking the one beside.

Patty Whitecotton, a recreation therapist with the Louis Stokes Cleveland VA Medical Center who organized the current training program for disabled veterans, said the VA wanted competing veterans to get out to regular fitness clinics, rather than have the games be their only outlet.

When she looked at Spire's capability, she said she thought, "This is perfect. ... A lot of the equipment is adapted for wheelchairs so no matter what level they're at, they can still work out."

The VA trainees can take the running chairs on Spire's 300-meter indoor track or through obstacle courses, and toss shot put, javelin or discus. They also have access to the 50-meter Aquatics Center pool for swimming training.

Once or twice a month, they head to Spire's Michael Johnson Performance Center for more advanced training.

A $15,000 grant from the Department of Veterans Affairs partially funds the program, said Spire COO Jeff Orloff.

The more veterans that join, the more grant funding the facility can receive, said Whitecotton. And "the program has exploded lately," she said — between 10 and 15 disabled veterans come to each session.

"When they get to the games, they feel like they can compete. They feel better about themselves. A lot of them say, 'I just want to get better. I want to get fit,'" she said, later adding trainers and other volunteers from Spire "treat the veterans like gold."

Searles — one of the first to join, along with Mitchell — said he's been coming to Spire for about five years. When he first showed up, he said he weighed close to 230 pounds, now down to about 190.

"Believe it or not, it's enjoyable," he said. "It helps keep you in shape. I pray and hope that they keep it going."

Mitchell — who's also readying for the Wheelchair Games and talked to the Star Beacon before lining up some practice throws on the indoor field — said his time at Spire getting fit and befriending fellow servicemen is "like a little vacation."

"When I lost my leg, I had thought 'that was it,'" he said. "I wouldn't be able to do the things I was able to do."

He'll compete in weightlifting, basketball, baseball, javelin, discus, shot put and bocce ball events this week.

The day the Star Beacon visited the VA training program, Whitecotton said one of the veterans working on his weight also made a personal breakthrough.

"'I don't want to be in my wheelchair today. I want to walk from machine to machine,'" he told her. "'I want to walk. I want to use my leg. I want to be able to get around myself.'"

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2.11 - WVXU (NPR-91.7): Veterans Compete In National Wheelchair Games In Cincinnati
(17 July, Tana Weingartner, 74k online visitors/mo; Cincinnati, OH)

More than 600 veterans are in Cincinnati this week competing in the National Veterans Wheelchair Games. It's billed as the world's largest annual wheelchair multi-sport and rehabilitation event.

The competition is organized by the Paralyzed Veterans of America (PVA) and the Department of Veterans Affairs. Athletes from the U.S., Puerto Rico and Great Britain must compete in at least four events.

PVA President David Zurfluh calls the games a life changing event for many veterans. "For the newer athletes... they're the people that were down at their lowest point, they're going to be mentored by older veterans. They're going to pick them up and show them that they can do incredible things with their lives and you're literally going to see people's lives changed during this week."

Zurfluh isn't just national president; he's a competitor as well excelling in the shooting sports.

"Competing with fellow veterans, you just have that camaraderie with each other," Zurfluh says. "You're pushing each other. It's not so much the wins, it's just trying to do the best that you can as a person. And if you've felt like you've left everything out there, it's really a rewarding experience."

Athletes took over Fountain Square Monday to demonstrate a Slalom event featuring a course with obstacles to climb and weave through.

More than 3,000 local volunteers are assisting with the games being held at the Duke Energy Convention Center and various venues around town.

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2.12 - Sunshine State News: Marco Rubio Continues the Fight to Reform the VA (17 July, Kevin Derby, 63k online visitors/mo; Tallahassee, FL)

U.S Sen. Marco Rubio, R-Fla. is continuing his efforts to reform the U.S. Department of Veterans Affairs, cosponsoring the “VA Quality Employment Act” brought out by U.S. Sen. Luther Strange, R-Ala.

Strange’s bill would reform hiring and other HR matters at more than 1,200 VA health service centers across the nation. The bill’s supporters, which also include U.S. Sen. Tom Cotton, R-Ark., and U.S. Sen. Jim Inhofe, R-Ok., insist the bill will help the “VA attract and retain top talent, hold poor performance accountable, and deliver exceptional services and care to America’s veteran population."

“For millions of Americans who have served, Veterans Administration employees represent the face of our nation’s promise of care,” Strange said on Friday. “It is critical that VA facilities stand ready to meet their needs. By implementing reviews of agency leadership and providing talented caregivers with ongoing training and development, the VA Quality Employment Act builds on the work of President Trump’s administration to reform the agency. I am proud to champion an effort to help the VA keep its covenant with our nation’s heroes.”

“It is crucial that employees at the Department of Veterans Affairs stand ready to provide exceptional care for our veterans and always take responsibility for their actions in the work place,” Rubio said in support of the proposal. “While we have made significant progress on VA reform in recent months, there is still more that can be done to ensure our nation’s heroes are getting the services and care they need and deserve. I am proud to support legislation that will further our agenda of reforming the VA.”

In recent years, Rubio has been leading the charge for VA reform on Capitol Hill. Back in May, Rubio teamed up with U.S. Sen. Johnny Isakson, R-Ga., and U.S. Sen. Jon Tester, D-Mont., to bring out the “Department of Veterans Affairs Accountability and Whistleblower Protection Act" which would “reform the VA by allowing the secretary to dismiss bad employees, and ensure appropriate due process protections for whistleblowers.” The Senate passed the measure on voice vote last month. Under the proposal, the VA secretary would have more power to remove or demote under performing and incompetent employees while giving whistleblowers more protection, including creating the Office of Accountability and Whistleblower Protection in the VA. The bill would also ensure more accountability in the VA medical system, giving the VA secretary the ability to “directly appoint individuals to the positions of Medical Center Director and Director of Veterans Integrated Service Network (VISN) if they have demonstrated ability in the medical profession, health care administration, or health care fiscal management."

At the start of the year, Rubio reintroduced his “VA Accountability First and Appeals Modernization Act.” Last July, Rubio teamed up with then U.S. Rep. Jeff Miller, R-Fla., who was serving as the chairman of the U.S. House Veterans Affairs Committee, to bring out the bill last summer. That bill adds more “protections for whistleblowers,” would “increase flexibility to remove VA employees for poor performance or misconduct” and “reform the department’s disability benefits appeals process.” The proposal also closes loopholes from the “VA Accountability Act” from Miller and Rubio which passed the House in 2015 but stalled in the Senate.

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2.13 - WRGT (FOX-45): CEO of Dayton VA Medical Center to retire in October (17 July, Gabi Warwick, 51k online visitors/mo; Miamisburg, OH)

DAYTON, Ohio (WKEF/WRGT) - The CEO and Medical Center Director for the Dayton VA Medical Center announced he plans to retire in October 2017.

Glenn Costie has been with the Dayton VA since December 2011. Over the past 5 1/2 years, he's emphasized community partnerships, transparency and ensuring employees were doing the right thing for each veteran.

His work was also recognized at the International Relationship-Based Cure Symposium in June 2017, where he gave a two hour speech titles "Investing in Relationships - Achieving the Return."

In his tenure, he's also seen an increase in number of veterans treatment by nearly 11 percent, and a 36 percent improvement in inpatient rating.

Costie began working as an engineer trainee at the VA in Martinsburg, West Virginia, and worked his way up through multiple locations. He and his wife Tammy plan to remain in the Miami Valley.

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2.14 - WFXL (FOX-31, Video): Veterans sound off on concerns at VA town hall (17 July, Mary Green, 35k online visitors/mo; Albany, GA)

Representatives from the VA now have a better idea of what some of the problems facing local veterans are at this time.

That comes after hearing questions from a packed house at an Albany town hall Monday, hosted by the Carl Vinson VA Medical Center in Dublin.

Some specific worries ranged from storm recovery and aid to caregivers to transportation to the Dublin hospital.

But the concern that come up most frequently had to do with the Veterans Choice Program.

Army veteran Richard Claxton Jr. said he wants the program to be gone.

“Eliminate Choice Care from the books,” he said.

‘Choice Care’ is the national Veterans Choice Program, which Congress enacted in 2014 with a goal of reducing wait times by allowing veterans to locally receive health care.

But Claxton, a Vietnam veteran, said it’s created some problems, like forcing patients to go through a middle man instead of contacting doctors directly.

“That’s not doing anything for the care for the veterans,” he said.

But the program won’t be going anywhere right now, as Congress extended it just a few months ago.

Maryalice Morro, director of the Vinson Medical Center, said the extension will go “as long as the money lasts” to fund it, and she said the VA is determined to make that money last by altering some of previous treatment strategies.

“As we see those funds dwindling, if we can provide that service within 30 days, we’re asking them—and they’re capable, and they’re capable—we’re asking them to come to our larger facilities that can support those types of things,” she said.

But Morro said she believes this process will get easier for vets, especially as the VA is currently trying to change how it buys care for them.

“It’s with using VA employees who know the area, who know the local communities, especially in rural Georgia, where there’s not a lot of things to choose from. We have those relationships that we’ve developed with them for many, many years.”

Morro said these changes might not require the middle man, either.

“Not on the front end,” she said. “Perhaps on the back end. Again, what that next steps looks like isn’t completely worked out.”

Morro said the Choice Program is one of five target areas of new VA Secretary David Shulkin, along with “getting to zero” regarding veteran suicides; modernization; improving infrastructure; and improving access to care.

As for Claxton, he said he didn’t have to go through the Choice Program for earlier medical procedures but now might have to for an upcoming foot surgery, which he hopes to get done soon.

“If I can get ahold of Choice Care,” he said. “It’s hard to get ahold of them.”

American Legion Post 30 hosted the town hall, and they encourage local veterans to take advantage of the services they offer, including helping find programs and sort through any required paperwork.

“We can help you with the paperwork. We can’t fill it out for you, but we can help you with it, and we can send you to the right people. We don’t have access to the VA system, but we know people that do have access,” Post Commander Nick Nicholson said.

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2.15 - Vermont Public Radio: Manchester VA Director, Chief of Staff Removed Pending Investigation (17 July, Pete Biello, 21k online visitors/mo; Colchester, VT)

Two top officials at the Department of Veterans Affairs Medical Center in Manchester have been removed pending a review of conditions described in a Boston Globe report. Several doctors at the Manchester VA complained in the report of unsanitary operating rooms and alleged substandard care.

Medical Center Director Danielle Ocker will be replaced by Alfred Montoya, current director of the VA Medical Center in White River Junction, Vermont. A replacement for the Manchester VA's Chief of Staff James Schlosser has not yet been announced.

The newspaper’s “Spotlight” investigative team detailed complaints from doctors who say they don’t have the proper equipment to treat patients. Doctors also reported being unable to easily set up appointments with outside specialists, leading to worsening problems in several patients with spine issues. And in one instance, doctors reported having to cancel surgeries last month because they found rust or blood on their tools. The hospital also has supposedly been struggling with an infestation of flies since 2007.

In a statement, VA Secretary David Shulkin says these are serious allegations and he’s committing to fixing any and all problems.

Sen. Maggie Hassan said in a statement that "the poor conditions and quality of care alleged by whistle-blowers at the Manchester VA are completely unacceptable."

Sen. Jeanne Shaheen called the allegations "deeply troubling," adding that "no veteran should experience the substandard care described in this report."

Rep. Annie Kuster, a member of the House Veterans Affairs Committee, called the allegations "unacceptable," adding that "our veterans deserve much better."

Gov. Chris Sununu said in a statement he'd spoken with Shulkin and said he was "encouraged by his willingness to address these troublesome allegations quickly."

The VA Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection are planning to start looking into the matter Monday.

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2.16 - WGIR (CMN-610, Audio): Weekend Round-up: Interview with VA Secretary Shulkin (17 July, 20k online visitors/mo; Manchester, NH)

In this nearly eight-minute clip, correspondent Kimmy McCormack interviews Secretary Shulkin about the new GI Bill legislation, which would remove the 15-year time limit for Veterans to take advantage of those education benefits. It also covers the VA accountability legislation and the Choice program.

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3. Access to Healthcare

3.1 - CNN: How tapering off opioids can help people with chronic pain (17 July, Nadia Kounang, 29.7M online visitors/mo; Atlanta, GA)

Last year, when the US Centers for Disease Control and Prevention established new guidelines on prescribing opioids, it recommended that long-term opioid users be weaned or tapered off pain pills. A study published this week in the journal Annals of Internal Medicine bolsters this idea, finding that chronic pain patients who taper off opioids can have a better quality of life without them.

According to the American Academy of Pain Medicine, 100 million Americans suffer from chronic pain. And for many of those with chronic pain, treatment has consisted of narcotic painkillers. But long-term use also carries an increased risk of dependency and overdose, and an opioid overdose epidemic is ravaging the United States: It claimed more than 33,000 lives in 2015, half of them associated with prescription drugs.

For the approximately 10 million Americans who are prescribed long-term opioid therapy to manage their pain, what alternatives are there?

"It's counterintuitive that pain and well-being could be improved when you decrease pain medication. ... Patients felt better when dosages were reduced," said Dr. Erin Krebs, medical director of the Women Veterans Comprehensive Health Center, part of the Minneapolis Veterans Affairs Health Care System, and an author of the study.

Krebs and her colleagues evaluated 67 studies that considered more than 12,000 patients and evaluated the effectiveness of various ways to reduce narcotic pain management, including buprenorphine-assisted programs, behavioral therapy programs, ketamine-assisted dose reduction programs, acupuncture and interdisciplinary pain management programs that incorporate physical or occupational therapies along with behavioral therapies such as counseling and exercise.

Many of the studies accounted for a decrease in pain among patients as well as increased mobility and overall increase in quality of life. However, the analysis, which was funded by the Veterans Health Administration in the Department of Veterans Affairs, had some significant limitations: Many of the studies evaluated were not double-blind controlled studies, considered to be the gold standard in science. However, of the studies they considered, at least 16 were of good or fair design. In addition, the studies evaluated whether patients stopped using opioids because the narcotic therapy had actually eliminated pain.

"This study provides needed information for providers about how to taper and/or discontinue opioids safely and effectively -- that is, with nonopioid treatments, slow reductions in opioid dosage, patient buy-in, and close monitoring," the CDC's Tamara Haegerich, who wrote an editorial accompanying the study, wrote in an email.

Lots of gain, little pain

The most successful programs had an interdisciplinary approach. "All these studies involved new therapies and close followup and a team -- maybe a physician working with a nurse and therapist -- to help with the process," Krebs said.

Suddenly withdrawing from opioids is difficult because withdrawal symptoms can be severe. "It's not just they are experiencing excruciating pain. Panic sets in; it's a psychological response. It's been described as a sense of impending doom," said Dr. Andrew Kolodny, co-director of opioid policy research at the Heller School for Social Policy and Management. Kolodny, who was not involved with the study, said it was important to show that patients on opioids could be weaned successfully, but it takes a lot of work.

"Getting patients off is not easy. The patients that were able to get off needed lots of visits and multidisciplinary care," he said.

And getting that care can be difficult, said Dr. Steven Stanos, president of the American Academy of Pain Medicine.

"You need to have the resources to do this. Articles like this show we need to have greater access to behavioral health, interdisciplinary programs," he said.

He said some physicians don't have any choice but to prescribe opioids because they don't have access to these kind of therapies. He hopes that studies like this can help convince insurance companies that it is important to cover these types of treatments.

"If all you can get is medication, your pain management options are pretty limited," Krebs said. But she also cautioned that this isn't a one-size-fits-all prescription for pain management -- and there may be people for whom non-opioid therapies aren't effective.

"The opioid epidemic started in a large part as a response to conversations about pain. People need access to effective treatments for pain," Krebs said. Treatments are "low-tech: It's support for physical therapy, occupational therapy, nurses, physicians and all kinds of clinicians. It's not one drug or another. It's just really important as we think of access to treatments. People need a variety of approaches to pain."

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3.2 - ABC News (AP): Top officials at New Hampshire veterans hospital removed (17 July, 24.1M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin has removed two top officials at New Hampshire's only veterans hospital and has ordered a review of the facility amid allegations of "dangerously substandard care."

The Boston Globe reported (http://bit.ly/2utP3xD) that 11 physicians and medical employees alleged the Manchester VA Medical Center was endangering patients. They described a fly-infested operating room and surgical instruments that weren't always sterilized.

The Office of the Special Counsel, a federal whistle-blower agency, found "substantial likelihood" the allegations were true and ordered an investigation, which began in January.

Following the newspaper report Sunday, Shulkin removed hospital Director Danielle Ocker and Chief of Staff James Schlosser. He ordered a more thorough review.

A VA spokesman told the newspaper Ocker and Schlosser would be assigned other duties in the interim.

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3.3 - Stars and Stripes: VA removes top officials from New Hampshire center after allegations of poor conditions, care (16 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)

The director and chief of staff of the VA hospital in Manchester, N.H., have been removed from their posts following a news report of dirty conditions, long patient wait times and substandard care, Department of Veterans Affairs Secretary David Shulkin announced Sunday.

A group of 11 whistleblowers, including some physicians and other medical personnel, contacted the federal government and the Boston Globe with complaints of dangerous conditions, the newspaper reported Sunday.

In addition to removing the top two officials at the hospital, Shulkin called for a “top-to-bottom” review of the hospital, starting Monday.

“These are serious allegations, and we want our veterans and our staff to have confidence in the care we’re providing,” Shulkin said in a written statement. “I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations.”

The director, Danielle Ocker, was replaced by Alfred Montoya, the director of the VA hospital in White River Junction, Vt. The VA said it would soon find a replacement for the chief of staff, James Schlosser.

According to VA documents from December, the Manchester VA Medical Center, the only VA hospital in New Hampshire, was given four stars on a five-star rating system that compares VA hospitals nationwide.

However, flies infested one of the four operating rooms at the hospital, which had to be shut down, according to the Globe report. The Veterans Choice Program, which allows patients to seek care in the private sector, “has broken down” there, the report said, and thousands of veterans have been unable to schedule appointments.

The U.S. Office of the Special Counsel had already been investigating the hospital and found a “substantial likelihood” of a danger to public health, according to the news report. It ordered an investigation by the VA Office of Medical Inspector, which began in January.

Now, VA headquarters is starting its own investigation. The VA Office of Accountability and Whistleblower Protection was sent to the hospital Monday, the VA said.

President Donald Trump established the office earlier this year with the purpose of removing poor-performing employees.

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3.4 - NH1 News: Veterans Affairs launches review of Manchester medical center after poor care allegations (17 July, 1.2M online visitors/mo; Concord, NH)

MANCHESTER — The Veterans Affairs Office is launching a review of the Manchester Veterans Affairs Medical Center following allegations of poor conditions and patient care.

Boston Globe's Spotlight Team published an article Saturday that made public the claims of patients and doctors who described the alleged issues within the hospital, including an operating room abandoned because of flies and patients struggling to get any care.

“These are serious allegations, and we want our Veterans and our staff to have confidence in the care we’re providing. I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations," said David J. Shulkin, M.D., U.S. Secretary of Veterans Affairs.

The VA Office of the Medical Inspector and the VA Office of Accountability and Whistleblower Protection will start their review Monday.

In addition, effective immediately, the department has removed the director and chief of staff at the facility, pending the outcome of the review.

Alfred Montoya, the director of the VAMC in White River Junction, Vermont, will serve as the new director of the Manchester VAMC and the new chief of staff will be announced shortly.

New Hampshire lawmakers have released statements reacting to these allegations.

U.S. Senator Jeanne Shaheen:

"These allegations regarding the Manchester VA are alarming and deeply troubling," said Shaheen. "No veteran should experience the substandard care described in this report. After being informed of these allegations in a meeting with doctors from the Manchester VA, I raised their concerns with the VA Office of Special Counsel and the VA Office of the Inspector General for further investigation. I will continue to work with the VA and, going forward, Secretary Shulkin to investigate these claims and urge that the agency immediately address any shortfalls. Our veterans deserve nothing less than high quality, convenient, accessible health care, and I will not accept anything less."

U.S. Senator Maggie Hassan:

"The poor conditions and quality of care alleged by whistle-blowers at the Manchester VA are completely unacceptable. The VA must immediately launch a full-scale investigation to get answers about these reports of outrageous practices and administrative indifference, including why the hospital recently received such high marks from the VA for its quality of service despite serious problems at the facility. Veterans across New Hampshire and America have demonstrated a selfless commitment to keeping our nation safe, secure and, free, and we must ensure that every one of our veterans receives the care that they need and have earned. I will continue to work with members of both parties to hold the VA accountable for its unacceptable practices."

Congresswoman Annie Kuster:

"The reports concerning the Manchester VA Medical Center are simply unacceptable. Our veterans deserve much better. I was deeply concerned when I met last year with the group of VA doctors. As a member of the House Veterans' Affairs Committee, I brought these concerns to the Office of the Inspector General. I appreciate the seriousness with which Secretary Shulkin is taking this matter, and I will continue to monitor the investigation closely and provide assistance through the House VA Committee. I'm committed to doing all I can to ensure the highest quality of care for all our brave veterans and servicemembers. They deserve nothing less."

Congresswoman Carol Shea-Porter tweeted:

"Today's @GlobeSpotlight report deeply concerning. I support full investigation by @DeptVetAffairs. NH vets deserve highest standard of care."

Governor Chris Sununu:

"This morning I spoke with Secretary of Veterans Affairs Dr. David Shulkin, and am encouraged by his willingness to address these troublesome allegations quickly, without hesitation, and with an insistence on transparency. Despite previous administrations who swept issues under the rug, Secretary Shulkin has proven that he is willing to take immediate action so that we can restore confidence in the system. We will stop at nothing short of delivering the best care for our veterans."

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3.5 - Pantagraph: Veterans Corner 7/17/17 (17 July, 834k online visitors/mo; Bloomington, IL)

Q: I will soon be retiring from my career civilian job. I will not be able to continue my health insurance through my employer after I retire. I have never applied for VA Health Care since my employer has always made health insurance part of my employment package. I served from 1968 to 1972 in the Army, and have not been in the military for over four decades. Can I still receive health care through the VA?

A: There is no deadline for applying for VA Health Care. Eligibility for VA Health Care is complicated. Veterans discharged or released under conditions other than dishonorable may

qualify for VA health care benefits. The length of service requirements vary by when the veteran served and may be waived for veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.

Veterans of military service from 1968 to 1972 should expect that their length of service requirement would be 30 or 90 days depending on the end date of service. However, the government added a “means” test in 2003 based upon the income of the veteran at the time of application for VA Health care. Income over a certain amount likely would result in ineligibility for VA Health Care. However, any veteran granted a service-connected disability rating is eligible for VA Health Care regardless of income.

“Boots on the ground” veterans of service in Vietnam should apply for VA Health Care benefits even if they have been denied in the past due to the means test.

Enrollment is easy utilizing VA form 10-10EZ and can be completed at http://www.va.gov/1010ez.htm or by calling 877-222-VETS (8387) Alternatively, contact a Veterans Service Office at your local Veterans Assistance Commission or at the Illinois Department of Veterans Affairs Office for help in obtaining and completing the 10-10EZ form. You must have a DD214 form Separation from Active duty to accompany the application.

Q: I recently completed my four-year enlistment in the Army. I served in the infantry and had three deployments to the Middle East. I have decided not to use the G.I. Bill for education right now. I have applied for jobs with little success. After not working for several weeks since my separation from active duty, I am unemployed. Can I receive unemployment benefits based on my military service work?

A: Veterans who do not begin civilian employment immediately after leaving military service may receive weekly unemployment compensation for a limited time. The amount and duration of payments are determined by individual states and would be affected if and when, the veteran began using the G.I. bill for education.

Apply for unemployment compensation by contacting the nearest state employment office listed in your local telephone directory. To apply for unemployment compensation, a veteran must complete the state Employment Service Registration Requirement that requests the IDES to assist the veteran to find work. The nearest Illinois Department of Employment Security (IDES) office is in Peoria at 406 Elm St. The toll-free telephone number is 800-244-5631.

Did you know?

Many veterans have chronic conditions for which they take medication. In most cases, the veteran does not need to go to the VA Medical Center or community-based outpatient clinic to have a prescription filled. Mail-order VA prescriptions are delivered directly to the veteran at his or her home. The VA Mail Order Pharmacy processes 460,000 prescriptions daily. Every workday, over 316,000 veterans receive a package of prescriptions in the mail.

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3.6 - WJXX (ABC-25, Video): Veterans Choice Program success might be affecting veterans waiting for care (17 July, Kenneth Amaro, 321k online visitors/mo; Jacksonville, FL)

BRUNSWICK, Ga. - Jim Yale, 70, is a Vietnam Veteran who has discovered walking is no longer a simple task.

He said every step is filled with pain.

"My feet always hurt, always," Yale said. “It feels like there's a clamp around them."

The Navy Veteran was seeing a Brunswick, Georgia podiatrist approved through the Veterans Choice Program (VCP).

"[VCP] was working so well Veterans," he said. "More veterans are asking for it. You can stay at home and receive treatment."

Now, it seems the program's success is creating some backlash for Yale and other veterans. "[VCP] was working too well, the funds are leaving the VA and they're afraid to close the clinics and hospitals," he said.

The VA spokesperson stated there are two accounts to pay for VA community care: One for VCP and the other for traditional VA community care. As a result, the VA is adjusting its processes to accommodate shifts in demand from these accounts.
"[VCP] kept me from having to drive to Dublin, Georgia by having things performed locally," he said.

Yale said recently it turned on him. He contacted his patient advocate at the VA about next week’s surgery and was told it is on hold.

"Everything was put on hold because of Congress," Yale said. "No explanation, just it is on hold."
What it meant for him is that instead of his surgery taking place next week at a Brunswick facility, it will be done late August at a VA facility in Dublin.

"If you pardon the expression I was pretty pissed off," Yale said. "That's not what we expect as patients of the VA."
He said he is very sure the issue is affecting the entire veteran community. Because of our inquiry, VCP is reaching out to Yale to see if they can help him get his surgery sooner.

This is a statement from the Veteran HealthCare Administration:

> *A top priority for VA is making sure that Veterans have access to high quality care when and where they need it. One way VA accomplishes this priority is by using VA’s community care network. The Veterans Choice Program (VCP), one pathway among several for accessing the community care network, is being used at an increased rate. As a result, VA is providing its medical facilities with the flexibility needed to optimize resources locally for VA community care. Veterans that need community care will continue to be able to receive it.*

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3.7 - New Hampshire Union Leader: VA center doctors say they had to speak up (17 June, Dave Solomon, 319k online visitors/mo; Manchester, NH)

Dr. William “Ed” Kois, head of the spinal cord clinic at the Manchester VA Medical Center, was a little nervous about reporting for work on Monday morning. He had just figured prominently as one of the lead whistleblowers in a report of conditions at the center that led to the removal of two top administrators.

Instead, he found himself welcomed as a returning hero.

“One of the van drivers pulled over, stuck his hand out to shake mine, and said, ‘I just want to tell you how much we appreciate what you are doing for us and we want you to keep doing it,’ ” said Kois. “And that was repeated half a dozen times with maintenance staff, patients and other staff that were thanking me for what we are doing. I had several people call and leave messages.”

He now hopes the investigation that he and his fellow whistleblowers have triggered will do more than improve conditions at the Manchester VA. They hope Manchester will become a model for improving veterans health care nationwide.

Veterans Affairs Secretary David Shulkin, reacting to Sunday’s report in the Boston Globe, ordered top administrators from the VA to Manchester on Monday, but Kois and his fellow whistleblowers think Shulkin himself needs to make an appearance.

“We’re going to suggest that Dr. Shulkin come here to see if somehow the VA in Manchester can serve as a beta site for the development or research of a new VA model,” said Kois.

“We would like to be part of the dialogue on how to move forward. In the past, when they (hospital administrators) found rust under the bumper, they would take out a can of spray paint and paint it; and they keep doing that. We feel the problems with the VA systemically are serious enough that we need to grind that rust off and rebuild. We need a new approach.”

A model for change?

Kois and other doctors interviewed agreed that the Manchester VA is an ideal location from which to test and then launch nationwide VA hospital reforms.

“The VA in Manchester is unique,” said Kois. “It’s small; the people know each other; the vets are great people.”

And they are people who deserve much better care than they’ve been getting, according to doctors interviewed at the offices of their attorney, Andrea Amodeo-Vickery of Manchester, who became involved after she was approached by Kois in the spring of 2016.

Like the doctors, she has been overwhelmed by the response from veterans and their families who want to tell their stories or encourage the reform effort that’s under way.

To give those people a voice, Amodeo-Vickery said some of the doctors involved want to be on a panel at a town hall meeting for New Hampshire veterans to answer their questions and hear their stories. She hopes to schedule that at a place and time to be announced soon.

In addition, she said the doctors plan to take up an offer from Congresswoman Ann McLane Kuster, D-N.H., to set up a field hearing in New Hampshire with the VA secretary and top administrators, or have the doctors go to Washington, D.C., to testify.

Amodeo-Vickery said she was shocked by their stories of patients going untreated and ending up with complications that could have easily been avoided, unsanitary conditions, lack of equipment and lack of properly trained staff at the center that serves 25,000 veterans annually from a sprawling complex on Smyth Road.

Doctors marginalized

The major problem, they say, stems from a culture in which doctors are treated as second-class citizens by administration, and not sufficiently involved in patient care or operational issues. The VA scorecard by which the Manchester facility received four stars is a sham, according to Kois and his associates, in which top administrators essentially rate their own facilities on a scorecard that is then approved in Washington.

Patients are being foisted off to third-party care through the Veterans Choice program, but can't get appointments because Veterans Choice is so far behind in payments to practitioners. Kois estimates that as many as 96 patients are suffering from consequences of spinal disorders that could have been mitigated by some sort of earlier treatment or intervention.

"If you are going for an annual physical or getting routine service, it's a great place," said Kois. "But if you've got brain cancer or cardiac disease or a spinal cord injury, it's pretty tough. The higher-level stuff is what's at issue. Rather than paying money to hire a second doctor or buy equipment, they have cost-shifted people to Veterans Choice, which doesn't work."

Eleven professionals from the hospital — eight doctors and three nurse practitioners — have signed whistleblower complaints. "I don't think there has ever been that number of doctors blow the whistle on a VA hospital at the same time," said Dr. Edward Chiabro, one of the eight.

Patients weigh in

Some veterans awaiting treatment on Monday or in residence at the center spoke highly of the care they've received, while others reinforced the allegations of the doctor and nurse group. That comes as no surprise to Kois and Chiabro.

"Vet patients are unique people," said Kois. "They've been in a system where they stand in line until someone tells them not to stand in line. They are very obedient and generally polite, and often are not aware of the substandard care they are getting. One of the things that was really sad to me was seeing people in wheelchairs and diapers that shouldn't have been that way."

Dennis Olmstead of Allenstown, a veteran who has lived for the past three years at the Community Living Center in the Manchester VA, calls the allegations "baloney."

"I've been here three years and I love it," he said. "They take good care of you here. "

Veteran Donald Wyatt of Manchester says he has sought treatment at the Manchester VA off and on for 20 years.

“I don’t have the faintest idea what they’re talking about,” he said. “It’s beyond the average patient, I think. I love it here. People are great. Sure every now and then you run into a jerk, but you would in any hospital. I have never had a problem. Most likely those whistleblowers have had a bad experience with one person.”

But other vets interviewed at the hospital on Monday had a different perspective.

Gerry Branch of Dublin said he had problems getting an appointment with a cardiologist.

“I had a helluva time getting an appointment because they are shorthanded; they’re always shorthanded,” he said. “So they were going to let me see a nurse practitioner. I said, ‘I don’t want to see a nurse practitioner, I’ve got to see a cardiologist.’ I thought I was going to have to get hold of my senator to get an appointment with that cardiologist.”

Branch finally got his appointment by working directly with a nurse. “I ended up talking to the nurse, which they really don’t like you to,” he said. “They want you to go through a call center, where I think they are a bunch of rude turkeys.”

Reluctant whistleblowers

The doctors were at first hesitant to come forward, trying to work within the system, until they say that yielded no results. They were finally moved to action out of concern for the patients, and a fear that they would be made scapegoats in future malpractice lawsuits.

Chiabro, 66, had spent 32 years at the Lahey Clinic and could be in comfortable retirement, but said he decided to go to work for the VA because he saw it as an opportunity to give back at the end of his career.

“I thought I could make it a robust surgical center and do something good there,” he said.

Despite the pressure from family to refrain from going public, and the fear of retaliation, Chiabro said he had no choice.

“I felt like a fraud,” he said. “Patients were being sent out and I couldn’t follow these patients through. I couldn’t end my career like that. I was a reluctant whistleblower.”

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3.8 - Daily Hampshire Gazette: Editorial: Nation’s ‘atomic veterans’ deserve recognition
(17 July, Editorial Board, 191k online visitors/mo; Northampton, MA)

Thousands of military veterans who were exposed to radiation — including many who developed debilitating and sometimes fatal diseases — as the result of nuclear weapons tests between 1945 and 1962 are closer to receiving the long-overdue recognition they deserve.

The U.S. House of Representatives on Friday unanimously approved a measure co-sponsored by U.S. Rep. James McGovern, D-Worcester, that would create a service medal awarded to the so-called “atomic veterans” or their surviving relatives to recognize their sacrifice. The Atomic

Veterans Service Medal Act, also co-sponsored by Massachusetts Sen. Edward Markey, faces an uncertain future in the Senate.

According to McGovern, the Pentagon previously has dissuaded members of the Senate Armed Committee from supporting a service medal for atomic veterans. “Regrettably, the Pentagon remains silent on honoring the service of our atomic veterans, arguing that to do so would diminish the service of other military personnel who are tasked with dangerous missions. This is a pitiful excuse,” McGovern said in remarks delivered Friday in the House.

Between 225,000 and 250,000 veterans are believed to have participated in some 235 nuclear weapons tests conducted in the southwestern United State and Pacific Ocean between 1945 and 1962, or served during the occupation of Japan near Hiroshima or Nagasaki after the U.S. dropped atomic bombs on those cities.

Then-President George H. W. Bush in 1990 signed a compensation act for atomic veterans. However, many were prevented by secrecy laws from seeking medical care or disability compensation from the Department of Veterans Affairs for conditions resulting from their exposure to radiation.
It wasn’t until Congress repealed the Nuclear Radiation and Secrecy Agreement Act in 1996 that atomic veterans were finally able to legally describe their military involvement in nuclear testing so they could file for VA benefits. Veterans exposed to radiation who developed any of 21 types of cancer are eligible for compensation.

McGovern believes that is critical now to formally recognize the service of these atomic veterans who were part of the military’s effort to test the impact of atomic blasts on humans.

“A few years ago, I met with a number of constituents who are atomic veterans,” McGovern told Gazette reporter Dusty Christensen. “These veterans have never been formally recognized for their service — there’s no ribbon, no medal, nothing from the Pentagon.”

On the House floor, McGovern said, “These GIs were placed in extremely dangerous areas and were constantly exposed to potentially dangerous levels of radiation in performance of their duties. They were sworn to secrecy, unable to even talk to their doctors about their past exposure to radiation.

“Tragically, more than 75 percent of atomic veterans have already passed away, never having received … recognition. They served honorably and kept a code of silence that most certainly led to many of these veterans passing away too soon.”

The nonprofit National Association of Atomic Veterans was established in 1979 to represent those who participated in the atmospheric and underwater nuclear weapons tests. According to the association, “They also included veterans who were assigned to post-test duties, such as ‘ground-zero’ nuclear warfare maneuvers and exercises, removing radiation cloud samples from aircraft wing pods, working on close proximity to radiated test animals, decontamination of aircraft and field test equipment, retrieval and transport of test instruments and devices, and a host of other duty assignments that provided an opportunity for a radiation exposure and contamination event.”

The association adds that “since nuclear testing began, it has been very difficult to get a useful accounting of the effects of human exposure to the radiation particle fallout from these tests.

This was largely motivated partly by military secrecy, partly by a desire to allay public fears … and partly by a fear of possible legal actions by actual (or potential) radiation-exposed victims."

The military's use of human guinea pigs as part of nuclear weapons testing was shameful enough. The government's failure to recognize their service and sacrifices is doubly shameful.

We applaud Congressman McGovern's persistence in seeking that formal recognition, and urge the Senate to follow the lead of the House in quickly approving a service medal for the dwindling number of atomic veterans who remain alive.

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3.9 - The Daily News: Newburyport doctor behind shakeup at VA hospital (17 July, John Castelluccio, 189k online visitors/mo; Newburyport, MA)

Behind a major shakeup and investigation at the Veterans Administration hospital in Manchester, New Hampshire, is a Newburyport doctor who's been on a two-year journey to shed light on alleged deplorable and dangerous conditions for veterans in the hospital's care.

Dr. William "Ed" Kois, who has headed up the medical center's spinal chord clinic since 2012, claims nearly 100 veterans have become disabled and paralyzed because of substandard care — and neglect — from the VA hospital. He says, in many cases, what have become crippling conditions for patients could have been prevented with surgery.

Kois is credited with leading the charge among a group of 11 physicians and medical employees who have brought whistleblower concerns to federal authorities. They were featured in an in-depth report over the weekend by the Boston Globe Spotlight team.

The whistleblowers described a fly-infested operating room; surgical instruments that weren't always sterilized; and patients whose conditions were ignored or weren't treated properly.

The Office of the Special Counsel, a federal whistleblower agency, found "substantial likelihood" the allegations were true and ordered an investigation, which began in January.

Following Sunday's Globe report, U.S. Secretary of Veterans Affairs David Shulkin immediately removed two hospital administrators and initiated a "top-to-bottom" review of the facility and the accusations. He had received a call about the issue from New Hampshire Gov. Chris Sununu that morning.

"These are serious allegations, and we want our veterans and our staff to have confidence in the care we're providing," said Shulkin in a statement. "I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations."

Shulkin also said the VA Office of the Medical Inspector and VA Office of Accountability and Whistleblower Protection were being sent in Monday to begin that review.

The two administrators — medical center director Danielle Ocker and chief of staff James Schlosser — are on leave pending the outcome of that investigation, the statement said. Alfred

Montoya, the director at the VA hospital in White River Junction, Vermont, will take over immediately and a new chief of staff will be announced soon.

Granite State lawmakers, Rep. Annie Kuster, a member of the U.S. House Veterans' Affairs Committee, and Sen. Jeanne Shaheen, a member of the Senate Armed Services Committee — both Democrats — met with VA doctors last year about their allegations and brought the concerns to the VA's Office of Special Counsel and the Office of the Inspector General for further investigation. Kuster said she was "deeply concerned."

New Hampshire is one of a few states without a full-service VA hospital. The Manchester center provides urgent care, primary care, ambulatory surgery, mental health treatment and other services, but it contracts with Concord Hospital and others for more elaborate surgery and inpatient care.

And Kois, who lives in downtown Newburyport, promises this is only the start. He, along with other whistleblower doctors and their attorney, held a press conference in Manchester, New Hampshire, Monday afternoon in which they pushed for major reforms to a system they say allowed this situation to fester.

Speaking to the Daily News prior to the press conference, Kois said they are demanding a new model of care for the VA system.

"The basic premise is that the VA system is bureaucratically problematic to the point that it needs to be changed," said Kois. "We want the care done right... This failure is a catalyst for new change and a new direction rather than (just) damage control."

Material from the Associated Press was used in this report.

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3.10 - Concord Monitor: Veterans advocates 'angered' at story of failure at Manchester VA (17 July, Nick Reid, 164k online visitors/mo; Concord, NH)

Some veterans who say they've received substandard care at the Manchester veterans hospital have the ear of its leaders.

They achieve this connection through the advocacy of service organizations – such as the Veterans of Foreign Wars – which have a standing monthly meeting with the top officials at the Manchester Veterans Affairs Medical Center.

Paul Lloyd, the state adjutant of the VFW, said he's generally seen the VA sort these problems out when his organization brings them up. But not all veterans' problems can be addressed this way.

Lloyd, a Concord resident who served in the Navy, said he was shocked when he read the Boston Globe's account of a Gilmanton veteran who didn't have an advocate – and lost his mobility as a result.

“He had basically been misdiagnosed and not properly cared for for over 20 years. I was really surprised,” Lloyd said.

He added: “Let me be frank with you: That really pissed me off that that’s going on. ... We really advocate on behalf of the veterans, so that angered us.”

Robert McWhinnie, who served in the Korean War and was a focal point of the newspaper article, underwent two surgeries in 1995 to remove a tumor from his spine, but the surgeon couldn’t get all of it, the Globe reported.

Over the next 21 years, while McWhinnie gradually lost his ability to walk, he went to the Manchester VA dozens of times and never received the type of routine scan that would have shown whether the tumor was growing again, according to the Globe.

“They knew that these things grow back, and they knew if it grows back it’s got to be cared for, so you’ve got to image them on a regular basis,” said McWhinnie’s attorney, Mark Abramson. “If you don’t do that, it could lead to paralysis, and 20 years go by and they don’t even put him in a radiology suite to take a picture.”

Last summer, the head of the Manchester VA’s spinal cord clinic met McWhinnie for the first time and quickly diagnosed him. That doctor compiled a list of 80 patients suffering ailments similar to McWhinnie’s and reported the hospital to the federal Office of the Special Counsel, which found “substantial likelihood” of wrongdoing, the Globe reported.

Abramson predicted the malpractice lawsuit he plans to file on McWhinnie’s behalf will be only the “tip of the iceberg,” as others come forward with complaints of their own.

“This is the same story that has been played out over and over again,” he said. “It’s very third-world what’s been going on there for at least the last 20 years.”

Veterans Affairs Secretary David Shulkin removed two top officials at the hospital hours after the Globe’s report was published.

During the hospital’s regularly scheduled meeting with a group of veterans Monday, state Rep. Al Baldasaro, who was co-chair of veterans issues for President Donald Trump’s campaign, said he had a chance to familiarize the new acting director of the Manchester VA, Alfred Montoya, with the issues facing New Hampshire veterans.

Baldasaro said he trusts that Montoya will be able to sort out the good doctors from the bad ones.

“For a director, he’s a hands-on guy, you know what I mean? He goes down and talks to the veterans,” Baldasaro said. “I think somebody needs to talk to the veterans and see, because one size does not fit all. There’s different issues, different doctors. One doctor they were praising and another one wasn’t doing what he was supposed to.”

Lloyd noted that the VA has its own patient advocate for veterans who aren’t happy with their experience, and therefore it shouldn’t fall to the VFW and other services organizations to hold the hospital accountable.

“It kind of sounds like either that avenue wasn’t working or they didn’t go down that avenue,” Lloyd said. “That’s something we need to have someone take a deeper look at. Maybe the person down there isn’t doing the job they should be for the veterans.”

That will fall under the scope of the ongoing wholesale review at the VA, Baldasaro said.

“There are going to be people from Washington in and out of the VA for the next week or so,” he said.

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3.11 - New Hampshire Public Radio (Audio): Manchester VA Doctor Skeptical of Federal Investigation's Integrity (17 July, Pete Biello, 148k online visitors/mo; Concord, NH)

The Boston Globe published revelations on Saturday of dangerous delays in care and unsanitary conditions at the Manchester VA Medical Center.

Following the Globe report, VA Secretary David Shulkin removed the Medical Center's director, Danielle Ocker, and the chief staff, James Schlosser, from their positions. Shulkin also ordered an inspection of the facility by high-level VA officials.

Doctor Stewart Levenson is one of the doctors who blew the whistle on conditions at the Manchester VA. Levenson is the Manchester VA's medical service chief, and he spoke with NHPR’s Peter Biello on Monday.

Of the things you saw, what was the most disturbing?

Oh, where do I begin. There were a lot of disturbing issues. A few of my doctors would come to me about issues, I would take them through the chain of command, and I would really get nowhere. Every few months, I uses to send an email to the network director—I felt at one point that it was like a message in a bottle. I’d get a referral back from him that would state, these are matters that are best handled locally.

So the administrative channels just did not work.

No, they actually in some ways worked against us. Whenever there was an opportunity, funding was cut. Programs which I took a great deal of pride in growing over the years were being decimated, all through the idea that this Veterans Choice money was outside of the local medical center budget and we should spend that before spending medical center money.

The result was that patients were not getting care.

What did you make of the Boston Globe’s report? You had a hand in it, because you were talking to them.

I thought it hit the nail right on the head. It was accurate, matter of fact. In some ways it only skimmed the surface of the problems in Manchester.

Do you think the VA’s response was appropriate?

The VA's response was that Dr. Shulkin would order an investigation. I'm a bit circumspect—I was at a leadership meeting this morning where they named the Office of Medical Inspector as the investigative body. I've had less than satisfactory experiences with that office.

Before we went to the Boston Globe, we had complained through the Office of the Medical Inspector, and we essentially got nowhere and we felt the investigation was biased.

So you're concerned that the new investigation will be biased as well.

That's definitely a concern.

There's also some concern about whistleblowers. There are several of them, and you would count yourself among them, I imagine.

Yes, there are about a dozen of us, if not more. We are concerned. We have seen the beginnings of retaliation. Obviously they haven't taken hold because the staff have been removed over the weekend. But before that, there was some concern from whistleblowers about retaliation.

Is this kind of thing unusual, in your experience, for the VA?

The VA is a very hierarchical organization in which people are afraid to come forward for reasons that may or may not be true. This is my first experience with being a whistleblower.

Unfortunately I think some of this behavior is endemic in the system. We've seen it in Phoenix and Cincinnati, and other areas where whistleblowers have been retaliated against.

Dr. James Schlosser has been removed from his duties, pending this investigation. Do you feel safe and secure in your job now that he is not there?

I feel safe in the fact that I'm leaving the VA in a couple of weeks. Before I went the track of being a whistleblower, I decided that my tenure at the VA was best ended.

I've spent eighteen years there. I love the patients I take care of—I feel the veterans are the best patients I've ever taken care of. So there is a sense of regret, but . . . I think I can move on to other things.

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3.12 - Task & Purpose: Will VA Doctors Finally Be Able To Recommend Marijuana For Vets? (17 July, Sarah Sicard, 102k online visitors/mo; New York, NY)

In a 24-7 vote on July 13, lawmakers on the Senate Appropriations Committee passed an amendment that would give Department of Veterans Affairs authority to recommend medical marijuana in states where it is legal for medicinal use.

The Senate amendment, part of the VA's budget request for fiscal year 2018, would work by removing funding from the VA portion of the budget that is used to police VA doctors from

recommending marijuana as a type of treatment and prevent veterans from participating in state-run medical marijuana treatments.

The legislation represents a marked change from current policy, which for years has prevented the VA from being able to recommend the use of marijuana for veterans with physical and mental health problems, despite increasing bipartisan support in Washington.

Federal law currently prohibits VA medical providers from providing recommendations or opinions regarding a veteran's participation in state marijuana programs. Although the provision technically expired in 2016, as no new policy has been implemented, it still stands until Congress decides on a new law.

Despite popularity among the committee, the amendment's future is up in the air. Last year, a similar provision gained traction in both the House and the Senate, but vanished from the final merged bill that became law.

But the proposal does have one particularly weighty supporter. In May, VA Secretary David Shulkin said in a White House press briefing that he would consider expanding the use of medical marijuana for post-traumatic stress disorder, without changing federal law in the process.

"My opinion is, is that some of the states that have put in appropriate controls, there may be some evidence that this is beginning to be helpful," Shulkin told reporters during the press briefing. "We're interested in looking at that and learning from that. But until the time that federal law changes, we are not able to be able to prescribe medical marijuana for conditions that may be helpful."

Shulkin did note that states that have legalized the use of cannabis provide something of a loophole.

"We are acutely aware of the work that's going on around the country, particularly in states that have legalized medical marijuana," he told Task & Purpose. "And we are observing very closely work that's being done that may be helping veterans, and we are open to any ideas and therapies that may be effective."

Though not every congressman and senator agrees, the use of medical marijuana to help veterans has continued to gain popularity among lawmakers year after year. The Senate committee voted 20 to 10 in favor of the amendment last year, as did the House with 239 Congressman voting yes. Hopefully the amendment won't mysteriously disappear from the 2018 budget like last year.

Task & Purpose reached out to several veteran service organization for statements on the amendment and will update this story as more information becomes available.

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3.13 - WAGM (FOX-8): Senator Collins Continues to Protect Northern Maine Veterans' Access to Health Care (17 July, Taylor Lumpkin, 36k online visitors/mo; Presque Isle, ME)

U.S. Senator Susan Collins announced that the Senate Appropriations Committee approved a provision she authored aiming to preserve Northern Maine veterans' access to health care. Senator Collins is a senior member of the Appropriations Committee.

Specifically, Senator Collins' provision directs the Secretary of the Department of Veterans Affairs to ensure that veterans who participated in the Access Received Closer to Home (ARCH) pilot maintain continuity of care through the use of provider agreements.

"The VA has called the ARCH pilot in Maine the 'standard-bearer' for coordinating community care, and in fact, the pilot had a 90 percent satisfaction rating among veterans who participated. I've heard from countless Maine veterans about how ARCH eliminated the need for long and difficult travel, reduced wait times, and provided access to high-quality care in their communities," said Senator Collins. "Given this success, I am pleased that the Appropriations Committee approved my provision directing the Secretary to ensure Northern Maine veterans continue to receive access to the quality health care they have earned and deserve."

Background on ARCH:

Beginning in 2011, the ARCH pilot program allowed Northern Maine veterans to receive health care services at Cary Medical Center in Caribou, negating the need for these veterans to travel up to 600 miles roundtrip to the Togus VA Hospital in Augusta. Prior to the ARCH program's expiration in 2016, Senator Collins strongly advocated for the continuation of similar access to community care and invited Dr. Shulkin, the Secretary of Veterans Affairs, to Cary Medical Center last year so that they could see this highly successful program firsthand.

Following Dr. Shulkin's visit, the VA began authorizing provider agreements that allowed Northern Maine veterans to continue receiving health care services at Cary Medical Center and other providers in a manner very similar to the ARCH program.

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3.14 - Baxter Bulletin: The fight for VA clinic in Baxter County continues (17 July, Billy Jean Louis, 57k online visitors/mo; Mountain Home, AR)

Before Bud Spaulding died, he asked his friend, Kim Koenen, principal broker/owner of Southern Breeze Real Estate, to continue working on a petition that would benefit veterans.

Spaulding, who was known as "The Junker," came to Koenen two months ago to talk about a petition he had already started. He was heading to Springfield. In case he didn't come back, he wanted to have Koenen's word that she would continue the fight.

Koenen agreed.

According to the petition, the goal is to "bring awareness of the outstanding number of veterans (to include retired/disabled) within Baxter County & surrounding counties to include Missouri, which are in need of additional services in this area due to the age and/or disability."

The petition also stated that the fact that the U.S. Department of Veterans Affairs facilities that "offer these services are at a minimum three-hour drive by personal auto … many veterans forgo the service and either pay out of pocket or do nothing at all."

"He started a petition for a better VA facility here," Koenen said. "Some of the veterans have to travel three to five hours to get treatment, and it's just too long for them, especially riding in a van, and then they have to wait until everybody else is done."

Koenen said they could leave at 5 or 6 a.m. and not get home until 10 p.m. A lot of these individuals are people who are 70 and older.

Koenen said Spaulding didn't do this for himself: He did it for the other veterans who have served the country, she said. Additionally, Spaulding wanted his fellow veterans to have a better place to get treatment, so they wouldn't have to travel.

Koenen has three sons who have served in the military — one in the Marines and two in the Navy. They all have issues from being in the military. They have to make the trip to go to the VA hospital, she said, lamenting that they have problems with medicine.

"People are not aware what all these individuals go through," she said.

Bryce Koenen, who served in the U.S. Navy for six years, travels out of town for medical visits. He said by having a VA hospital in the area, people won't have to take a full day off work, or a couple of days depending on what they do.

According to The Bulletin's archives, Dennis Chafa, one of the petition's circulators, said: "The Mountain Home Community-Based Outpatient Clinic, which treats area veterans for the Department of Veterans Affairs, refers patients to Little Rock for many procedures that could be completed locally."

Koenen said the country has its freedom because of what these individuals gave up, and it's taken for granted.

The petition's purpose is to get the Veteran's Administration's attention so that it would "consider expanding the VA clinic services to include, but not limited to, additional medical teams, audiology, dental and optometry." Around 11,000 signatures have been collected. The petition needs a total of 17,000.

Koenen is hoping to get enough signatures within the next two months.

She hosted an open memorial for Spaulding on Friday for anybody who wanted to stop by. The memorial was in part a way of letting veterans know that they're not going to be forgotten and that the fight to get signatures will continue.

People don't need to be a veteran to sign the petition. Anyone who's over the age of 18 can sign it. Call 425-8868, or 405-5932 for more information.

"We're gonna carry on where (Spaulding) left off," Koenen said.

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3.14 - Homer Glen Patch: Will County Lauded for 'Effectively Ending Homelessness Among Veterans' - Reps from several area agencies teaming up to end homelessness among veterans in Will County made a big announcement last week. (17 July, Carrie Frillman, Homer Glen, IL)

WILL COUNTY, IL - Reps from several area agencies that are teaming up to end homelessness among veterans in Will County announced last week that their efforts have yielded significant success.

Officials from the United States Interagency Council on Homelessness (USICH), the Department of Housing and Urban Development, and the Department of Veterans Affairs said that the Will County Continuum of Care has, "effectively ended homelessness among veterans in the county."

“I am proud of the collaborative effort in Will County that is working towards ending homelessness for all of our veterans,” said Will County Executive Larry Walsh. “These veterans have made large sacrifices to protect our freedom and our nation. The very least we can do is assist them in finding permanent housing.”

Matthew Doherty, executive director of the USICH, sent a letter to Will County officials acknowledging the success of the Joliet, Bolingbrook/Will County Continuum of Care in ensuring any veteran in Will County who is experiencing homelessness will receive help to find permanent housing. He commended the infrastructure and systems the continuum has built to ensure any veteran experiencing homelessness in Will County quickly gets the support needed to find a permanent home.

“Through partnership and perseverance, Will County has become the 50th community in the nation to end veteran homelessness,” Doherty said. “The lessons we learn from communities like Will County are helping us end homelessness for veterans nationwide.”

The Will County Continuum of Care is led by Will County Center for Community Concerns. The Continuum has a broad membership, including the following partners: the Will County Land Use Department, the Will County Veterans Assistance Commission, Catholic Charities, Diocese of Joliet, Edward Hines Jr. VA Healthcare for Homeless Veterans/HUD VASH, Family and Friends Grant and Per Diem, Grundy County Veterans Assistance Commission, Joliet Police Department, Joliet Public Library, Joliet Neighborhood Services, Kendall County Veterans Assistance Commission, Midwest Shelter for Homeless Veterans, Morning Star Mission, Cornerstone Services, Inc.

In 2016, 59 Veterans were connected to permanent housing in the local community, averaging 58 days of homelessness. Since the beginning of 2017, 45 Veterans have been connected to permanent housing in the county.

"This is a great example of leaders coming together around the right strategies to end homelessness among our veterans," said Steven Braverman, M.D., director, Edward Hines, Jr. VA Hospital. "We truly appreciate the great work being done by our partners in the Will County Continuum to help solve this important issue."

"We at HUD are proud of the Will County Continuum of Care and community leaders' achievement in effectively ending veteran homelessness," said HUD Midwest Deputy Regional Administrator James A. Cunningham. "Communities around the country can now look to Will County as a model for ensuring that our nation's heroes have a safe and stable place to call home. Through our ongoing collaboration we can and must uphold our own duty to support all those who have answered the call of duty."

For information about the Will County Continuum of Care contact Will County Center for Community Concerns Homeless Services Director, Merridith Montgomery at (815) 722-0722 ext. 205 or at mmontgomery@wcccc.net.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - The Daily Sentinel: Grand Junction VA gets vehicle upgrade Grand Junction VA gets vehicle upgrade (18 July, Joe Vaccarelli, 192k online visitors/mo; Grand Junction, CO)

Barb and Ron Fiedler had so enjoyed their two previous cross-country trips delivering vans for the Disabled American Veterans that they volunteered to do it again, even though this time it meant that Barb would have to do all the driving.

With Ron unable to drive, the Grand Junction residents headed for Cold Springs, Kentucky, to pick up the vehicle and spent about 10 days on the road visiting friends and family in Cincinnati, Indianapolis and Kansas City, Missouri, before finishing the trip back to Grand Junction earlier this month. The DAV handed off the SUV to the Grand Junction Veterans Health Care System on Monday.

"We'd gone back twice before and gotten the vans and had a good time doing it," Barb said.

The "van" — a 2017 Ford Flex — will be used to transport veterans around the Grand Valley to medical appointments. The Disabled American Veterans, Leon Daily 25 Chapter bought and donated the SUV to the Grand Junction VHCS. DAV also provides volunteer drivers to man the vehicles that typically transport about a half dozen veterans per day to their medical appointments.

"We rely so heavily on our veteran service organizations," said Michael Kilmer, director of Grand Junction Veterans Health Care System. "It's a total free service for our veterans to get them safely to their medical appointment."

This vehicle is replacing an older model that had been driven more than 250,000 miles. The new SUV had 30 miles on it when the Fiedlers picked it up and a little more than 1,500 when it was dropped off Monday.

“The thing is we’re transporting vets, which is one of our most valuable assets, so we need to make sure we have safe equipment to do it with,” said Dave Dunnagan, commander of the DAV Chapter 25, who said vehicles typically last about five or six years. The SUV is not equipped to handle veterans who use wheelchairs or oxygen tanks, but the VA has other vehicles to drive them to appointments.

A second new vehicle will be on its way shortly to Montrose where its DAV chapter shuttles veterans between their homes and medical services around the Uncompahgre Valley.

Dunnagan said his chapter bought the SUV for a reduced price from Ford and the national chapter also kicked in some money. In the end, Dunnagan’s chapter paid about $14,500 for the vehicle. The hospital saved about $4,000 in shipping thanks to the Fiedlers.

The VA now takes on ownership of the SUV for its lifespan. When it’s time to replace the vehicle, it will be offered back to the DAV, so it can sell it and keep the money.

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7. Supply Chain Modernization

7.1 - Politico: Cerner hires ex-VA exec (17 July, Arthur Allen, 23.9M online visitors/mo; Arlington, VA)

FIRST in Morning eHEALTH: Cerner has hired David Waltman, a behind-the-scenes health IT strategist who has been involved since 2011 on VA and DoD integration efforts—from inside and outside the VA. Waltman is working on “efforts related to government strategy, innovating, engineering and compliance,” Cerner said in a release. Waltman was chief information strategy officer under David Shulkin at the Veterans Health Administration from 2014 until November when he took over IT strategy at AbleVets, a VA and DoD contractor.

— Waltman was the user experience officer on the failed 2011-2013 iEHR project to integrate DoD and VA electronic records; he led one of the project’s bright points: the Joint Legacy Viewer, which allows VA docs to see a patient’s DoD records, and vice-versa. When iEHR fell apart, Waltman went to ASM Research, part of Accenture, but was brought back to the agency following the Phoenix scheduling scandal. Waltman has been a fairly open promoter of a commercial solution for VistA, saying that while doctors like its interface, VistA is outdated and the VA lacks a critical mass of expertise to modernize it.

— Word is that Cerner hope to keep much of the VA contract for itself, avoiding the need to hire “integrators” such as Leidos and Accenture, Cerner’s partners in the Pentagon’s MHS Genesis contract.

— We also confirmed that Cerner learned it had been chosen to replace VistA exactly one day before Shulkin announced it. “They were as surprised as everyone else,” a plugged-in source tells us. “It happened because the White House wanted it to happen.”

[…]

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7.2 - Becker's Hospital Review: Senate passes 2018 VA appropriations bill, to 'reevaluate' Cerner EHR funding at later date (17 July, Jessica Kim, 441k online visitors/mo; Glencoe, IL)

The Senate Appropriations Committee unanimously approved its fiscal year 2018 Military Construction, Veterans Affairs and Related Agencies Appropriations Bill in a 31-0 vote July 13.

The bill includes $88.9 billion in discretionary funding across various agencies, up $6.1 billion from 2017. It also earmarks $78.4 billion in discretionary funding for the Department of Veterans Affairs, a $4 billion increase over last year.

However, the bill does not allocate additional funding for the VA's transition to the Cerner EHR. VA Secretary David J. Shulkin, MD, announced the shift to Cerner June 5. The Senate Appropriations Committee said the announcement did not provide the committee enough time to ascertain how the cost of a new EHR will compare with the cost to fund the VA's homegrown EHR, VistA, which is currently in use at the department.

"It can be assumed the VA total cost will exceed previous estimates for VistA Evolution," the bill reads. "To that end, in its oversight capacity, the [appropriations] committee will reevaluate [along with] the Committee on Appropriations of the House of Representatives, the constraints on the obligation or expenditure of funding for the new acquisition at the appropriate time."

By contrast, the House Appropriations Committee cleared its 2018 Military Construction and Veterans Affairs Appropriations bill June 12, allocating $65 million to modernize that VA's EHR system. The $65 million is the same amount President Donald Trump had requested.

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7.3 - Healthcare IT News: Cerner hires VA technology expert to help with Vista overhaul strategy - David Waltman has worked in two capacities at the Department of Veterans Affairs, and most recently at startup focused on better using health IT to help vets and service members. (17 July, Mike Miliard, 438k online visitors/mo; Portland, ME)

As it begins to plan its massive electronic record health initiative at the U.S. Department of Veterans Affairs, Cerner has hired a professional with deep and varied experience in the ways technology is deployed at the VA.

David Waltman has recently signed on to Cerner's federal team, where he'll help with "efforts related to government strategy, innovation, engineering and compliance," according to a statement from the company.

Most recently, Waltman served as chief strategy officer at AbleVets, a company that develops technologies – VA protocol text messaging, security tools, telehealth, mobile apps – to help the VA and Department of Defense better serve their patients.

But prior to that, between 2014 and 2016, he worked at VA and Veterans Health Administration as Chief Information Strategy Officer and Senior Advisor to the Under Secretary for Health.

There, he led VistA Evolution, the agency's earlier planned five-year multi-billion dollar EHR modernization program. He advised senior VA officials on IT strategy and and spearheaded development of the project's enterprise health management platform.

Before that, between 2011 and 2013, Waltman was chief UX architect for DoD-VA's since-abandoned iEHR project. He was responsible for developing that initiative's Joint Legacy Viewer, which enables both DoD and VA clinicians to get integrated bidirectional views into patient records.

He's previously worked on federal systems integration projects for Accenture subsidiary ASM Research, and earlier as a software engineer for Microsoft. (He also has a masters degree in music from Western Washington University and was chief conductor at Washington State's Rainier Symphony for more than a decade.)

Having learned some things about what works and what doesn't when endeavoring to connect to massive government entities, Cerner officials say Waltman will bring "significant insight and experience with federal agency health IT systems, will help us build and deploy effective solutions supporting seamless care for service members and veterans."

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7.4 - FEDweek: Congress, GSA Focus on VA Acquisition (17 July, 48k online visitors/mo; Glen Allen, VA)

A House Veterans Affairs subcommittee has passed a newly introduced bill (HR-3169) to improve hiring and training of acquisition and construction management personnel at the VA.

The measure would: require VA to create career certification programs for construction and logistics employees reflecting similar programs at the Department of Defense; extend VA's career certification for contracting officers to VA's logistics workers and construction managers; and expand its acquisition intern programs to bring in more new college graduates and recently discharged veterans.

Meanwhile, the GSA has entered into a memo of agreement with the department designed to make it easier for VA acquisition personnel to access VA-verified vendor information when purchasing from GSA and VA managed federal supply schedules.

The memo involves changes to policies and a vendor database aimed at enhancing the VA's use of set-asides for veteran-owned small businesses and service-disabled veteran-owned small businesses.

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8. Other

8.1 - Washington Examiner: 'Historic preservation' blocks VA bid to save millions, help more vets (17 July, Paul Bedard, 4.8M online visitors/mo; Washington, DC)

Talk about your fixer-uppers.

The Department of Veterans Affairs is trying to unload hundreds of vacant and useless buildings, potentially saving taxpayers $23 million every year, but historic preservation tags have been slapped on many of them, blocking action.

VA Secretary David J. Shulkin said the agency owns thousands of buildings from the Revolutionary War, Civil War, World War I, and World War II, many vacant and under historical preservation status.

Citing 100 buildings that are from the Civil War and Revolutionary War, Shulkin said "even though they are buildings that we aren't using or buildings that are too old to viably use, they still have historic preservation status."

Overall, 2,226 VA buildings, hospitals, private garages, and even a bowling alley in Iowa — 35 percent of its 6,297 real estate holdings — have historic status, blocking destruction or major renovations. One dates to 1735.

But that is no longer going to hold up VA's bid to do something about them.

"I need to work with other federal agencies and government organizations to make sure that we can get those properly addressed, either gift them, or give them back to organizations that want to maintain them or readdress some of their status," Shulkin said.

Shulkin is on a two-year mission to dump or repurpose 1,100 buildings. He said the effort would save taxpayers $15.7 million annually beginning in 2017 and a total of $23 million in combined annual savings.

"My plan is to deal with those 1,100 in the next two years. When you look at them, there are 142 that I've already made decisions on, and I'm proceeding either to dispose of them, destroy them, or essentially give them back to the [General Services Administration, the federal real estate agency], back to the federal inventory," he said.

VA officials said he also is working hard with non-governmental groups and local governments for partnerships that will help veterans, either providing them cheap housing in the buildings or other services — and share upkeep costs.

"We don't want to just demolish them," said spokesman Terrence Hayes. "That's a last resort."

For Shulkin, the goal is helping vets and cutting costs to taxpayers. When he announced his plan, Shulkin said, "We owe it to the American taxpayer to apply as much of our funding as possible to helping veterans," adding, "We need to move rapidly to bring savings to taxpayers.

We will work through the legal requirements and regulations for disposal and reuse, and we will do it as swiftly as possible."

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Document ID: 0.7.10678.118508

From: Hutton, James (b) (6)

To: Ullyot, John

Wagner, John (Wolf) (b) (6)

Wagner, John (Wolf)

Cashour, Curtis (b) (6)

; Spero, Casin D. (b) (6)

(b) (6)

Cc:

Bcc:

Subject: OP-ED by Secretary Shulkin - USA Today "Veterans Affairs secretary: VA health care will not be privatized on our watch"

Date: Mon Jul 24 2017 08:53:42 CDT

Attachments:

OP-ED by Secretary Shulkin - USA Today "Veterans Affairs secretary: VA health care will not be privatized on our watch."

Please share with your lists.

James Hutton

Executive Director, Public Affairs

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

(b) (6)

[redacted]

[redacted]

VA on Facebook . Twitter . YouTube . Flickr . Blog

Veterans Affairs secretary: VA health care will not be privatized on our watch

https://goo.gl/wAkTyM

By David Shulkin

USA Today

July 24, 2017

As a physician, my professional assessment is that the Department of Veterans Affairs has made significant progress over the past six months — but it still requires intensive care. In order to restore the VA's health, we must strengthen its ability to provide timely and high quality medical care while improving experiences and outcomes for veterans.

I believe the best way to achieve this goal is to build an integrated system that allows veterans to get the best health care possible, whether it comes from the VA or the private sector.

This is not a novel idea. No health care provider delivers every treatment under the sun. Referral programs for patients to get care through outside providers (known as Choice or Community Care at the VA) are as essential to the medical profession as stethoscopes and tongue depressors. But VA attempts to offer veterans these options have frequently stirred controversy.

Some critics complain that letting veterans choose where they get certain health care services will lead

to the privatization of VA. Nothing could be further from the truth.

VA has had a community care program for years. Congress significantly expanded these efforts in 2014 in response to the wait time crisis. As a result, since the beginning of this year, VA has authorized over 18 million community care appointments — 3.8 million more than last year, or a 26% increase, according to the VA claims system.

But as VA's community care efforts have grown, so has our capacity to deliver care in-house. The VA budget is nearly four times what it was in 2001. Since then, the department's workforce has grown from some 224,000 employees in 2001 to more than 370,000 today, according to the Office of Personnel Management. And we're delivering 3 million more appointments at VA facilities per year than we were in 2014.

In other words, community care or private capacity and VA's internal capacity are not mutually exclusive. We are ramping up both simultaneously in order to meet the health care needs of the veterans we are charged with serving. Our fiscal 2018 budget continues this trend. It will spend $2.7 billion more for in-house VA care, compared to a $965 million increase for community care. This means that the total dollar increase for medical care within VA is three times that of the increase for community care. Overall, when all funding sources are taken into account, we expect to spend $50 billion on health care services within VA and $12.6 billion on VA community care in fiscal 2018.

Even though these numbers make it abundantly clear VA is not at all headed toward privatization, I understand the underlying concerns of some critics. They don't want to lose all that VA has to offer. I don't either — and we won't.

Many of VA's services cannot be replicated in the private sector. In addition to providing some of the best quality overall health care in the country, VA delivers world class services in polytrauma, spinal cord injury and rehabilitation, prosthetics and orthotics, traumatic brain injury, post-traumatic stress treatments and other behavioral health programs. The department plays a critical role in preparing our nation's doctors and nurses — 70% of whom train at VA facilities. And we lead the nation in innovation, with VA research having contributed to the first liver transplant, development of the cardiac pacemaker, advancements in treatments for PTSD, cutting-edge prosthetics, and many other medical breakthroughs.

All of these factors underscore that fears of privatization are simply unfounded. President Trump is dedicated to maintaining a strong VA, and we will not allow VA to be privatized on our watch. What we do want is a VA system that is even stronger and better than it is today. To achieve that goal, VA needs a strong and robust community care program.

Veterans deserve the best. If a VA facility isn't meeting the community standard for care, doesn't offer a specific service, or doesn't have an appointment available when it's needed, veterans should have access to care in their community.

This is precisely what they have earned and deserve. It's what the VA is working with Congress and Veterans Service Organizations to deliver. And it's what the system needs to remain a valuable resource for our country's great veterans, now and in the future.

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Bcc:
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Date: Tue Jul 25 2017 07:27:17 CDT
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Good morning,

Attached is today's brief…

Thanks,

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Office of Public Affairs

U.S. Department of Veterans Affairs

810 Vermont Avenue, N.W.

Washington, D.C. 20420

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AMERICAN OVERSIGHT

VA Secretary's Stand-Up Brief

25 July 2017

Executive Summary

National outlets focused on the failure of the Choice funding bill in the House and on the unanimous passing of the 'Forever' GI Bill. Outlets began referencing Secretary Shulkin's editorial in *USA Today* and his appearance at the VFW National Convention.

Storyline	Outlets	Analysis	Trend	MyVA Priority
House rejects bill on Choice funding	*AP 1*, *2*, *Wall Street Journal*, *Stars and Stripes*, *WFED*, *Military.com*, *National Review*	The vote on the House bill fell short of the 2/3 majority needed to pass, which outlets generally reported was due to the objections raised by VSOs on how the funds would be reallocated. *AP* published two broadly distributed articles outlining the vote, with *AP 2* highlighting the opposition from from VFW. *Stars and Stripes* relayed the viewpoints of Rep. Tim Walz and spokespeople for VVA and VFW who opposed the bill. *WFED* published a more in-depth article on the dynamics behind the vote and what could be the affect on the Choice program within the next few weeks.	**Emerged**	Access
USA Today editorial by Secretary Shulkin	*USA Today*, *Military Times*	Secretary Shulkin's editorial in *USA Today* explaining that VA will not be privatized under this administration sparked an article in *Military Times*. The latter highlighted the Secretary's statement that in-house VA care will increase by around $2.7B, while outside care will increase by $965M. The article however claimed these numbers did not include the $2B included in yesterday's defeated bill on Choice funding.	**Emerged**	Access
Secretary Shulkin at the VFW National Convention	*Daily Caller*, *Stars and Stripes*	*Daily Caller* dedicated a supportive article to the Secretary's appearance at the convention and focused on the goal to reduce suicide. In its article on the House rejecting the Choice funding bill, *Stars and Stripes* also quoted statements made by the Secretary at the convention on privatization.	**Emerged**	Access
House unanimously passes 'Forever' GI Bill	*Stars and Stripes*, *Military Times*, *Military.com*, *AP*	This passage of the 'Forever' GI Bill was mentioned in the main *AP* article on the Choice bill failing. *Stars and Stripes* and *Military Times* outlined the changes in the expansion and reported the bill is poised to quickly pass in the Senate. *Military.com* raised the issue of the bill's passage resulting in the need to update VA's IT system.	**Emerged**	Experience
Dog experiments at the McGuire VAMC	*WRIC (ABC)*, *Richmond Times-Dispatch*	The story by *WRIC* on a McGuire VAMC whistleblower brought increased attention to this topic at a local level. *Richmond Times-Dispatch* published an editorial praising Rep. Dave Brat (R-Va.) on his bill to limit medical testing on dogs.	**Long-term**	Other

AMERICAN OVERSIGHT

VA Secretary's Stand-Up Brief

25 July 2017

Social Media Takeaway

Social media attention turned towards the debate on the Choice program and the privatization of VA.

Key Points

- @Maddow wrote the top-retweeted post of the day, linking to the *Stars and Stripes* article on yesterday's vote on the Choice program. This single post represented over 20 percent of the day's volume (2.7k retweets, 4k+ likes).
- The next most-retweeted post was by @WhiteHouse and linked to a copy of the *USA Today* editorial by @SecShulkin (360+ retweets, 1.5k+ likes). @DeptVetAffairs posted a nearly identical message and added @usatoday (190+ retweets, 330+ likes).
- @votevets continued criticizing the administration, claiming the expansion of Choice will prevent Veterans from being able to choose to go to VA (220+ retweets).
- Outside the VA monitor, #VFWConvention was posted a total of 180+ times yesterday. #VFWConvention and @SecShulkin or Shulkin were used together in a message a total of 100+ times (56 percent).
- VA Facebook page users actively engaged with the post linking to the *USA Today* editorial (230+ comments).





Twitter and Facebook Volume:

10 July – 24 July



Notable Social Media Items

Platform	Item	Relevance
Twitter	**"privatize" "privatization", etc.**	38% of Volume
Twitter	**Choice**	6% of Volume
Twitter	**@SecShulkin**	1k+ Mentions
Twitter	**#VFWConvention**	100+ Mentions
Facebook	**Veterans Affairs secretary: VA health care will not be privatized on our watch**	1.5k+ Reactions, 280+ Shares

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From: (b) (6) [redacted]

Cc:
Bcc:
Subject: [EXTERNAL] 25 July Veterans Affairs Media Summary and News Clips
Date: Tue Jul 25 2017 04:15:20 CDT
Attachments: 170725_Veterans Affairs Media Summary and News Clips.docx
170725_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

25 July 2017

1. Top Stories

1.1 - The Wall Street Journal: House Democrats Help Defeat VA Funding Measure (24 July, Ben Kesling and Peter Nicholas, 43.6M online visitors/mo; New York, NY)
House Democrats successfully led an effort Monday night to strike down a controversial funding proposal for the Department of Veterans Affairs after major veterans advocacy groups lobbied to defeat the measure, the latest battle in the debate about privatization's role in the department.

Hyperlink to Above

1.2 - USA Today: Veterans Affairs secretary: VA health care will not be privatized on our watch (24 July, Secretary David Shulkin, 36.7M online visitors/mo; McLean, VA)
As a physician, my professional assessment is that the Department of Veterans Affairs has made significant progress over the past six months — but it still requires intensive care. In order to restore the VA's health, we must strengthen its ability to provide timely and high quality medical care while improving experiences and outcomes for veterans.

Hyperlink to Above

1.3 - ABC News (AP): House rejects bill to fix VA's budget gap after vets protest (24 July, Hope Yen, 24.1M online visitors/mo; New York, NY)
The House rejected Monday a plan to allow the Department of Veterans Affairs to shift $2 billion from other programs to cover a sudden budget shortfall in its Choice program of private-sector care following opposition from veterans' groups. The vote was 219-186 on a bill to provide a six-month funding fix, falling short of the two-thirds majority needed to pass.

Hyperlink to Above

1.4 - Military Times: Despite promises, VA Secretary can't shake privatization concerns (24 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Nearly half a year into his job, Veterans Affairs Secretary David Shulkin is still trying to convince critics that his efforts to improve the department won't lead to privatizing care and support programs for veterans. In an editorial in USA Today Monday morning, Shulkin — the only holdover of former President Barack Obama's administration to President Donald Trump's Cabinet — called lingering fears of VA privatization "unfounded"…

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1.5 - Stars and Stripes: House rejects funding bill for nearly bankrupt VA Choice program (24 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
House lawmakers rejected legislation Monday that would provide $2 billion in emergency funding for the Veterans Choice Program by taking money from other VA programs, after hearing outcry from veterans groups that viewed it as prioritizing private-sector health care while neglecting VA services. Lawmakers voted along party lines, 219 in favor of the bill and 186 against it.

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1.6 - Stars and Stripes: House passes large GI Bill expansion 9 days after it was introduced (24 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

House lawmakers on Monday unanimously passed a host of changes to veterans' education benefits that aim to boost aid, expand who's eligible for benefits and eliminate the expiration date for veterans to use them. The 405-0 vote came just nine days after Rep. Phil Roe, R-Tenn., Rep. Tim Walz, D-Minn., and a bipartisan group of cosponsors introduced the bill.

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1.7 - WFED (AM-1500): Fix for Veterans Choice shortfall fails in the House with little funds left (24 July, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)
Lawmakers failed Monday evening to pass a bill that would have pumped more money into the Veterans Choice Fund, one of several resource streams VA uses to pay for veterans to receive community health care. The bill, which failed with 219-186 vote, would have replenished the Veterans Choice Fund with an additional $2 billion without an expiration date. But to offset the costs, VA would continue to collect housing loan fees and would trim pensions for some veterans living in nursing facilities that are covered under Medicaid.

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2. Veteran and Employee Experience

2.1 - ABC News (AP): The Latest: House approves big expansion of GI Bill benefits (24 July, 24.1M online visitors/mo; New York, NY)
The House has approved the biggest expansion of college aid for military veterans in a decade. The bipartisan legislation would remove a 15-year time limit to tap into GI education benefits and increase money for thousands in the National Guard and Reserve. It was approved 405-0.

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2.2 - The Hill: House passes bill to expand veterans' GI benefits (24 July, Cristina Marcos, 11.8M online visitors/mo; Washington, DC)
The House overwhelmingly passed legislation on Monday to give veterans more flexibility in using their GI benefits to pay for school tuition. Lawmakers passed the bill with a 405-0 vote that will now await Senate action before reaching President Trump's desk. The bill removes the current restriction that veterans use their GI benefits within a 15-year timeframe.

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2.3 - Military.com: House Passes New 'Forever' GI Bill (24 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)
Without a single vote in opposition, the U.S. House of Representatives passed a bill Monday night to expand the post-9/11 GI Bill and eliminate the 15-year time limit on the use of education benefits for new recruits. The vote was 405-0 in a rare display of bipartisanship in Congress on behalf of veterans seeking higher education after active duty service

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2.4 - Military Times: Plan to overhaul GI Bill moves through House, on to Senate (24 July, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)
Major reforms to veterans' education benefits are one step closer to becoming law after the House of Representatives unanimously voted in favor of the legislation Monday. The Harry W.

Colmery Veterans Education Assistance Act of 2017 — colloquially known as the “Forever GI Bill” — would make significant changes to the Post-9/11 GI Bill.

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2.5 - Tucson News Now: Veteran returns from treatment to find home burglarized in Tucson (24 July, Kristin Haubrich, 601k online visitors/mo; Tucson, AZ)
A local veteran’s home was recently broken into while he was at the VA Medical Center for chemotherapy treatment. Now the family needs the community’s help tracking down the suspect. The burglary happened on July 14 around 2 p.m. at a home near Fort Lowell and 1st in midtown. The homeowners said they believe the criminal broke in through the doggie-door.

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2.6 - WISH (CBS-8): GI Bill reform to help veterans after ITT Tech shutdown (24 July, 322k online visitors/mo; Indianapolis, IN)
A bipartisan proposal to help veterans impacted by school closures unanimously passed the U.S. House of Representatives on Monday as part of a landmark GI Bill reform package. U.S. Rep. Luke Messer, a Republican from Indiana, and U.S. Rep. Mark Takano, a Democrat from California, spearheaded the proposal.

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2.7 - Union Leader: New VA director hosting town hall on Wednesday (24 July, 312k online visitors/mo; Manchester, NH)
The recently named director of the Manchester VA Medical Center will host a town hall meeting and listening session on Wednesday at Manchester Community College, the medical center announced Monday. The meeting will start at 6 p.m. Wednesday in Manchester Community College’s multi-purpose room.

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2.8 - Union Leader: Whistleblowers' lawyer: VA probe will likely be 'another whitewash' (23 July, Dave Solomon, 312k online visitors/mo; Manchester, NH)
The lawyer for whistleblower doctors at the Manchester VA Medical Center says her clients began meeting with officials from the Office of Medical Inspector last week, and were disappointed with the line of questioning and defensive reactions. “I think it’s just going to be another whitewash,” said Manchester attorney Andrea Amodeo-Vickery.

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2.9 - Temple Daily Telegram: Temple VA to hold job fair Thursday (24 July, Cody Weems, 158k online visitors/mo; Temple, TX)
Local veterans seeking employment will have a chance to connect with potential employers Thursday when the Central Texas Veterans Health Care System hosts its quarterly Vocational Rehabilitation Job Fair. The event takes place from 9 a.m. to noon Thursday in the recreation room of the domiciliary on the VA campus, 1901 Veterans Memorial Drive in Temple.

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2.10 - Minot Daily News: Kathy Holte: Dedicated to helping veterans (24 July, Eloise Ogden, 68k online visitors/mo; Minot, ND)
Kathy Holte presented Korean War veteran Glen Johnson the original copy of his DD214 (military discharge paper) on the last day of her work on June 14 as Ward County Veterans Service Office administrative assistant. Holte came upon Johnson's discharge paper at the Minot flea market about three years ago. She located him recently, now living at Brookdale Brentmoor in Minot.

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2.11 - WATN (ABC-24, Video): Local Health Alert: New Director Looks to Create Better Culture and Customer Service for Memphis VA (24 July, Caitlin Lockerbie, 55k online visitors/mo; Memphis TN)
The Memphis Veterans Affairs Medical Center is getting some much needed stability with a new director. David K. Dunning took over in the spring, hitting the ground running. He's now releasing details about his 60 to 90-day assessment of the facility and plans to turn the hospital's low-grade rating, into top notch service.

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2.12 - The Daily News: Nurses retire with 95 years of combined VA service (24 July, 49k online visitors/mo; Iron Mountain, MI)
Three nurses retired from the Oscar G. Johnson VA Medical Center on June 30, after serving a combined 95 years as VA nurses. The retirees include Susan Gray, RN, 30 years; Carrie Champion, LPN, 32 years; and Carol Hinds, LPN, 33 years. All three nurses worked in various and diverse areas of VA medicine.

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2.13 - Daily Democrat: Letter brings driver for veterans, but more are needed (24 July, Jeff Hunt, 8k online visitors/mo; Fort Madison, IA)
Ask and ye shall receive. After a letter appeared June 30 in the Daily Democrat showing concern about the veterans in Lee County having no transportation to the V.A. Hospital, a volunteer stepped up, but more are needed. Paul Carroll, director of Veterans Affairs for Lee County, says he now has a volunteer to drive the department's van Mondays, Wednesdays and Fridays.

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3. Access to Healthcare

3.1 - Healthline: Did Agent Orange Cause John McCain's Cancer? (24 July, Jamie Reno, 24M online visitors/mo; San Francisco, CA)
When the news broke last week that Sen. John McCain has glioblastoma multiforme, a deadly brain cancer, the nation quickly rallied around the 80-year-old politician and Vietnam War veteran. Joy Patterson was deeply saddened by the news. Her husband, Kenneth Patterson, also served in Vietnam and was also diagnosed with glioblastoma (GBM).

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3.2 - The Daily Caller: VA Secretary: My Only Clinical Priority Is Decreasing Vet Suicides (24 July, Jonah Bennett, 12M online visitors/mo; Washington, DC)
Department of Veterans Affairs Secretary David Shulkin said in an address Monday morning that his only clinical priority at the moment is making sure the veteran suicide rate drops. “The last priority and really my only clinical priority that I talk about right now is suicide and veteran suicide,” Shulkin said Monday at the 118th Veterans of Foreign Wars.

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3.3 - National Review: Today, an Easily Overlooked Vote on Choice in Veterans Health Care (24 July, Jim Geraghty, 11.8M online visitors/mo; New York, NY)
From the first Morning Jolt of the week, a look at maintaining veterans’ choices in health care, one of those things that Congress is doing that it seems almost no one is noticing, along with those new sanctions on Russia. (Boy, that election meddling is not turning out the way Vladimir Putin expected, huh?) Today, an Easily Overlooked Vote on Choice in Veterans Health Care.

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3.4 - Military.com: House Fails to Pass Bill Extending VA Choice Program (24 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)
The Trump administration and House Republicans suffered a stunning setback Monday night in the failure of a floor vote on a controversial bill to extend the VA's Choice program allowing veterans to choose private health care. The vote on the House floor was 219-186 in favor, but the emergency funding bill still failed under the two-thirds majority vote required under the rules that brought the legislation to the floor.

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3.5 - FOX Business: Trump in cross hairs as veterans' group slams VA Choice funding plan (24 July, 10.8M online visitors/mo; New York, NY)
An emergency funding measure to fill a budget shortfall at the Department of Veterans Affairs – proposed by lawmakers in the U.S. House of Representatives last week – is being deemed a violation of President Donald Trump’s campaign promises by one veterans' group.

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3.6 - Washington Examiner (Video): House rejects $2 billion in new funding for VA's healthcare Choice Program (24 July, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)
The House on Monday rejected legislation that would have given the Department of Veterans Affairs another $2 billion to fund the Veterans Choice Program, which gives veterans the option of seeking care outside the VA in certain circumstances.

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3.7 - The Detroit News (AP): VFW slams House plan to fix VA budget gap (24 July, Hope Yen, 3.8M online visitors/mo; Detroit, MI)
The Republican-led House is moving to allow the Department of Veterans Affairs to shift $2 billion from other programs to cover a sudden budget shortfall in its Choice program of private-sector care, a plan drawing stiff protests from veterans’ groups. Lawmakers are expected to vote

Monday to provide a six-month funding fix to Choice, which offers veterans federally paid medical care outside the VA and is a priority of President Donald Trump.

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3.8 - Military Times: Proposed VA Choice funding fix fails in House vote (24 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
House Republicans suffered a surprising setback during a full chamber vote on veterans funding Monday which put in doubt the future of the controversial Veterans Affairs Choice Program, with just days left to find another solution.

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3.9 - The Vindicator: Apparent suicide by veteran inside Warren VA clinic 'tragic situation,' VA says (25 July, Ed Runyan, 193k online visitors/mo; Youngstown, OH)
The U.S. Veterans Affairs Louis Stokes Cleveland VA Medical Center says the apparent self-inflicted shooting death of a Vienna man inside the Warren Outpatient Clinic on Friday is a "tragic situation." "There was a sad, isolated incident Friday afternoon at our Warren VA Outpatient Clinic," a spokeswoman said Monday after being contacted by The Vindicator.

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3.10 - KCEN (NBC-9, Video): Waco VA denies 92 percent of Gulf War illness claims (24 July, Jasmin Caldwell, 191k online visitors/mo; Eddy, TX)
According to a recent mystatesman.com article, the Waco VA has denied 92 percent of claims related to Gulf War illness. Channel 6 investigated the incident Monday. The VA estimates 44 percent of veterans who served in the Persian Gulf War in 1990-91 have medical issues. In order to qualify for compensation, the veterans must have a diagnosable condition or an undiagnosed illness such as abnormal weight loss, fatigue, psychological problems, etc.

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3.11 - Victorville Daily Press: Here we go again with talks of privatizing the VA (24 July, Fred Dunning, 190k online visitors/mo; Victorville, CA)
As you can tell with some of my writing, I do not love the Veterans Administration (VA) nor do I hate it. I try to accept it for what it is, a huge bureaucratic system that can be difficult to navigate. There are some veterans that love the VA, and some that loathe the it. As it stands right now top leaders of the VA and many congressional representatives are moving forward with plans to put more veteran's medical needs in the hands of private sector healthcare.

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3.12 - Temple Daily Telegram: VA doc helps keeps hearts ticking (22 July, Janice Gibbs, 158k online visitors/mo; Temple, TX)
If you consider how many times you have to deal with electrical problems at home, at work and elsewhere, it stands to reason that the electric system in the heart might experience a blip or two. Dr. Michael Bui, electrophysiologist at the Olin E. Teague Veterans' Medical Center, works with patients who have abnormal heart rhythms.

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3.13 - Task & Purpose: Is A New Military Oath Really The Best We Can Do To Fight Veteran Suicide? (24 July, Adam Linehan, 102k online visitors/mo; New York, NY)
When Dr. David Shulkin was appointed secretary of veterans affairs in February, President Donald Trump charged him with the ambitious mission of reducing the veteran suicide rate to zero.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Fast Company: This App Connects Veterans In Crisis With Other Veterans Who Are Willing To Talk (24 July, Eillie Anzilotti, 11.8M online visitors/mo; New York, NY)
That conversation sparked the idea for Objective Zero, a foundation and mobile application launching later this summer that will connect veterans experiencing mental distress with other veterans who can talk them through it. Every day, around 20 veterans and one active service member take their own lives.

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6.2 - Arizona Daily Star: No barriers: Wilderness treks help disabled Tucson-area vets (24 July, David Wichner, 443k online visitors/mo; Tucson, AZ)
Air Force veteran Daniel Kester of Tucson studied the transition of military veterans into civilian society to earn his Ph.D. in education. But the retired intelligence specialist still needed help with his own transition issues, as he stepped away from a military career that included combat duties in Iraq and Afghanistan and left him with post-traumatic stress syndrome.

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7. Supply Chain Modernization – No Coverage

8. Other

8.1 - Bloomberg: Trump's Quiet Progress on Veterans Affairs. He doesn't tweet about it much, but reform is moving along (24 July, Mark Whitehouse, 43.7M online visitors/day; New York, NY)
For all the tweeting he does about repealing Obamacare, defeating Islamic State and building a wall along the Mexican border, President Donald Trump has precious little progress to show. By contrast, he has probably achieved the most in an area he mentions rarely: reforming the Department of Veterans Affairs.

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8.2 - Politico: House Democrats stun GOP by sinking vets, intel bills (24 July, Connor O'Brien, 23.9M online visitors/mo; Arlington, VA)
House Democrats sank two key bills on the House floor Monday, embarrassing Republican leaders who were banking on the noncontroversial legislation sailing through — in a new sign of the opposition's party's frustration with the majority's approach.

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8.3 - Richmond Times-Dispatch: Editorial: Kudos to Dave Brat for his bill on dog research (25 July, 1.5M online visitors/mo; Richmond, VA)
Virginia Rep. Dave Brat is something of a lightning rod, and we've not always seen eye-to-eye with him ourselves. But the 7th District congressman deserves a pat on the back and an "Attaboy" for introducing a bill to limit medical testing on dogs at the Department of Veterans Affairs.

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8.4 - WRIC (ABC-8, Video): Whistleblower gives inside knowledge of dog experiments at McGuire VA Medical Center (24 July, Kerri O'Brien, 487k online visitors/mo; Richmond, VA)
A whistleblower is sharing inside knowledge about taxpayer funded animal experiments involving dogs at McGuire VA Medical Center in Richmond. 8News first broke the news of dog testing at McGuire back in March. But for the first time, 8News is getting a look at the dogs.

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8.5 - Roll Call: House Democrats Tank Two Suspension Bills. Pelosi: Bill not problematic, suspension is (24 July, Lindsey McPherson, 431k online visitors/mo; Washington, DC)
House Republicans hoping to quickly clear some must-pass items from their to-do list before August recess brought up two bills Monday under a fast-track procedure only to have Democrats shoot them down.

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1. Top Stories

1.1 - The Wall Street Journal: House Democrats Help Defeat VA Funding Measure (24 July, Ben Kesling and Peter Nicholas, 43.6M online visitors/mo; New York, NY)

House Democrats successfully led an effort Monday night to strike down a controversial funding proposal for the Department of Veterans Affairs after major veterans advocacy groups lobbied to defeat the measure, the latest battle in the debate about privatization's role in the department.

The measure to use stopgap funding for a program that provides veterans with private-sector health care was defeated on the House floor when it failed to get the two-thirds majority needed under special rules. The defeat left the future of the program in question as Congress prepares to go on recess.

Democrats and many veterans groups complained that the proposal would fund a privatization drive by drawing on money from elsewhere in the department. But Republicans and backers of the proposal said the proposal would help veterans and provide them more choice in where they get their health care.

"These are investments for our veterans that should be supported from both sides of the aisle," said Erin Perrine, spokeswoman for House Majority Leader Kevin McCarthy (R., Calif.), in a statement. "Instead, House Democrats are choosing to pick a floor fight at their expense."

The top Democrat on the House Committee on Veterans' Affairs, Rep. Tim Walz (D., Minn.) said he withdrew support for the legislation after veterans groups voiced their concerns. A spokesman for Mr. Walz said the congressman found the bill to be lopsided, funding private care but neglecting other parts of the VA.

"The House Majority did not build the necessary consensus among Democrats, Republicans, and our nation's well-respected veterans service organizations," Mr. Walz said in a statement.

A White House spokesman said: "President Trump and his administration remain committed to modernizing the VA and ensuring our nation's heroes are a priority."

Eight veterans advocacy groups, including some of the largest veterans organizations in the country, had called on House members in a letter over the weekend to oppose the measure.

"We oppose legislation that includes funding only for the 'choice' program, which provides additional community care options, but makes no investment in VA and uses 'savings' from other veterans benefits or services to pay for the choice program," said the letter from a coalition of veterans advocacy groups sent to lawmakers on Saturday.

Republican leaders brought the measure to the floor Monday under a rule requiring that it win votes from two-thirds of the House. A spokeswoman for Mr. McCarthy said the bill was introduced under the special-rules suspension because House leaders presumed support from the Democrats.

"Last week, during a bipartisan member meeting, members of both parties came together and agreed to fund the Choice program for six months while Congress worked on other reforms," said Rep. Phil Roe (R., Tenn.) the chairman of the House Committee on Veterans' Affairs in a statement, adding that he was disappointed that the agreement fell apart.

"We're glad to see that House listened to the voices of millions of members across the veterans organizations that were united in opposition to this bill," said Kristofer Goldsmith, an official with the Vietnam Veterans of America, one of the groups that opposed the measure.

The House plan would have provided $2 billion for approximately six months of stopgap funding for what is known as the Veterans Choice Act, a program first passed in 2014 and designed primarily to help veterans obtain health care in the private sector when appointments aren't available at government-run medical centers.

The Choice Act is likely to run out of funding sometime between Aug. 7 and Aug. 15 because the number of appointments was higher than expected, according to VA Secretary Dr. David Shulkin. But legislation to replace it has yet to be introduced, leaving stopgap funding as one of the few options.

Dr. Shulkin and House Veterans Affairs Committee leaders have said they hope to introduce legislation in the fall that would overhaul and replace the current version of the program. They have also said they oppose plans to privatize the VA, while also moving to expand veterans' ability to seek care in the private sector as needed.

Some of the veterans groups who opposed the funding proposal said the expansion of private-sector appointments is tantamount to gradual privatization.

Since January, the VA has authorized more than 8 million appointments in the private sector, 2.6 million more than the previous year, or a nearly 50% year-over-year increase, Dr. Shulkin testified before a Senate panel in late June. With this increased use of private-sector appointments, the Choice program has used more money than anticipated, leading to budget shortfalls and what backers call the need to inject additional funding as soon as possible.

"The chairman's priority is making sure the Choice fund doesn't run dry because of the real and disastrous effect it would have on veterans' health care," said Tiffany Haverly, a spokeswoman for Dr. Roe, before the vote.

Veterans groups, including Veterans of Foreign Wars and Vietnam Veterans of America, issued their letter over the weekend opposing the measure, saying the funding boost would only benefit the Choice program, which pays for private-sector appointments but doesn't build the VA's ability to treat patients within the system, and it does so by drawing funds from elsewhere within the VA.

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1.2 - USA Today: Veterans Affairs secretary: VA health care will not be privatized on our watch (24 July, Secretary David Shulkin, 36.7M online visitors/mo; McLean, VA)

As a physician, my professional assessment is that the Department of Veterans Affairs has made significant progress over the past six months — but it still requires intensive care. In order to restore the VA's health, we must strengthen its ability to provide timely and high quality medical care while improving experiences and outcomes for veterans.

I believe the best way to achieve this goal is to build an integrated system that allows veterans to get the best health care possible, whether it comes from the VA or the private sector.

This is not a novel idea. No health care provider delivers every treatment under the sun. Referral programs for patients to get care through outside providers (known as Choice or Community Care at the VA) are as essential to the medical profession as stethoscopes and tongue depressors. But VA attempts to offer veterans these options have frequently stirred controversy.

Some critics complain that letting veterans choose where they get certain health care services will lead to the privatization of VA. Nothing could be further from the truth.

VA has had a community care program for years. Congress significantly expanded these efforts in 2014 in response to the wait time crisis. As a result, since the beginning of this year, VA has authorized over 18 million community care appointments — 3.8 million more than last year, or a 26% increase, according to the VA claims system.

But as VA's community care efforts have grown, so has our capacity to deliver care in-house. The VA budget is nearly four times what it was in 2001. Since then, the department's workforce has grown from some 224,000 employees in 2001 to more than 370,000 today, according to the Office of Personnel Management. And we're delivering 3 million more appointments at VA facilities per year than we were in 2014.

In other words, community care or private capacity and VA's internal capacity are not mutually exclusive. We are ramping up both simultaneously in order to meet the health care needs of the veterans we are charged with serving. Our fiscal 2018 budget continues this trend. It will spend $2.7 billion more for in-house VA care, compared to a $965 million increase for community care. This means that the total dollar increase for medical care within VA is three times that of the increase for community care. Overall, when all funding sources are taken into account, we expect to spend $50 billion on health care services within VA and $12.6 billion on VA community care in fiscal 2018.

Even though these numbers make it abundantly clear VA is not at all headed toward privatization, I understand the underlying concerns of some critics. They don't want to lose all that VA has to offer. I don't either — and we won't.

Many of VA's services cannot be replicated in the private sector. In addition to providing some of the best quality overall health care in the country, VA delivers world class services in polytrauma, spinal cord injury and rehabilitation, prosthetics and orthotics, traumatic brain injury, post-traumatic stress treatments and other behavioral health programs. The department plays a critical role in preparing our nation's doctors and nurses — 70% of whom train at VA facilities. And we lead the nation in innovation, with VA research having contributed to the first liver transplant, development of the cardiac pacemaker, advancements in treatments for PTSD, cutting-edge prosthetics, and many other medical breakthroughs.

All of these factors underscore that fears of privatization are simply unfounded. President Trump is dedicated to maintaining a strong VA, and we will not allow VA to be privatized on our watch. What we do want is a VA system that is even stronger and better than it is today. To achieve that goal, VA needs a strong and robust community care program.

Veterans deserve the best. If a VA facility isn't meeting the community standard for care, doesn't offer a specific service, or doesn't have an appointment available when it's needed, veterans should have access to care in their community.

This is precisely what they have earned and deserve. It's what the VA is working with Congress and Veterans Service Organizations to deliver. And it's what the system needs to remain a valuable resource for our country's great veterans, now and in the future.

David J. Shulkin, M.D. is the ninth Secretary of Veterans Affairs.

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1.3 - ABC News (AP): House rejects bill to fix VA's budget gap after vets protest (24 July, Hope Yen, 24.1M online visitors/mo; New York, NY)

The House rejected Monday a plan to allow the Department of Veterans Affairs to shift $2 billion from other programs to cover a sudden budget shortfall in its Choice program of private-sector care following opposition from veterans' groups.

The vote was 219-186 on a bill to provide a six-month funding fix, falling short of the two-thirds majority needed to pass. House Democratic Leader Nancy Pelosi joined other members of her party in voicing objections after veterans expressed concerns about cuts to other parts of the VA. The Choice program offers veterans federally paid medical care outside the VA and is a priority of President Donald Trump.

Veterans' groups Veterans' groups are seeking additional money for both Choice and core VA programs.

House negotiators now planned to meet with the Senate, where lawmakers were crafting a separate proposal.

Put in place after a 2014 wait-time scandal at the Phoenix VA hospital, the Choice program allows veterans to receive care from outside doctors if they must wait 30 days or more for an appointment or drive more than 40 miles to a VA facility. VA Secretary David Shulkin has warned that without congressional action Choice would run out of money by mid-August, causing disruptions in medical care to thousands of patients.

Rep. Tim Walz of Minnesota, the top Democrat on the House Veterans Committee, criticized the required spending offsets and urged members to oppose the plan. He suggested it would be folly to ignore the views of major veterans' groups and pass a flawed plan, only for it to be rejected in the Senate.

"The fact that Republican leadership is requiring offsets for direct patient care for veterans is troubling," Walz said.

Rep. Phil Roe of Tennessee, the chairman of the veterans' panel, had argued quick action was needed to address the shortfall. He rejected descriptions of the proposal as "privatization."

Sen. Johnny Isakson of Georgia, the Republican chairman of the Senate Veterans Affairs Committee, has been working to reach a compromise and his office declined to comment. The panel's top Democrat, Jon Tester of Montana, introduced a bill earlier this month that would provide equal levels of extra funding for Choice and VA programs.

Eight major veterans' groups expressed opposition to the House plan, voicing displeasure after it was quietly released last Friday after days of closed-door negotiations.

At its national convention in New Orleans Monday, the leader of Veterans of Foreign Wars took aim at Trump over the House plan, describing the proposal as unacceptable privatization. VFW National Commander Brian Duffy said it would lead to higher out of pocket costs for veterans and harm their care. VFW members in the convention hall were heard chanting "No" to the plan.

"It would violate the campaign promise that President Trump told our convention a year ago — a promise that the VA system would remain a public system because it is a public trust," Duffy said.

Separately, the House also voted Monday to significantly expand college aid for military veterans, removing a 15-year time limit to tap into educational aid and increasing benefits for thousands in the National Guard and Reserve. It was the biggest expansion of the GI Bill in a decade.

Veterans' groups cheered the proposed expansion to the GI Bill but drew a line with Choice. They see the House proposal as setting dangerous precedent because it takes money from core VA benefits to pay for private-sector care. The plan would trim pensions for some veterans and collect fees for housing loans guaranteed by the VA.

"Veterans' health care benefits have already been 'paid for' through the service and sacrifice of the men and women who wore our nation's uniform," the groups said.

They include AMVETS, Iraq and Afghanistan Veterans of America, Disabled American Veterans, Vietnam Veterans of America, Military Officers Association of America, Military Order of the Purple Heart and Wounded Warrior Project.

Shulkin announced the budget shortfall last month, citing unexpected demand from veterans for private care as well as poor budget planning. To slow spending, the department last month instructed VA medical centers to limit the number of veterans it sent to private doctors.

Congress approved the Choice program in 2014 after the scandal at the Phoenix VA, in which some veterans died while waiting months for appointments. During the 2016 campaign, Trump criticized the VA for long wait times and mismanagement, pledging to give veterans more options in seeing outside providers.

Currently, more than 30 percent of VA appointments are in the private sector, up from fewer than 20 percent in 2014, as the VA's more than 1,200 health facilities struggle to meet growing demands for medical care.

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1.4 - Military Times: Despite promises, VA Secretary can't shake privatization concerns
(24 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Nearly half a year into his job, Veterans Affairs Secretary David Shulkin is still trying to convince critics that his efforts to improve the department won't lead to privatizing care and support programs for veterans.

In an editorial in USA Today Monday morning, Shulkin — the only holdover of former President Barack Obama's administration to President Donald Trump's Cabinet — called lingering fears of VA privatization "unfounded" and stated again that "we will not allow VA to be privatized on our watch."

But Shulkin also stated that he believes VA needs to "build an integrated system that allows veterans to get the best health care possible, whether it comes from the VA or the private sector."

Those kinds of assertions, and plans to expand care programs that direct health care funds to private physicians outside VA, have raised alarms in the veterans community about the potential for eroding or erasing existing department services.

Shulkin's piece was released just hours before a scheduled House vote on legislation that would fund the controversial VA Choice program for another six months at a cost of $2 billion, through a variety of program trims and reauthorized fees.

A coalition of eight veterans groups — including the Veterans of Foreign Wars, AMVETS and Iraq and Afghanistan Veterans of America — spend the weekend lobbying lawmakers to dump the plan, arguing that it unfairly outsources funding that should be dedicated to improving internal programs.

The Choice program was established by Congress in 2014 as a way to more quickly aid veterans facing long wait times or significant travel hardships. Qualified veterans can use the program to pay for medical appointments at private-care clinics.

The program is one of multiple outside care offerings administered by VA, which cover about one-third of the appointments scheduled by department health officials each year.

Shulkin in his piece insisted that "community care or private capacity and VA's internal capacity are not mutually exclusive."

He noted that in-house VA care will rise about $2.7 billion next year under the administration's proposed budget, while outside care programs will be increased by only $965 million. "We are ramping up both simultaneously in order to meet the health care needs of the veterans we are charged with serving."

That outside care increase does not include the new $2 billion boost that House lawmakers will vote on Monday afternoon.

Without a funding fix for the program before the start of August, VA has warned that thousands of veterans could see their care plans disrupted, and thousands of third-party administrators that have helped streamline the program will be cut off from the department.

Critics of the House plan have not offered a new funding fix, but in the past have preferred that lawmakers not require VA-based offsets to pay for services ultimately outside full VA control.

Shulkin said he sympathized with their concerns.

“They don’t want to lose all that VA has to offer,” he wrote. “I don’t either — and we won’t.

“What we do want is a VA system that is even stronger and better than it is today. To achieve that goal, VA needs a strong and robust community care program.”

Trump prompted a host of privatization concerns during his transition into the White House, vowing massive reforms at VA and promising to dramatically increase private-sector options for veterans. The rhetoric was embraced by conservative groups and decried by liberals, but Trump has largely left the implementation of those issues to Shulkin so far.

Senate Republicans have offered support for the House plan, but Senate Democrats so far have remained wary of the details. That leaves the measure with an uncertain future even if House lawmakers pass it on Monday.

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1.5 - Stars and Stripes: House rejects funding bill for nearly bankrupt VA Choice program
(24 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

House lawmakers rejected legislation Monday that would provide $2 billion in emergency funding for the Veterans Choice Program by taking money from other VA programs, after hearing outcry from veterans groups that viewed it as prioritizing private-sector health care while neglecting VA services.

Lawmakers voted along party lines, 219 in favor of the bill and 186 against it. Only two Democrats voted for the bill, which required a two-thirds majority to pass. The Choice program, which pays for veterans to receive care outside of the VA, is set to run out of funding in mid-August -- potentially putting medical care at risk for thousands of veterans. The $2 billion would have kept the program going for the next six months.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans' Affairs, urged lawmakers on Monday to vote against the bill. He said the committee should work with the Senate to come up with a solution both chambers could approve. He argued the proposal voted on Monday would never garner enough votes in the Senate.

In a statement Monday night, Walz said the Senate was already "close to an agreement that would pass in both the House and Senate."

“I think we’re just a little bit early, we need another day,” Walz said. “I would echo that not funding this program before the August recess is not acceptable. But not getting a bill the Senate can agree on and [President Donald Trump] can sign is also not acceptable.”

But time is running out. House lawmakers have only four days before they leave for a monthlong recess, and veterans are already feeling the effects of the funding shortfall.

VA Secretary David Shulkin first warned Congress in June that the program was quickly and unexpectedly running out of money. He attributed the faster spending to increased popularity in the program this year.

Appointment requests through the Choice program are “piling up” at VA hospitals, said Carlos Fuentes, legislative director for the Veterans of Foreign Wars. Joe Chenelly, director of AMVETS, said he’s heard from veterans with long-term health care issues who use the program and whose medical care has been interrupted. Last week, a VA spokesman said the funding shortage – if not addressed before mid-August -- would cause layoffs at Health Net and TriWest, which contract with the VA to help administer the Choice program.

“Allowing the VA Choice program to run dry is not a viable option. We cannot allow it to happen,” said Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs, while asking lawmakers to vote for the proposal Monday.

Walz said a compromise was needed to “show a sense of goodwill” to veterans groups that saw Monday’s proposal as dangerous precedent toward privatization.

Eight groups issued a joint statement over the weekend, urging lawmakers to work on another plan to fund the Choice program without trimming other VA programs.

To offset the $2 billion, the House legislation proposed extending pension reductions for Medicaid-eligible veterans in nursing facilities and continuing fees on VA-guaranteed home loans. The cuts were put in place in 2014 when the Choice program was first created. They were set to last until Sept. 30, 2024. The bill would move the end-date through 2027.

“We’re not against Choice. What we’re against is this pay-for is cannibalistic,” said Rick Weidman, legislative director for Vietnam Veterans of America, one of the groups that signed onto the statement. “Choice in the future needs to be in the budget, without having to make cuts elsewhere within VA. Because you can’t keep doing this thing of charging veterans for one thing in order to get another thing.”

Walz said he did not think the proposal should have reignited the debate about privatization. But he asked congressmen to work with senators and veterans groups this week on a solution that they all could agree on.

“We’re very in line on the goals here. We want to get this done, but we have opposition rarely seen from the [veterans service organizations],” Walz said. “What I’m asking is, just give a little to build the coalition, get the thing passed and end this ridiculous argument of privatization versus non-privatization.”

Roe and Walz created a proposal last week to fund the Choice program while investing more into the VA and establishing a nationwide review of VA infrastructure. Negotiations stalled after they presented the idea to veterans groups and members of their committee. The proposal included funding for VA personnel vacancies and 27 leases for more VA clinics and research locations, which the eight veterans groups said the VA urgently needs.

Sen. Jon Tester, D-Mont., the ranking Democrat on the Senate Veterans’ Affairs Committee, introduced legislation July 11 providing $2 billion in emergency funding while investing an equal amount in other parts of the VA, primarily personnel and infrastructure.

“If new funding is directed only or primarily to private sector ‘Choice’ care without any adequate investment to modernize VA, the viability of the entire system will soon be in danger,” the statement from the groups reads. It was signed by AMVETS, Veterans of Foreign Wars, Disabled American Veterans, Iraq and Afghanistan Veterans of America, Military Order of the Purple Heart, Vietnam Veterans of America, Military Officers Association of America and Wounded Warrior Project.

Roe fought back against accusations the proposal that failed Monday was neglectful to the VA, noting overall funding and the number of authorized employees at the VA continues to increase each year.

“The idea Congress is focused on just increasing VA’s external capacity is false,” he said.

The debate also played out Monday morning in New Orleans, where Veterans of Foreign Wars is hosting its national convention this week. In his opening speech, VFW Commander Brian Duffy took aim at the proposal and Trump. He encouraged the thousands of VFW members in attendance to call their congressmen and led them in chanting, “No.”

“It would violate the campaign promise that President Donald Trump told our convention a year ago, a promise the VA system would remain a public system,” Duffy said.

While introducing Shulkin to the gathering later Monday morning, Duffy said: “The VFW will continue to be there to help you fix the VA, just as we will be there to point out necessary course corrections, too.”

Shulkin told the crowd in New Orleans that he was not attempting to privatize the department. He wrote the same in a column published in USA Today on Monday. While the VA authorized more health care appointments with private-sector providers – 18 million appointments so far this year – it has also increased appointments at VA facilities, Shulkin wrote.

Trump’s fiscal 2018 budget proposal calls for a $2.7 billion increase for in-house VA care and a $965 million increase for outside health care, he wrote. The total for outside care does not include the $2 billion proposed in the House bill Monday.

“The president and I agree privatization is the wrong path for VA, but we do want to give veterans more choice,” Shulkin said. “For those who don’t understand what this budget shows and say that this is a budget that supports privatization, just take a look at the numbers.”

The conservative group Concerned Veterans of America kicked off its own campaign over the weekend to have congressmen vote “yes” on the House proposal.

“The veterans service organizations and members of Congress who used this as an opportunity to advance a misleading anti-choice agenda are standing directly between millions of veterans and their health care," CVA Director Mark Lucas said after the Monday vote. "They spread false information about Chairman Roe’s proposal in a transparent attempt to tie this bill to unnecessary VA spending."

Iraq and Afghanistan Veterans of America, which was against the proposal, said the bill was "an attempt to exploit a funding crisis to push a political agenda."

"Tonight's failure hopefully opens up room for a Senate compromise that vets groups can support," IAVA said in a statement Monday night. "This should not be a partisan issue, but you can count on tonight's Choice fight being the first of others to come. It will be important in subsequent debates that people across America listen to the trusted voices that represent our 21 million veterans."

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1.6 - Stars and Stripes: House passes large GI Bill expansion 9 days after it was introduced (24 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

House lawmakers on Monday unanimously passed a host of changes to veterans' education benefits that aim to boost aid, expand who's eligible for benefits and eliminate the expiration date for veterans to use them.

The 405-0 vote came just nine days after Rep. Phil Roe, R-Tenn., Rep. Tim Walz, D-Minn., and a bipartisan group of cosponsors introduced the bill.

"In the time I've had the privilege of representing southwestern Minnesota, I'm not sure there's been a day I've felt more of that pride than here today," Walz said. "This is a real historic piece of work. It is hard to get historic legislation like this done."

The legislation eliminates the 15-year limit afforded veterans to use their education benefits after leaving military service. It also restores benefits to veterans whose schools abruptly close and boosts aid for dependents, Purple Heart recipients, technical education and members of the National Guard and Reserve. The bill also fixes a Pentagon deployment authorization that has kept about 5,000 reservists and guardsmen from accumulating education benefits. Altogether, it combines 18 bills and is expected to increase GI Bill costs by $3 billion in 10 years.

To offset costs, the legislation calls for decreasing living stipends to GI Bill recipients to fall in line with active-duty servicemembers' basic housing allowance. The change would not apply to people now using the GI Bill.

The GI Bill expansion was introduced July 13 and was the subject of a committee hearing July 17. The House Veterans' Affairs Committee unanimously decided July 19 to send it to the House floor for a vote.

The legislation was put together by lawmakers during the last several weeks. Negotiations were reignited by a group of veterans organizations, led by Student Veterans of America, following a rift between organizations in April about how to pay for the GI Bill expansion. Walz said it was almost a "death knell" for the bill.

With the new proposal on how to pay for the expanded benefits, veterans organizations encouraged lawmakers to pass the bill before leaving for their August recess.

"Without a doubt, we would not be in the chamber today on the verge of this historic moment without their efforts," Roe said of the organizations. "This is a strong bill that would help thousands of student veterans for the rest of their lives."

The legislation also appears poised for quick passage in the Senate.

Sen. Johnny Isakson, R-Ga., and Sen. Jon Tester, D-Mont., the chairman and ranking Democrat on the Senate Veterans' Affairs Committee, introduced an identical bill last week.

The Senate Veterans' Affairs Committee will vote on the legislation Wednesday and won't consider any amendments, committee staff said. If the committee approves the bill, it would then have to be scheduled for a vote on the Senate floor.

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1.7 - WFED (AM-1500): Fix for Veterans Choice shortfall fails in the House with little funds left (24 July, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

This story has been updated to reflect that the bill failed in the House with a 219-186 vote Monday evening.

Lawmakers failed Monday evening to pass a bill that would have pumped more money into the Veterans Choice Fund, one of several resource streams VA uses to pay for veterans to receive community health care.

The bill, which failed with 219-186 vote, would have replenished the Veterans Choice Fund with an additional $2 billion without an expiration date. But to offset the costs, VA would continue to collect housing loan fees and would trim pensions for some veterans living in nursing facilities that are covered under Medicaid.

The extension came in the form of an amendment from members of the House Veterans Affairs Committee, who attached an amendment to a bill previously designed to simply require a report from the VA secretary on employee bonuses.

"This was a bipartisan agreement, and I'm disappointed the concerns raised on the House floor today were not mentioned during what I thought was an open and honest conversation," House VA Chairman Phil Roe (R-Tenn.) said in a statement after the bill failed. "I will continue to fight tirelessly to ensure the Choice Fund does not run out of money so veterans can continue to access care."

Members of Congress are on an incredibly tight deadline to find a way to continue the Choice program before the money runs dry, but some Democrats and veterans service organizations opposed the committee's solution even though they recognized the urgency of their situation.

Funding in the Veterans Choice account is expected to run out between Aug. 7-15, Roe said.

"This is about providing health care for veterans after Aug. 7 or Aug. 15," he said July 24 from the House floor. "That's two to three weeks from now when that program will be shut off and veterans in the middle of care will not be able to get care. It's a simple vote. We can work these other things out in the next few months."

Yet eight veterans service organizations called on members of Congress to defeat the bill, citing their concerns that lawmakers are scrambling to find a solution to pay for private sector veterans

care without a concrete plan to invest more resources into VA and the department's own modernization.

"We call on House leaders to take the time necessary to work together with Senate leaders to develop acceptable 'choice' funding legislation that not only fills the current funding gap, but also addresses urgent VA infrastructure and resource needs that led to the creation of the 'choice' program in the first place," the VSOs wrote in a July 22 statement.

Some members of Congress are concerned by the VSOs' opposition. They say this new agreement bypasses the bipartisan, bicameral and in-depth discussions they expected they'd have to redesign the Veterans Choice Program entirely.

"In light of opposition that is rarely seen from the VSOs in such opposition to this … it's the spirit of what it takes to legislate that is missing around here," House VA Committee Ranking Member Tim Walz (D-Minn.) said.

Yet other Democrats are also concerned. They fear this approach sends a broader political message about the path forward in paying for veterans' health care.

"It is time for us to recognize that private care is not the panacea for the complex challenge of caring for our nation's veterans, and that the VA's role must remain foundational to veterans' care," Rep. Mark Takano (D-Calif.) said on the House floor. "This bill does not reflect that reality."

Both Republicans and Democrats seem to agree: they received poor communication and a bad prediction from VA. The department told Congress in early June that it was running out money in the Veterans Choice Fund. Without the congressional authority to transfer funds from one account to another, the department predicted it would run out of money to pay for veterans' care in the community before the end of the fiscal year.

Now, VA has only a few weeks left of funding for the program.

If the Choice fund runs completely dry, veterans will wait longer for appointments and won't be able to return to their private sector providers for care, Dr. Poonam Alaigh, acting VA undersecretary for health, told the House committee in June.

Some veterans and Choice providers had already begun to experience the residual effects of the funding shortfall.

Dr. Dustin Siena, a Choice provider in Camarillo, California, provides acupuncture services to veterans. He said the program has worked well for him and for veterans, who have access to an alternate pain treatment.

But only a few new patients have received Choice authorizations in the three to six months, and no return patients have gotten a Choice referral during that same time, Siena said.

Meanwhile, the House is also expected to vote this week on a fiscal 2018 appropriations bill for VA. The House gives the department $182.3 billion in discretionary and mandatory funding, an increase of about $5 billion over the previous year's budget. Specifically, about $1.6 billion would go toward community care.

But Democrats and VSOs are concerned the president's budget indicates a desire to make the VA Choice Program a mandatory one, even though the department indicated its desire to overhaul and redesign the way veterans receive health care from the private sector.

VA Secretary David Shulkin himself recognized the debate that's heating up over the department's funding situation.

"It is not a budget for privatization," he said in a July 24 speech at the Veterans of Foreign Wars National Convention. "The president and I agree that privatization is the wrong path for the VA. But we do want to give veterans greater choice in decision making, and we do want to help strengthen the VA system."

VFW was one of the eight VSOs that expressed their concern with the House legislation.

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2. Veteran and Employee Experience

2.1 - ABC News (AP): The Latest: House approves big expansion of GI Bill benefits (24 July, 24.1M online visitors/mo; New York, NY)

The Latest on the House's consideration of bills to address the Department of Veterans Affairs' budget gap, and expand the GI Bill (all times local):

7:30 p.m.

The House has approved the biggest expansion of college aid for military veterans in a decade.

The bipartisan legislation would remove a 15-year time limit to tap into GI education benefits and increase money for thousands in the National Guard and Reserve.

It was approved 405-0.

The measure builds on legislation passed in 2008 that guarantees a full-ride scholarship to any in-state public university — or a similar cash amount for private college students. Veterans would get additional payments if they complete science, technology and engineering courses.

Lawmakers of both parties praised the bill as better preparing veterans for a rapidly changing job market.

It now goes to the Senate.

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7 p.m.

The House has rejected legislation to allow the Department of Veterans Affairs to shift $2 billion from other programs to cover a sudden budget shortfall in its Choice program of private-sector care.

The vote was 219-186, failing to attract two-thirds of the vote needed to pass. The measure faced stiff opposition from veterans' organizations.

The bill sought to address a budget gap in Choice, which offers veterans federally paid medical care outside the VA. The program is slated to run out of money by mid-August.

Democratic Rep. Tim Walz of Minnesota criticized the proposed cuts to other parts of the VA. He urged the House to work out a compromise with the Senate.

Veterans' groups are asking that emergency money be invested in the VA as well as Choice.

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1 p.m.

The leader of Veterans of Foreign Wars is taking aim at President Donald Trump over a House plan to fill a sudden budget shortfall at the Department of Veterans Affairs.

VFW National Commander Brian Duffy was referring to a House bill that would shift $2 billion from other VA programs to continue paying for the VA's Choice program, which gives veterans access to private doctors.

He told the group's national convention in New Orleans that the plan violates Trump's campaign promise to VFW last year that the "VA would remain a public system, because it is a public trust."

Duff says the House plan is unacceptable privatization and would increase out of pocket costs for veterans and harm their care. The House was moving to pass legislation later Monday.

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2.2 - The Hill: House passes bill to expand veterans' GI benefits (24 July, Cristina Marcos, 11.8M online visitors/mo; Washington, DC)

The House overwhelmingly passed legislation on Monday to give veterans more flexibility in using their GI benefits to pay for school tuition.

Lawmakers passed the bill with a 405-0 vote that will now await Senate action before reaching President Trump’s desk.

The bill removes the current restriction that veterans use their GI benefits within a 15-year timeframe. Future recipients and veterans discharged after January 2013 would be able to use their benefits to return to school at any time in their lives.

The bill also ensures that post-9/11 Purple Heart recipients and veterans affected by school closures mid-semester would be eligible for benefits.

“For the first time in history of our GI Bill, future beneficiaries and some veterans will be able to carry these benefits with them throughout their life,” said House Veterans Affairs Committee Chairman Phil Roe (R-Tenn.), the author of the legislation.

Lawmakers also passed several other bills to make reforms at the Department of Veterans Affairs (VA), including to require a report listing bonuses awarded to senior executives.

But moments before passage of the GI expansion measure, House Democrats blocked legislation from passing under an expedited process to authorize a $2 billion funding extension for the Veterans Choice Program, which pays for certain veterans' health care. The VA has estimated the program will run out of money by mid-August.

The Veterans Choice Program extension was considered under a procedure that requires a two-thirds majority for passage. It failed to pass with the necessary supermajority on a vote of 219-186.

House Democratic leadership urged members to vote against the bill due to concerns it wouldn't provide adequate resources to meet demand. Several veterans advocacy organizations had also warned the bill was a step toward privatization of the VA.

"Instead of rushing through an inadequate bill that does not address critical funding issues the VA is facing, Republicans should not force the House to vote on this bill today, but instead allow the House and Senate to continue to work toward a bipartisan solution that can pass both chambers as well as receive support from [veterans service organizations]," House Minority Whip Steny Hoyer's (D-Md.) office wrote in a notice to members on Monday.

The House is additionally expected to consider a national security-themed spending package this week that includes funds for the VA and military construction projects.

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2.3 - Military.com: House Passes New 'Forever' GI Bill (24 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)

Without a single vote in opposition, the U.S. House of Representatives passed a bill Monday night to expand the post-9/11 GI Bill and eliminate the 15-year time limit on the use of education benefits for new recruits.

The vote was 405-0 in a rare display of bipartisanship in Congress on behalf of veterans seeking higher education after active duty service

Rep. Phil Roe, R-Tenn., chairman of the House Veterans Affairs Committee, said he expects the Senate to take up and pass the bill later this week and move it to the White House for possible signing by President Donald Trump before Congress goes into its August recess.

Trump could also wait for Congress to return after Labor Day before signing it.

The bill, named the Harry W. Colmery Veterans Educational Assistance Act of 2017 -- for the American Legion member who wrote the initial World War II GI Bill, would eliminate the current 15-year time limit on use of the GI Bill for those who enlist after January 2018.

The use-it-or-lose-it time limit of 15 years would remain in place for current post-9/11 veterans who served three years on active duty.

The bill would also eliminate the three years of active-duty requirement for recipients of the Purple Heart, and ease requirements for GI Bill eligibility for National Guard members and reservists, survivors and dependents, Roe said.

No opposition to the bill was expressed during the brief floor debate.

The bill "will empower service members, survivors and dependents for generations to come," Roe said. "For the first time in the history of our GI Bill, they can carry these benefits with them throughout their lives."

Rep. Tim Walz, D-Minn., the ranking member on HVAC, said the bill has his "unwavering support. This is a really historic piece of work."

Despite the partisan divide in Congress, the reform of the GI Bill shows that "when we get together, there is much we can do for this country," he said.

Passage of the bill will require major upgrades to Department of Veterans Affairs information technology systems to administer the reforms, according to VA officials.

"Probably my biggest concern is two words: IT," Curtis Coy, the VA's deputy under secretary for economic opportunity at the Veterans Benefits Administration, said at an HVAC hearing last week.

"Almost all of these sections [of the bill] require some degree of changes in our IT system, and that's what concerns me the most," he said.

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2.4 - Military Times: **Plan to overhaul GI Bill moves through House, on to Senate** (24 July, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)

Major reforms to veterans' education benefits are one step closer to becoming law after the House of Representatives unanimously voted in favor of the legislation Monday.

The Harry W. Colmery Veterans Education Assistance Act of 2017 — colloquially known as the "Forever GI Bill" — would make significant changes to the Post-9/11 GI Bill. These include eliminating a requirement that veterans use their benefits within 15 years of active-duty service and expanding benefits for reservists, Purple Heart recipients and surviving dependents. The bill would also retroactively restore benefits to veterans affected by recent school closures and provide additional funds to GI Bill users pursuing degrees in science, technology, engineering and math.

There has been a lot of momentum for the bill since it was unveiled by the House Veterans' Affairs Committee a week and a half ago, receiving bipartisan support and the backing of several prominent veteran service organizations.

"This bill and how it got to this point today is a shining example of how well Congress can and should work together," Committee Chairman Rep. Phil Roe, R-Tenn., said before the vote.

Committee Ranking Member Rep. Tim Walz, D-Minn., called the GI Bill legislation "a real historic piece of work" and "just smart legislation."

"The Senate is going to pick this up, and I think and look forward to that day when President Trump — hopefully towards the end of summer, early fall — picks that pen up and signs this and makes a difference in veterans' lives today," Walz said.

On Wednesday, the Senate Committee on Veterans' Affairs will hold a hearing for its own identical plan for GI Bill reform, which has also garnered support from Republican and Democratic lawmakers and more than 40 veteran, military and higher education groups, according to a spokeswoman for Committee Chairman Sen. Johnny Isakson, R-Ga. The committee is also aiming to move this legislation along quickly, she said.

Both the House and Senate versions call for slight reductions in the monthly housing allowances for new GI Bill enrollees to pay for the estimated $3 billion cost of the benefits expansion.

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2.5 - Tucson News Now: Veteran returns from treatment to find home burglarized in Tucson (24 July, Kristin Haubrich, 601k online visitors/mo; Tucson, AZ)

A local veteran's home was recently broken into while he was at the VA Medical Center for chemotherapy treatment. Now the family needs the community's help tracking down the suspect.

The burglary happened on July 14 around 2 p.m. at a home near Fort Lowell and 1st in midtown.

The homeowners said they believe the criminal broke in through the doggie-door.

"I went oh my God, we've been robbed," Martha Cook said.

Martha and her husband, Vietnam veteran, Ora Cook, had just returned home from the VA Medical Center where Ora was getting cancer treatment - to find their home burglarized in broad daylight.

"My safe was sitting right here,' Cook said as she pointed to the closet.

The suspect swiped the safe that was full of collector's coins and thousands of dollars' worth of jewelry, including Martha's original wedding ring.

"For people to just come into my house and take advantage of us…it hurts," Ora Cook said.

The Cooks called Tucson Police and told Tucson News Now they have an idea of who may have done this. They believe it's man they let stay with them last month to help him get back on his feet.

"He needed a place to go. He was clean and sober. We drove him to job interviews," Cook said.

But when they suspected the man was using drugs they kicked him out. Then days ago there was a small break in the case. TPD officers had the Cooks meet them at the Super Pawn shop on 1st Avenue where they recovered two pieces of her jewelry.

"He's the one who actually went in there. Sold the stuff and left his fingerprint there," Cook said.

The Cooks say the man has now been blacklisted from all area Pawn Shops. Tucson News Now is not releasing the man's identity as TPD has not yet named him as a person of interest in this case.

Regardless, the Cooks want to see the person responsible put behind bars.

"I want justice. He needs to turn himself in. He's taken the last little bit we had of anything of value," Cook said.

If you know anything about this break-in call 88-CRIME.

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2.6 - WISH (CBS-8): GI Bill reform to help veterans after ITT Tech shutdown (24 July, 322k online visitors/mo; Indianapolis, IN)

A bipartisan proposal to help veterans impacted by school closures unanimously passed the U.S. House of Representatives on Monday as part of a landmark GI Bill reform package.

U.S. Rep. Luke Messer, a Republican from Indiana, and U.S. Rep. Mark Takano, a Democrat from California, spearheaded the proposal. The Takano-Messer proposal retroactively restores GI Bill benefits to veterans who were attending Carmel, Indiana-based ITT Technical Institute and California-based Corinthian Colleges, both of which closed abruptly impacting tens of thousands of students nationwide, including thousands of veterans.

The Takano-Messer proposal passed the House as part of the Harry Colmery Veterans Educational Assistance Act of 2017, which improves and modernizes several aspects of the GI Bill.

"Today's bipartisan GI Bill reform package is a big win for our veterans. Among many improvements, the bill helps thousands of veterans who lost their GI Bill benefits when ITT Tech closed," Messer said in a news relesae. "Our military men and women count on their GI Bill benefits to build a career and life after serving our country. This bill will make sure they get that chance."

The reform package also advanced a measure from U.S. Rep. Susan Brooks, a Republican from Indiana. The Veterans TEST Accessibility Act allows veterans to be reimbursed for approved licensing, certification and national tests, while still eligible to use their remaining GI Bill benefits for additional education expenses in the same month.

“The Veterans TEST Accessibility Act does just what the title implies – it gives our veterans simpler, fairer access to tests, like the SAT and GRE, as well as licensing and certification tests, like certifications for mechanics, firefighters, and realtors,” Brooks said in a statement read on the House floor.

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2.7 - Union Leader: New VA director hosting town hall on Wednesday (24 July, 312k online visitors/mo; Manchester, NH)

The recently named director of the Manchester VA Medical Center will host a town hall meeting and listening session on Wednesday at Manchester Community College, the medical center announced Monday.

The meeting will start at 6 p.m. Wednesday in Manchester Community College’s multi-purpose room. Space is limited, and veterans will be given priority access, the VA said. Veterans are invited to voice their concerns and thoughts about medical care at the Manchester VA Medical Center.

“They can talk about whatever they want,” said Manchester VA spokesman Kristin Pressly. She said the meeting will last as long as necessary.

Al Montoya, the acting director of the Manchester VA Medical Center, will host the meeting.

Last week, the VA announced a top-to-bottom review of the Manchester VA Medical Center, after the Boston Globe reported about unnecessary paralysis of neurosurgery patients, flies in a VA operating room, and red tape that was hampering the Veterans Choice program.

The article quoted several VA physicians, who said they became whistleblowers after their complaints within the system went nowhere.

The article prompted the VA to remove Manchester Director Danielle S. Ocker and Chief of Staff James Schlosser pending the outcome of the review. Montoya was named acting director.

Pressly said the VA meeting is open to the public and anyone can attend, including the VA Office of Medical Inspector, which is undertaking the review.

In a statement, the Manchester VAMC said Montoya has begun steps to restore confidence by providing transparent and on-going communications to veterans, stakeholders and VA staff.

Next Monday, VA doctors/whistleblowers will host their own unsanctioned town hall from 4 to 7 p.m. at the American Legion Sweeney Post, 251 Maple St., Manchester. It is open to veterans or anyone interested in recent disclosures of questionable care at the VA.

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2.8 - Union Leader: Whistleblowers' lawyer: VA probe will likely be 'another whitewash'
(23 July, Dave Solomon, 312k online visitors/mo; Manchester, NH)

The lawyer for whistleblower doctors at the Manchester VA Medical Center says her clients began meeting with officials from the Office of Medical Inspector last week, and were disappointed with the line of questioning and defensive reactions.

“I think it’s just going to be another whitewash,” said Manchester attorney Andrea Amodeo-Vickery.

The Office of Medical Inspector first examined conditions at the Manchester medical center after Sen. Jeanne Shaheen alerted the agency and VA Secretary David Shulkin to the doctors’ concerns in September of last year. Shulkin was Undersecretary of Health in the Department of Veterans Affairs at the time.

Curt Cashour, press secretary for the Department of Veterans Affairs, said Shaheen’s letter led to an investigation that found no evidence to substantiate the doctors’ allegations.

Shulkin decided to reopen the investigation and suspend the two top officials at the Manchester center last Monday, after the doctors’ allegations were detailed in a Boston Globe Spotlight Team report.

The doctors had hoped that the Office of Medical Inspector would appoint an entirely new panel for this latest investigation, but that was not the case. “Unfortunately, one of the people on this supposedly new panel was on the previous panel,” said Amodeo-Vickery.

Dr. William “Ed” Kois, head of the spinal cord clinic at the Manchester medical center, and Dr. Edward Chiabro, were both interviewed on Wednesday by a team of five to six investigators from the Office of Medical Inspector, according to their attorney. No one from the OMI was available for comment.

“The questions were similar to the first round and the attitude was similar,” said Amodeo-Vickery. “They were not really open to hearing what Dr. Kois had to say about his findings since becoming the head of the spinal cord clinic and pain center.”

Flawed procedure?

Amodeo-Vickery said the process the committee is using will not uncover the issues raised in the doctors’ lengthy letter to Shaheen. “They are planning on doing exactly what the previous committee did,” she said, “which is to only look at the patient charts.”

Kois has identified 96 patients who were not properly treated for spinal disorders in a timely fashion and needlessly suffered.

“Dr. Kois has reiterated to this new committee that he believes the only proper investigation will involve actual conversations with the patients, as well as clinical examinations,” said Amodeo-Vickery. “Dr. Kois will work with them to identify patients who would be open to clinical exams.

At the very least they should speak to them, and they didn't do that. They haven't talked to a single patient and have not indicated any willingness to do so moving forward."

Amodeo-Vickery was more encouraged by a meeting last week with acting Under Secretary for Health at the VA, Dr. Miguel H. LaPuz, who discussed the possibility of hiring a third-party to conduct a clinical review.

"He suggested Dartmouth-Hitchcock, and I went along with that. I thought that would be good for the medical part of this," she said. "But we also need an investigation into the operational aspects of the administration by a third party as well."

Officials at Dartmouth-Hitchcock on Friday, citing "a long-standing clinical and academic relationship with the White River Junction VA Medical Center," offered to assist in the review.

The Manchester medical center also announced more changes in management in the wake of the whistleblower report.

Alfred Montoya, director at the White River Junction VA and now interim director in Manchester, is being joined by two other White River executives.

Brett Rusch has started working as acting chief of staff for both White River Junction and Manchester VA medical centers, as of July 20, while Dr. Paul Zimmerman, also from White River Junction, has been assigned to Manchester as acting deputy chief of staff.

Town hall scheduled

A town hall meeting for veterans and anyone else concerned about the recent reports on conditions at the medical center has been scheduled for Monday, July 31.

Several of the whistelblowers and two of their attorneys will be there to answer questions, said Amodeo-Vickery.

She said doctors and nurses who brought their concerns to members of the state's Congressional delegation, and later to the Globe Spotlight Team, hope to clear the air on a number of issues.

"We did not complain about the doctors or clinicians who treat the patients who currently work there," she said. "What we are concerned about are operational problems that directly impact on patient care."

Several veterans have come forward to speak favorably about the care they receive at the medical center.

"They (the whistleblowers) recognize that many veterans receive care that is very good there," said Amodeo-Vickery. "They feel badly that some think we are criticizing all of the treatment and care they are getting at the VA center. They are not criticizing the quality of the doctors; they are the doctors."

Amodeo-Vickery said the doctors will describe at the town meeting how they are often handcuffed in their ability to offer the best care, how resources are lacking or misused, and how more involvement of the medical staff in operational issues is needed to improve care.

The July 31 town hall will take place at American Legion Sweeney Post 2, 251 Maple St., Manchester, from 4 p.m. to 7 p.m.

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2.9 - Temple Daily Telegram: Temple VA to hold job fair Thursday (24 July, Cody Weems, 158k online visitors/mo; Temple, TX)

Local veterans seeking employment will have a chance to connect with potential employers Thursday when the Central Texas Veterans Health Care System hosts its quarterly Vocational Rehabilitation Job Fair.

The event takes place from 9 a.m. to noon Thursday in the recreation room of the domiciliary on the VA campus, 1901 Veterans Memorial Drive in Temple.

The job fair is free and open to all veterans. Vocational Rehabilitation Specialist Robert Lopez said about 32 employers are expected to attend.

“The main idea is to invite community employers so the veterans can get to know the community a little better and learn what companies are out there,” Lopez said.

Lopez said the VA holds a job fair quarterly and has experienced positive results.

“Everything has been working really well for the past few job fairs we’ve held, and we’re looking forward to this one,” he said.

Lopez believes experiences gained through the military make veterans ideal candidates to transition into the workforce.

“Hiring veterans is a plus for the companies out there. Veterans are well-adapted to any kind of changes at the last minute,” Lopez said. “They’re dedicated. They know the job means that you show up on time, they have the determination and they’re going to do a very good job for the employer.”

The event also doubles as an opportunity to introduce veterans to programs offered through the Department of Assistive and Rehabilitative Services.

“There are veterans out there who might not be aware of our program or some of the organizations out there,” Lopez said. “The idea is that one veteran will share that information with other veterans that might not be aware of what’s out there in the community.”

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2.10 - Minot Daily News: Kathy Holte: Dedicated to helping veterans (24 July, Eloise Ogden, 68k online visitors/mo; Minot, ND)

Kathy Holte presented Korean War veteran Glen Johnson the original copy of his DD214 (military discharge paper) on the last day of her work on June 14 as Ward County Veterans Service Office administrative assistant.

Holte came upon Johnson's discharge paper at the Minot flea market about three years ago. She located him recently, now living at Brookdale Brentmoor in Minot.

It's one of the many special deeds Holte has done since she joined the Ward County Veterans Service Office in Minot several years ago.

During her time there she also took on the job of Stanley/Minot DAV coordinator for the van that takes veterans to and from the Veterans Affairs Medical Center in Fargo.

"There is no better feeling than knowing you made someone happy," said Holte. "There are so many people who do this every day and I'm glad to be one of them – especially for the veterans."

Holte has left the Ward County Veterans Service Office in Minot to pursue a new career. She will become the postmistress at the Voltaire Post Office, only two miles from her home. Holte and her husband, Gerald, live on a farm east of Voltaire.

For more than 30 years, Holte has driven back and forth to Minot from her home at Voltaire, a 64-mile round trip. For 21 years she was a graphic artist at Lowe's Printing in Minot before going to work for the Ward County Extension Office for two years. She then transferred to the Ward County Veterans Service Office were she was for the past several years.

"Everywhere I've gone I've learned from the beginning." she said.

Holte said she's always gone above and beyond in anything she's done in life. "I've always given 100 percent," she said.

Holte recalls some of the special times while working in the Ward County Veterans Service Office. She had background in military. Her father retired from the Air Force, four of her seven siblings and a number of her uncles served in the military.

"It was especially nice to be able to help a family obtain a marker for a Merchant Marine who served during World War II. They needed proof and after three months of research it paid off when the U.S. Coast Guard confirmed this and sent the veteran's early induction ID cards with photos. I was just as excited as the family. How often does that happen?" she said.

She said it's disheartening when a veteran or their family finds an important service-related item at the flea market, auction or second-hand store. "With investigative work and help from people who have resources other than what's available to me, I've returned a Purple Heart to the daughter of a deceased Vietnam veteran who lives in Texas. She was found by getting in touch with the caretaker of the cemetery in Washington state," Holte said.

She said another incident with a happy ending was items of a deceased veteran stolen from a storage locker in West Fargo. "The son was not aware they had been stolen," Holte said. Love letters, uniform, jewelry and medals were recovered. A sword and the locker were never recovered, she said.

Holte said she's been very fortunate to have veterans share their memories and scrapbooks with her. "This prompted me to put together and print a poster of three different Ward County veterans from three different eras: World War II, Korea and Vietnam," she said. The posters were in the Veterans Service office for some time but now were donated to the Ward County Historical Society's Pioneer Village on the North Dakota State Fairgrounds.

Holte said a number of original Certificates of Discharge and Discharges of Veterans (DD214) are on file in the Ward County Veterans Service Office. She said some have the gold seals still attached and have the signatures of veterans. "I started looking for family members of those deceased veterans so I could return them," she said. Because she has been working on her own family geneology, she said she thought veterans' family members would be elated to receive the original documents.

When the Stanley/Minot Disabled American Veterans' van needed a coordinator, Holte stepped up and volunteered.

"My former boss asked me more than once if I was sure I wanted to tackle that. Heck yeah! I can do that!" she said. "It's had some ups and downs but it was running pretty smooth in no time. We have some really wonderful drivers who are volunteers."

Holte said she would visit over the phone with the Stanley driver almost every week and felt like she knew him quite well. "One day I met the van at 7 a.m. to make sure a veteran didn't miss his ride. I looked at the guy driving and said, 'What are you doing driving this van?' We still laugh about it to this day. His voice did not match his looks,' " she said.

Holte was honored recently by the DAV, American Legion, Veterans of Foreign Wars and AMVETS for her years of dedicated service, at an event hosted by Minot DAV Chapter 4 in the Ward County Veterans Room. "She will truly be missed," said Skip Gjerde, adjutant of DAV Chapter 4.

Holte received a plaque from DAV Chapter 4 that reads: "Kathy, you will always be remembered for your dedication to helping veterans. DAV members will especially miss your welcoming smile and helpful attitude. You will be greatly missed. Thank you for your service."

"This makes me happy," she said, holding the plaque on her last day of work.

Holte will be starting a new job but she plans to continue to locate a family member of a veteran whose U.S. flag was found recently at a thrift store and brought to her earlier at the Ward County Veterans Service Office.

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2.11 - WATN (ABC-24, Video): Local Health Alert: New Director Looks to Create Better Culture and Customer Service for Memphis VA (24 July, Caitlin Lockerbie, 55k online visitors/mo; Memphis TN)

The Memphis Veterans Affairs Medical Center is getting some much needed stability with a new director. David K. Dunning took over in the spring, hitting the ground running. He's now

releasing details about his 60 to 90-day assessment of the facility and plans to turn the hospital's low-grade rating, into top notch service.

Dunning comes into the role straight from the military, with 30 years of service and two deployments behind him. He says after more than a year of interim directors, the hospital was in great need of leadership and counsel. "People were waiting for somebody to come here and take charge and say this is where we're going. This is what we need to do." He says creating stability is paramount, and one of his top priorities is changing the culture and offering better customer service. His appointment comes amid controversy at VA facilities across the country, facing scrutiny for claims of low quality care and long wait times. Memphis knows all to well the challenges, the hospital earned the lowest one out of five star rating, last year. New leadership is determined to turn that around, "If the veteran stops coming, you lose your job," says Dunning.

The goals for the medical center going forward are in line with the top five priorities mapped out by the U.S. Department of Veterans Affairs: greater choice for veterans, modernize our systems, focus resources more efficiently, improve timeliness of services and suicide prevention. Dunning says he's pushing for enhanced primary care, strengthened care for mental health to cutback on the growing veteran suicide rate, and hospital and patient flow to help with emergency wait times. The hospital has just upgraded its emergency room, and has plans for an additional parking deck and new atrium entrance with streamlined services. "All the things the veteran needs on their initial assistance visit, will all be right there," explains Dunning.

Quality care is also coming from new faces at the facility. Dunning there was a backlog of hundreds of hiring actions. He's brought on board 30 medical support assistants, already. "They're the ones that meet you at the front desk, they're the ones that answer the telephones, and they're the ones that book the appointments."

While Dunning says he's working to instill pride from his employees in the center, "you don't want your people to believe they're a one star," the focus is on the veterans the hospital serves. "Going from a rules based organization to a values based." Dunning says that means working around their needs and requests. "When you say no or I can't, it's immediately followed with but, I can do this for you."

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2.12 - The Daily News: Nurses retire with 95 years of combined VA service (24 July, 49k online visitors/mo; Iron Mountain, MI)

Three nurses retired from the Oscar G. Johnson VA Medical Center on June 30, after serving a combined 95 years as VA nurses.

The retirees include Susan Gray, RN, 30 years; Carrie Champion, LPN, 32 years; and Carol Hinds, LPN, 33 years.

All three nurses worked in various and diverse areas of VA medicine. Gray began her career June 1987 at the Tomah VA and then transferred to the Iron Mountain facility. During her career, she served in the mental health, cardiology, nephrology, neurology, primary care and women's wellness clinics as well as ICU.

Hinds started her career in 1978 after graduating from Bay de Noc Community College that same year, and worked in inpatient medical, respiratory, psychiatric and nursing home wards. Since 1999, she served in the primary care clinic and was also trained in optometry, neurology, oncology and telemedicine. During her career, she took time off to raise her children.

Champion graduated from Bay de Noc in 1983 and began her VA tenure in 1985. She also served in the inpatient psychiatric and nursing home wards. Since 1995, she has worked in the primary care and women's wellness clinics.

"Working for the VA has been a wonderful experience," Gray said. "We've been able to work in many diverse areas and our co-workers are the very best. They are dedicated, caring and knowledgeable."

"Medicine has changed a lot since I became an RN, and the VA has been cutting edge in this aspect," she added.

"The VA is always evolving, staying on the leading edge of medicine, always looking to better meet the veteran's needs. I'm grateful to have been a part of it, and as the wife of a veteran, look forward to an ongoing relationship with the VA."

All three nurses were recognized throughout their careers for individual performance and team awards. In addition, Champion was honored as a recipient of the Outstanding Federal Women's Award and Hinds received the VA Excellence in Nursing Award.

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2.13 - Daily Democrat: Letter brings driver for veterans, but more are needed (24 July, Jeff Hunt, 8k online visitors/mo; Fort Madison, IA)

Ask and ye shall receive. After a letter appeared June 30 in the Daily Democrat showing concern about the veterans in Lee County having no transportation to the V.A. Hospital, a volunteer stepped up, but more are needed.

Paul Carroll, director of Veterans Affairs for Lee County, says he now has a volunteer to drive the department's van Mondays, Wednesdays and Fridays.

"The statement about not having transportation) was completely true until Monday," Carroll said. "I found a driver in Iowa City and we brought a van back so we now have one driver who can drive on Tuesdays and Thursdays."

Carroll said he is currently looking for more volunteers.

"I would like to have as many people as possible who are interested in driving our van," Carroll said. "They can give us a set day they can drive, for instance, 'I can only drive on Mondays.'"

Carroll said some people may just want to drive once or twice a month.

Carroll said he would be happy with eight to 10 drivers. He added that there are some requirements.

“They have to take a physical at the V.A. Medical Center in Iowa City,” Carroll said. “That is at the government’s expense. We would also pay mileage or provide transportation to them. There is no expense for them.”

Carroll said all drivers are given a breakfast or lunch at the V.A. Hospital.

“That’s not payment,” Carroll said. “That’s just because they are there during breakfast or lunch.”

Those interested can reach Carroll 319-372-5853 or at the Lee County Offices building at 933 Ave. H, Fort Madison.

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3. Access to Healthcare

3.1 - Healthline: Did Agent Orange Cause John McCain’s Cancer? (24 July, Jamie Reno, 24M online visitors/mo; San Francisco, CA)

When the news broke last week that Sen. John McCain has glioblastoma multiforme, a deadly brain cancer, the nation quickly rallied around the 80-year-old politician and Vietnam War veteran.

Joy Patterson was deeply saddened by the news. Her husband, Kenneth Patterson, also served in Vietnam and was also diagnosed with glioblastoma (GBM).

“I believe Senator McCain will not survive, sadly, just as our husbands who have gone before,” said Patterson, whose husband died of the disease in 1996.

She now works to help other widows of Vietnam War veterans get their disability benefits from the Department of Veterans Affairs (VA).

The question on Patterson’s mind and the minds of so many of these war widows is:

Did Sen. McCain get glioblastoma from exposure to Agent Orange?

Agent Orange, the toxic herbicide developed by Monsanto and Dow, was sprayed by the Department of Defense over wide swaths of Vietnam from 1961 to 1972 as part of Operation Ranch Hand.

The idea was to flush out the enemy and wipe out their food supply.

But the plan profoundly backfired. The chemical has harmed or caused the deaths of thousands of U.S. troops and Vietnamese civilians.

And as Healthline reported last year, the effects are still wreaking havoc more than 50 years later.

The VA has stated that nearly 3 million U.S. veterans who set foot in Vietnam from 1962 to 1975 were exposed to dioxin-contaminated herbicides, including Agent Orange.

Multiple sources interviewed for this story, including scientists, physicians, veteran advocates, veteran attorneys, and veterans and their family members, believe it's likely McCain's glioblastoma is the result of exposure to Agent Orange.

Long road for Vietnam veterans

It's taken decades and a lot of blood, sweat, and tears among the Vietnam veteran community to get to the point in 2017 where multiple diseases are now finally presumed to be caused by exposure to Agent Orange

The list now includes prostate cancer, non-Hodgkin's lymphoma, multiple myeloma, Parkinson's disease, and ischemic heart disease.

GBM is not on the presumptive list, but there's a growing consensus among neuro-oncologists and other experts outside the VA that it should be.

Angelo Venniro served in the army for 20 years and did two tours in Vietnam, where he was exposed to Agent Orange and was later diagnosed with GBM.

Writing on his behalf, Dr. Katherine Peters, assistant professor of neurology at the Preston Robert Tisch Brain Tumor Center at Duke University Medical School, said, "As a board certified neuro-oncologist and brain cancer researcher, it is my opinion that exposure to Agent Orange in Vietnam was a significant factor in causing, contributing to, or aggravating brain tumors in Vietnam veterans."

There are thousands of examples of these so-called "nexus letters" from medical experts.

Veterans or their loved ones are required to provide these letters to the VA to even have a chance of being approved for a disability claim

McCain, a former Navy pilot who spent more than five years in the infamous Hanoi Hilton prisoner of war camp, was in Vietnam from 1967 to 1973.

Experts say Agent Orange was in the air, water, and food in Vietnam.

Claude D'Unger, an environmental scientist who has written numerous papers on environmental toxins to which America's veterans have been exposed, said there is "virtually no way in hell that anybody in Vietnam at that time was not exposed to it."

The legal case against Agent Orange

Robert Walsh, a veterans' disability law attorney from Michigan who has represented thousands of veterans in their disability cases at the VA, said one of the many possible dioxin exposure scenarios for McCain was when ships pumped portable water to the aircraft carriers and other ships as part of the resupply missions.

“The water came from wells in Da Nang,” Walsh explained, “and from other ports which were tainted then and remain tainted today with dioxin from these herbicides.”

Walsh said Navy aircraft would fly missions during the Agent Orange spraying operations.

“This was not crop dusting. The C-123 spray planes stayed up higher to avoid ground fire,” Walsh said. “Naval aviation personnel have described planes on the hanger deck of the aircraft carrier literally dripping with Agent Orange slime.”

The flight crews had to wash down these aircraft, Walsh explained,

“The crews would get it on their hands and clothes, and it was very concentrated. Then they washed down the deck of the hanger with a hose. But this stuff makes a vapor, you can smell it, so you are breathing it,” Walsh said

Walsh said that he has made a case of significant exposure to Naval aviation personnel on aircraft carriers.

“And Sen. McCain was foot wet during his Vietnam service,” Walsh said.

Joe Moore, an attorney with Bergmann and Moore, a well-known law firm that represents solely veterans with disability cases before the VA, has approximately 20 GBM cases.

The firm has already won five of them, and they expect to win the rest.

But it takes time, Moore said, and the VA makes the families jump unnecessarily through hoop after hoop and forces them to relitigate the issue every time.

“The link between the defoliant and glioblastoma has been widely established outside the VA,” Moore said.

He added that if he were introduced to a veteran with GBM who’d spent as long a period of time in Vietnam as McCain did, “We would take that case, and we would win that case.”

Veterans’ families shut out by VA

Rudy Morris, who was two months shy of his 60th birthday when he died from glioblastoma, joined the Army at the age of 17, went to Vietnam at 18, and “came home a different person at 19,” said his widow, Margee Morris.

From July 1970 to July 1971, Margee said, Rudy was a tanker in Vietnam whose letters home talked all about Agent Orange and other toxic spraying and how it rained down on him.

“He talked about bathing in the water that had been sprayed,” said Margee, who developed the Facebook page, “Vietnam Veterans with Glioblastoma Multiforme Stage 4 Brain Cancer.”

There’s a public page, as well as a private page with 470 members, mostly widows whose husbands served in Vietnam and were diagnosed with GBM.

When she sent her husband's first disability claim, Margee said, "I sent the VA a picture of him bathing in the dirty water in Nam when they were out on patrol. Nothing has convinced the VA of the connection between being sprayed with dioxins and glioblastoma many years later."

Despite the growing consensus in the American medical community that GBM can be caused by Agent Orange, Vietnam War veterans with this type of cancer and their families have found it difficult get their disability benefits from the VA.

A much smaller, but significant number has gotten disability cases approved. But the rest just keep fighting. And hoping.

And some of these widows, who come from a generation in which many wives stayed home and took care of their families, are now struggling to get by. Many are losing their homes, and worse.

While these widows each expressed their sadness over McCain's diagnosis in interviews with Healthline, they voiced a common hope that this news will create more awareness of the issue and bring some justice for their husbands who served their country.

They also want to correct some public misconceptions about Agent Orange and GBM.

Kathy Josenhans, whose husband was a Navy veteran like McCain and diagnosed with GBM, died at age 57.

She has become an advocate for her fellow widows and a moderator of the Facebook group. She doesn't like it when she sees misinformation in the media — be it from a liberal, moderate, or conservative.

She said she was upset when she saw a commentary about McCain last week by Fox News contributor Dr. Marc Siegel.

"Could his [McCain's] experience in Vietnam have increased his cancer risk?" Siegel asked, then stated, "Most studies have not demonstrated a link between Vietnam service and exposure to the herbicide used by the U.S. military in battle, Agent Orange."

This comment didn't sit well with Josenhans, who in a letter to Seigel, wrote:

"With deepest respect Dr. Siegel, there is a known connection between this deadly brain cancer and Vietnam-era Veterans. There are many opinions by professors who have already linked this deadly tumor to dioxin and PCBs also can mimic dioxin.

"I watched your segment today and struggled emailing you. I am a widow of a Navy diver (6 years Vietnam era) … I've got his medical records and I'm on my 6th appeal with the VA, still fighting for his benefits. Many widows have already won their claim for 100% service connection. Just thought you'd like to know. Regards, A fighting widow."

McCain and veterans' families

Everyone interviewed for this story expressed sadness and condolences to McCain and his family, and no one questioned McCain's bravery or his service to his country.

However, many said McCain could have done a lot more over the years for veterans and their families.

And there is some unambiguous resentment among veterans that McCain refused to be treated for his cancer at the Phoenix VA and instead chose the Mayo Clinic.

The Mayo Clinic is a hospital that has been removed from the VA's Veterans Choice Program, which was created to provide healthcare closer to home for veterans.

McCain, many sources say, always urges his voters to seek care at the Phoenix VA.

"We've all written letters to Sen. McCain thinking he would be the most passionate person on this mission," Josenhans said. "What has happened to Sen. McCain is a tragedy for him and his family, but it's also an opportunity for him to do right by his fellow Vietnam veterans with glioblastoma and their families. He has an opportunity to make this right."

Morris said she has also contacted McCain several times for help and has never gotten even a courtesy reply.

"I emailed him on his website. I got no response from him at all," she said. "It's sad with him being a Vietnam vet that he couldn't help us."

Morris told McCain that while a few families dealing with GBM had won their claims, "most families have been denied."

She also told McCain that widows were losing their homes and vehicles after the deaths of their husbands.

"I told him we had all the documentation to back us, too," she said. "So now he is going through what all of us went through, and I wonder if he is thinking if serving in Nam caused his glioblastoma."

Praise for McCain, concerns over cancer

In a statement last week after the news broke about McCain's diagnosis, John Rowan, national president of Vietnam Veterans of America, called McCain a fighter who "endured brutal treatment as a prisoner of war in Vietnam, and we know he'll be a fighter now in his battle against brain cancer."

Rowan went on to say that McCain's "fighting spirit will serve him well now, as it did 45 years ago in the Hanoi Hilton and other hellholes."

Rowan added, "We are saddened to learn that yet another Vietnam veteran has been diagnosed with aggressive brain cancer. Vietnam veterans are all too familiar with glioblastoma, which seems to visit our brothers and sisters at a far greater rate than our non-veteran peers."

For years, Rowan said, "We have suspected that our exposures during our military service have caused this cancer cluster. Unfortunately, brain cancer is not on the presumptive list for exposure to Agent Orange, despite the efforts of our fellow veterans and their family members."

McCain's voting record on veterans

Thomas Bandzul, a veteran and veterans' advocate, who is legislative counsel for Veterans and Military Families for Progress, and past associate counsel for Veterans for Common Sense, said McCain has not supported his fellow veterans as much as he should have.

"Many veterans have told me about their pleas to McCain to help with their claims," Bandzul said. "As far as I know, he did little more than have a staffer write a letter to the VA, but he never endorsed a cause for a veteran to either get increases in benefits or allowances, with one exception being a uniform allowance for retired military."

Bandzul added, "I do not know of a single instance wherein he tried to help a veteran with anything, but I have been conversant with veterans who were turned away from his office and received no help at all."

McCain's voting record on veterans issues while in the Senate has been a mixed bag.

His "McCain Bill" enacted in 1991, which required the secretary of defense to publicize information about men and women who were unaccounted for from the Vietnam War, got widespread support.

McCain was also co-sponsor of the 2014 VA overhaul that proceeded the veteran wait times scandal at the Phoenix VA.

But in 2008, McCain asserted he was in support of the GI Bill for the 21st Century — which was also supported by every major American veterans' service organization — and then did not show up to a vote on it.

McCain even introduced a competing GI Bill that reportedly would have left the average veteran with $20,000 in student loan debt.

According to a variety of sources including GovtrackUS, Library of Congress, VoteSmart, and McCain for President, from 1993 to today McCain has voted against veterans bills 14 times while voting for veterans bills 11 times.

In 2006 alone, McCain voted against providing $20 million to the VA for healthcare facilities, and voted against providing $430 million for VA outpatient care.

But in 2005, McCain voted for funding veterans' benefits, and voted to provide providing emergency funding for veterans' services.

In a Senate Armed Services Committee in 2016, McCain reportedly defended the University of Phoenix, the for-profit school that was widely criticized for its predatory practices against veterans.

McCain blasted the Pentagon and the Center for Investigative Reporting for going after the school, one of McCain's biggest campaign donors.

But in a subsequent investigation, the Department of Defense confirmed the Center for Investigative Reporting's story and barred the University of Phoenix for three months from all U.S. military bases worldwide.

Saying a prayer for McCain

Steve House, who joined the U.S. military just after the Vietnam War, was ordered to bury multiple barrels of Agent Orange at the Camp Carroll Army base in South Korea.

The exposure lead to multiple serious illnesses.

House fought for a decade with the VA to get his disability, traversing the country collecting evidence confirming what he was saying actually happened.

House sent eight registered letters to McCain. But got no replies.

He was finally awarded his disability benefits in 2014.

“I was saddened to hear about Sen. McCain's diagnosis. He has a rough fight ahead of him,” said House, who hopes McCain’s illness makes the toxic exposures to U.S. troops a front-burner issue.

“John was the first politician I reached out to for help when I tried to prove there was a cover-up going on between the Department of Defense and the Department of Veterans Affairs,” House said.

“He knew all about the illegal burial of Agent Orange that took place at Camp Carroll two years before I ever went to the press,” House added.

House said Americans need to know that Agent Orange is “one of the most insidious compounds ever created by man. Its effects on our health and on our environment will not go away for thousands of years. It continues to kill. I will say a prayer for John.”

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3.2 - The Daily Caller: VA Secretary: My Only Clinical Priority Is Decreasing Vet Suicides
(24 July, Jonah Bennett, 12M online visitors/mo; Washington, DC)

Department of Veterans Affairs Secretary David Shulkin said in an address Monday morning that his only clinical priority at the moment is making sure the veteran suicide rate drops.

“The last priority and really my only clinical priority that I talk about right now is suicide and veteran suicide,” Shulkin said Monday at the 118th Veterans of Foreign Wars.

“All across America, even in the general population, suicide is at an epidemic crisis, a public health crisis,” Shulkin said Monday at the 118th Veterans of Foreign Wars national convention. “You can see since 2001 and 2014 that suicides among all Americans went up 23 percent, but among veterans it went up 31 percent. You can see particularly among females that female veteran suicides went up 62 percent.”

“The difficulty in addressing the issue of veteran suicides is that this can’t just be the VA,” Shulkin continued. “If you take a look between 2001 and 2014, if veterans were using the VA,

the suicide went up 5.4 percent. But for veterans who aren't using the VA, it went up 38.4 percent."

Shulkin affirmed during his speech the need to work more closely with community groups and organizations like VFW to tackle the suicide problem.

Shulkin also noted that the VA has developed predictive tools to determine which veterans are at high-risk for suicide and assigned employees to give them a call to bring them in for care.

In addition, the veterans' crisis line, which previously had call rollover rates as high as 30 percent, now claims a call rollover rate of less than 1 percent, according to VA data. In March, the VA inspector general released a report stated that 30 percent of all calls were routed to backup systems. Those backup centers are usually staffed by non-VA employees who don't have access to health records or have information on specific military services.

In another effort to drop the veteran suicide rate, Shulkin also recently made the decision to offer emergency mental health care to veterans with other-than-honorable discharges at any VA medical center. That service began July 5.

"We will continue to focus on new ways to help our veterans," Shulkin said.

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3.3 - National Review: Today, an Easily Overlooked Vote on Choice in Veterans Health Care (24 July, Jim Geraghty, 11.8M online visitors/mo; New York, NY)

From the first Morning Jolt of the week, a look at maintaining veterans' choices in health care, one of those things that Congress is doing that it seems almost no one is noticing, along with those new sanctions on Russia. (Boy, that election meddling is not turning out the way Vladimir Putin expected, huh?)

Today, an Easily Overlooked Vote on Choice in Veterans Health Care:

Remember the Veterans Choice program, discussed in my recent article about reforms at the Department of Veterans Affairs?

In 2014, in response to the scandal of veterans in Phoenix and other locations facing interminable waits for needed care, Congress and the Obama administration established the Veterans Choice Program (VCP), allowing veterans who live more than 40 miles from a VA health clinic or who face a wait of more than 30 days for an appointment to get treatment from non-VA facilities. The VCP was intended as a pilot program and scheduled to end this August, but earlier this year President Trump signed legislation extending its duration until funding runs out.

Demand for the program has increased rapidly, almost a 50 percent increase over last year's number of appointments. In the first six months, veterans made 8 million community care appointments through the program. Current funding is projected to run out by the second week of August.

Today the House is scheduled to vote on a bill that will provide another $2 billion in funding for the program by diverting funds from other parts of the VA budget.

Eight veterans groups issued a statement opposing the legislation, contending it's just a band-aid solution: AMVETS, (Disabled American Veterans), Iraq and Afghanistan Veterans Association, Military Officers Association of America, Military Order of the Purple Heart, Veterans of Foreign Wars, Vietnam Veterans of America and the Wounded Warrior Project.

As we have repeatedly told House leaders in person this week, and in a jointly-signed letter on June 28, we oppose legislation that includes funding only for the "choice" program which provides additional community care options, but makes no investment in VA and uses "savings" from other veterans benefits or services to "pay" for the "choice" program.

In order to ensure that veterans can receive necessary care without interruption, we call on House leaders to take the time necessary to work together with Senate leaders to develop acceptable "choice" funding legislation that not only fills the current funding gap, but also addresses urgent VA infrastructure and resource needs that led to creation of the "choice" program in the first place.

That's a lot of scare quotes. But another veterans group, Concerned Veterans for America, is supporting the bill, seeing it as the best possible temporary solution as Congress considers bigger changes. (Keep in mind some groups on the Left are wary about the Veterans Choice program, seeing it as a backdoor effort to promote the privatization of veterans care and/or reducing the government's role in getting veterans care.)

"The Veterans Choice Program isn't perfect, but many veterans depend on it to access care in the private sector when the VA fails them," said CVA Executive Director Mark Lucas. "Chairman Roe's proposal to quickly solve the program's budget shortfall is pragmatic, fiscally responsible and will prevent lapses in care in upcoming weeks. Opponents of this measure are transparently using this situation as an opportunity to advance their own anti-choice agenda instead of doing what's best for veterans. It's critical that Congress take decisive action to keep the choice program afloat until more permanent choice reforms are in place and we urge elected officials to vote in favor of the House solution today."

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3.4 - Military.com: House Fails to Pass Bill Extending VA Choice Program (24 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)

The Trump administration and House Republicans suffered a stunning setback Monday night in the failure of a floor vote on a controversial bill to extend the VA's Choice program allowing veterans to choose private health care.

The vote on the House floor was 219-186 in favor, but the emergency funding bill still failed under the two-thirds majority vote required under the rules that brought the legislation to the floor.

The failure to pass the bill left the future of the Choice program in doubt. Funding for the program was expected to run out in mid-August and House Republicans had counted on moving the bill to the Senate for quick passage this week before going on August recess.

Earlier, Rep. Phil Roe, R-Tenn., chairman of the House Veterans Affairs Committee and the main sponsor of the bill, said "We know that veteran demand for care through Choice has never been higher and consequently the remaining money in the veterans Choice program will run out in mid-August, a few short weeks from now," he said.

"We cannot allow that to happen," Roe said, but he did not immediately offer a plan to revive the measure in the House. Thousands of veterans reportedly have had referrals to private care held up as Congress debated an extension of Choice, and thousands more would lose eligibility for referrals without an extension and renewed funding for Choice.

The House began moving toward a vote Monday afternoon on the controversial Choice extension bill that was opposed by several veterans service organizations (VSOs).

In the floor debate, Roe sought to allay the concerns of the VSOs that the proposed legislation was a smokescreen for efforts to privatize VA health care.

"I fail to see the logic" of the VSOs in arguing against an extension of the program that allows veterans who live more than 40 miles from a VA facility or who have to wait more than 30 days for an appointment to become eligible for private or community care, Roe said.

"I think it's critical to get this done," he said of the extension of Choice through February to give Congress time to work on reforms demanded by the VSOs.

"We're very aligned on the goals here," said Rep. Tim Walz, D-Minn., the ranking member on HVAC, despite "opposition rarely seen from the VSOs" to the Eliminating the Sunset Date of the Choice Act legislation.

He urged House members to "get this thing passed and end this ridiculous argument on privatization versus non-privatization."

Walz said there would be ample time to debate the merits of Choice once the extension was passed, but he was having difficulty holding Democrats on HVAC in line.

Rep. Mark Takano, D-Calif., said "it's time for us to recognize that private care is not the panacea. The VA Choice program has failed to deliver on the promise of shorter wait times. I urge my colleagues to reject this legislation."

Brian Duffy, national commander of the Veterans of Foreign Wars, said at the opening of the VFW's national convention in New Orleans that the extension bill went against one of President Donald Trump's pledges to veterans.

Duffy said Trump promised the VFW last year that the "VA would remain a public system, because it is a public trust." He urged VFW members at the convention to call their representatives immediately and urge them to vote "No" on the extension.

Ahead of the vote, VA Secretary Dr. David Shulkin made an appeal for an extension and reform of the Choice program that would preserve the VA's role as the primary health care provider and avoid over-reliance on private and community care that would weaken the system.

He said "fears of privatization are simply unfounded. President Trump is dedicated to maintaining a strong VA, and we will not allow VA to be privatized on our watch," Shulkin said in an op-ed for USA Today.

"What we do want is a VA system that is even stronger and better than it is today. To achieve that goal, VA needs a strong and robust community care program," Shulkin said.

He added that "veterans deserve the best. If a VA facility isn't meeting the community standard for care, doesn't offer a specific service, or doesn't have an appointment available when it's needed, veterans should have access to care in their community."

Over the weekend, several VSOs in a joint statement said, "All of our organizations are committed to building a future veterans health care system that modernizes VA and integrates community care whenever needed so that enrolled veterans have seamless access to timely, quality care."

"However, if new funding is directed only or primarily to private sector 'Choice' care without any adequate investment to modernize VA, the viability of the entire system will soon be in danger," the statement said.

The document was endorsed by the VFW, AMVETS, Disabled American Veterans, Iraq and Afghanistan Veterans of America, Military Officers Association of America, Military Order of the Purple Heart, Vietnam Veterans of America and Wounded Warrior Project.

The $10 billion Choice program was enacted in 2014 to address the wait times scandals that emerged from the crisis at the Phoenix VA hospital. The program was due to sunset in fiscal 2018 but its popularity has exhausted the funding that was expected to run out in mid-August, according to the VA.

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3.5 - FOX Business: Trump in cross hairs as veterans' group slams VA Choice funding plan (24 July, 10.8M online visitors/mo; New York, NY)

An emergency funding measure to fill a budget shortfall at the Department of Veterans Affairs – proposed by lawmakers in the U.S. House of Representatives last week – is being deemed a violation of President Donald Trump’s campaign promises by one veterans' group.

Veterans of Foreign Wars (VFW) National Commander Brian Duffy was referring to a House bill that would shift VA funds around to continue paying for the Choice program, which gives veterans access to private doctors.

He told the group's national convention in New Orleans that the plan violates Trump's campaign promise to VFW last year that the "VA would remain a public system, because it is a public trust."

Duffy says the House plan is unacceptable privatization and would increase out of pocket costs for veterans and harm their care. The House was moving to pass legislation later Monday.

The Department of Veterans Affairs Choice Program—which expanded veterans' access to care outside the Veterans Affairs system in 2014 in order to cut down on lengthy wait times— is at risk of going bankrupt before the end of the fiscal year unless Congress takes prompt action. Between March 7 and June 14, the funds available for the Choice account fell from $2 billion to $821 million, VA Secretary Shulkin said, due to unexpectedly high usage of the program.

More than 1.6 million veterans have received care through the Choice program, according to the VA. During the 2016 fiscal year alone, the VA issued 2 million authorizations for veterans to use Choice, a fivefold increase over the year prior. In the first quarter of 2017, authorizations for Choice increased 30%.

The Associated Press contributed to this report.

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3.6 - Washington Examiner (Video): House rejects $2 billion in new funding for VA's healthcare Choice Program (24 July, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)

The House on Monday rejected legislation that would have given the Department of Veterans Affairs another $2 billion to fund the Veterans Choice Program, which gives veterans the option of seeking care outside the VA in certain circumstances.

The bill would have passed under a normal vote, but Republicans called it up as a suspension bill, which is usually reserved for non-controversial bills that need less debate time and are supported by both parties. So-called suspension votes require a two-thirds majority to pass.

But Democrats balked, as almost all of them voted against the bill. As a result, it failed in a 219-186 vote, far short of the two-thirds majority needed.

The failed vote means Republicans may try again under regular order, and try to pass it under a simple majority, the way most bills are passed.

The Choice Program was created in 2014 in response to the VA wait-time scandal, in which the VA was systematically covering up how long it was taking for veterans to get healthcare through the agency. It was due to expire in August, but a VA reform bill signed by President Trump will allow it to keep operating in the short-term as a bridge to a longer-term choice program.

However, the VA has been warning that funding for the program will expire in mid-August, and that the funds aren't there to finish up the current fiscal year.

In March, VA Secretary David Shulkin suggested that the VA has the money it needs to fund the program, and that it only needed the authority to transfer existing funds into the Choice Program.

But in a July 21 letter to the House Veterans' Affairs Committee, Shulkin asked for Congress to quickly approve new funding, in part because of the "accelerated" use of the program.

"Veterans need Congress to fund the Choice Program immediately with $2.1 billion to ensure sufficient funding is in place until the president's fiscal year 2018 budget is enacted," he wrote. "This will guard against any degradation of community care services."

Under the bill that failed in the House, the $2 billion would be partly paid for by extending fees that veterans pay on VA mortgages through 2027, instead of 2024. Congress has extended these fees before in order to allow spending elsewhere.

The decision to supply new funding to the VA's Choice Program drew opposition from several major veterans service organizations, including Veterans of Foreign Wars, Vietnam Veterans of America, and the Iraq and Afghanistan Veterans Association. They said in a joint statement that the bill was bad for veterans because it doesn't also include new funding for health programs administered by the VA.

"[W]e oppose legislation that includes funding only for the 'choice' program which provides additional community care options, but makes no investment in VA and uses 'savings' from other veterans benefits or services to 'pay' for the 'choice' program," it said.

That same issue is a likely factor that prompted most Democrats to vote against the measure.

But Concerned Veterans for America said it supported the bill for maintaining the ability of veterans to choose care outside the VA system, and said groups that oppose the bill are really just opposed to any choice program.

"This is a transparent attempt by some of these veterans service organization to kill the Choice Program," CVA policy director Dan Caldwell told the Washington Examiner.

Caldwell's group supported the VA's initial stance that it could fund the Choice Program by transferring funds, instead of getting new funding. But the group said the House bill is acceptable even if it "isn't perfect" because it keeps the Choice Program intact.

CVA also criticized Democrats and veterans groups for appearing to flip on the bill.

"They spread false information about Chairman Roe's proposal in a transparent attempt to tie this bill to unnecessary VA spending," CVA executive director Mark Lucas said. "It didn't look like they were opposing the Veterans Choice Program several months ago when they happily stood behind the president for a photo op as he signed an extension without the funding increases they are demanding today."

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3.7 - The Detroit News (AP): VFW slams House plan to fix VA budget gap (24 July, Hope Yen, 3.8M online visitors/mo; Detroit, MI)

Washington — The Republican-led House is moving to allow the Department of Veterans Affairs to shift $2 billion from other programs to cover a sudden budget shortfall in its Choice program of private-sector care, a plan drawing stiff protests from veterans' groups.

Lawmakers are expected to vote Monday to provide a six-month funding fix to Choice, which offers veterans federally paid medical care outside the VA and is a priority of President Donald Trump. Put in place after a 2014 wait-time scandal at the Phoenix VA hospital, the Choice program allows veterans to receive care from outside doctors if they must wait 30 days or more for an appointment or drive more than 40 miles to a VA facility.

VA Secretary David Shulkin has warned that without congressional action Choice would run out of money by mid-August, causing disruptions in medical care to thousands of patients. Veterans' groups are asking that additional emergency money be invested in the VA as well as Choice.

At its national convention in New Orleans Monday, the leader of Veterans of Foreign Wars took aim at President Donald Trump over the House plan. VFW National Commander Brian Duffy described the proposal as unacceptable privatization, saying it would lead to higher out of pocket costs for veterans and harm their care.

"It would violate the campaign promise that President Trump told our convention a year ago — a promise that the VA system would remain a public system because it is a public trust," Duffy said. "Send that message to Congress that the VFW — that means you — says 'No' on this proposal."

VFW members in the convention hall were heard chanting "No."

Veterans' groups see the House plan as setting dangerous precedent because it takes money from core VA benefits to pay for private-sector care. The plan would trim pensions for some veterans and collect fees for housing loans guaranteed by the VA. Eight major veterans' groups including VFW issued a joint statement over the weekend, expressing their opposition and displeasure after the House plan was quietly released last Friday after days of closed-door negotiations.

"Veterans' health care benefits have already been 'paid for' through the service and sacrifice of the men and women who wore our nation's uniform, millions of whom suffered injuries, illnesses and lifelong disabilities," the groups said.

They are urging the House to work with the Senate to reach a compromise before the August recess.

The groups also include AMVETS, Iraq and Afghanistan Veterans of America, Disabled American Veterans, Vietnam Veterans of America, Military Officers Association of America, Military Order of the Purple Heart and Wounded Warrior Project. American Legion, the nation's largest veterans' group, previously expressed their concerns in late June.

Sen. Johnny Isakson of Georgia, the chairman of the Senate Veterans Affairs Committee, has not said whether he would be willing to adopt the House proposal. The panel's top Democrat, Jon Tester of Montana, introduced a bill earlier this month that would provide equal levels of extra funding for Choice and VA programs.

Paul Rieckhoff, CEO and founder of IAVA, said Monday that veterans' groups intended to stand firm in opposition.

"House Republicans are driving toward a VA bill that is opposed by most of the leading veterans' organizations in America. The question is why? The lesson for Congress will be learned the hard way when our members express their voice at the ballot box," Rieckhoff said.

Shulkin announced the budget shortfall last month, citing unexpected demand from veterans for private care as well as poor budget planning. To slow spending, the department last month instructed VA medical centers to limit the number of veterans it sent to private doctors.

During negotiations last week, House Republican leaders insisted on spending offsets and Democrats ultimately agreed to a temporary fix that involved shifting $2 billion to Choice.

The House plan could have some unintended results involving expansion of mental health coverage. The housing fees being proposed to pay for Choice had already been earmarked in a bill passed by a House committee last week to pay for additional mental health care to thousands of former service members with less-than-honorable discharges. The bill co-sponsored by Reps. Mike Coffman, R-Colo., and Beto O'Rourke, D-Tex., was warmly welcomed by veterans groups and the VA. But its fate in the House now appears less certain without a clear funding authority to cover the nearly $1 billion cost.

Currently, more than 30 percent of VA appointments are in the private sector, up from fewer than 20 percent in 2014, as the VA's more than 1,200 health facilities struggle to meet growing demands for medical care.

The VA has an annual budget of nearly $167 billion.

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3.8 - Military Times: Proposed VA Choice funding fix fails in House vote (24 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — House Republicans suffered a surprising setback during a full chamber vote on veterans funding Monday which put in doubt the future of the controversial Veterans Affairs Choice Program, with just days left to find another solution.

A proposed fix that would have provided $2 billion to the health care program over the next six months failed to get enough votes to meet parliamentary requirements, failing despite a majority-backed tally of 219-186. Under rules, a two-thirds majority was needed to advance the measure.

The move left Republican leaders upset at what they saw as a reversal of an agreement with key chamber Democrats on the program fix. During floor debate, House Veterans' Affairs Committee Chairman Rep. Phil Roe, R-Tenn., called the measure a critical and direct solution to the problem.

"We know that veteran demand for care through Choice has never been higher and consequently the remaining money in the Veterans Choice Program will run out in mid-August, a few short weeks from now," he said. "We cannot allow that to happen."

House members are scheduled to start their extended summer recess at the end of the week. VA officials have said without additional money for the Choice accounts in the next few weeks, thousands of veterans will be forced off the program, and thousands of third-party administrators will be cut off from the department's systems.

But Democrats and a coalition of eight veterans groups protested using offsets from trims to existing programs and fee reauthorizations for the Choice program, one of several VA programs which reimburses private-sector physicians for veterans' healthcare services.

The groups said that money should come from sources outside VA programming, since the money was not directly returning to the department. Roe and supporters of the plan called that confused logic.

"First, providing money for Choice is providing money to support the VA health care system," he said. "Choice is a VA program and through it, veteran patients were able to access care that have otherwise been required to be long."

"Second, the idea that Congress has been pouring money into VA community care programs to the detriment of addressing VA's in-house capacities is erroneous. VA's bottom line has increased substantially since the turn of the century while most other government agencies have seen theirs stagnant."

While opposing the plan, committee ranking member Rep. Tim Walz, D-Minn., defended Roe for working towards compromise and rejected accusations the Republican funding plan amounted to "privatization" of VA services.

But he also said he did not believe the fix would work.

"It's apparent in the Senate that (this plan) will not pass," he said. "We will not have money for the Choice Program … If we can't find compromise that gets something across the finish line, that actually does something for veterans, everything else is just message for politics."

Last week, Republican leaders believed Democrats had signed off on the six-month fix, after committee officials pulled back an even broader plan that linked the extra Choice money to other facility assessment work and department reforms.

In a post-vote statement, Roe said he was disappointed "the concerns raised on the House floor today were not mentioned during what I thought was an open and honest conversation" in recent days.

But Democratic officials said that was before the offsets were clear, and before significant opposition from veterans groups emerged. They had hoped Republicans would keep working for a different solution before bringing the disputed plan to a full chamber vote.

Neither side presented an immediate plan for a new fix. Meetings between House and Senate committee members are set for later this week.

Meanwhile, VA officials have promised an overhauled Choice plan in coming months, to include less bureaucracy and clearer eligibility rules for the program based on medical need instead of geographical location.

The program was flush with money as recently as last spring, when lawmakers passed legislation to remove deadlines for funding expiration. But in the last few months, usage has spiked significantly, with nearly $2 billion spent in less than half a year.

The Choice vote failure was a negative mark on an otherwise upbeat day for veterans' legislation in the chamber. Eight other measures related to VA, including an expansion of GI Bill benefits for reservists and wounded veterans, all received bipartisan backing in the House. They're expected to be passed later this week.

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3.9 - The Vindicator: Apparent suicide by veteran inside Warren VA clinic 'tragic situation,' VA says (25 July, Ed Runyan, 193k online visitors/mo; Youngstown, OH)

WARREN - The U.S. Veterans Affairs Louis Stokes Cleveland VA Medical Center says the apparent self-inflicted shooting death of a Vienna man inside the Warren Outpatient Clinic on Friday is a "tragic situation."

"There was a sad, isolated incident Friday afternoon at our Warren VA Outpatient Clinic," a spokeswoman said Monday after being contacted by The Vindicator.

"Due to privacy regulations, we cannot provide additional information on the incident or individuals involved, but our condolences and thoughts are with the family of our nation's hero," said Kristen Parker, chief of external affairs at the Cleveland center.

The Warren Police Department confirmed Monday that a Vienna man shot himself to death in the chest while attending an appointment inside the VA offices on Tod Avenue at 3:54 p.m. Friday.

The man, 53, was a military veteran. A woman with the same address and last name as the victim was listed as the person who called 911.

A detective said he didn't know if other people were in the room at the time of the incident. Parker said that because of privacy regulations, she cannot discuss who else was involved. She said no one else was injured.

The Trumbull County Coroner's office says the death is a coroner's case, but there's been no ruling on the cause of death.

All VA outpatient clinics have security guards on site, Parker said. "Our VA police regularly patrol the clinics and have established relationships with the local authorities," she said.

The facility has no metal detectors to screen for weapons, the detective said. Parker added: "Weapons of any kind are prohibited on federal property. Anyone entering a federal facility is subject to search. If there is suspicion that someone on our property has a weapon or unauthorized substance, local and VA police are contacted to respond."

Parker's statement notes that veterans experiencing a mental-health emergency can be seen the same day, regardless of the character of their discharge.

Veterans being treated for mental-health concerns, to include suicidal ideations, are followed closely by their providers and treated in accordance with the national recommended suicide prevention guidelines.

If veterans are having thoughts of harming themselves or others, they should contact the crisis line immediately at 1-800-273-8255 (veterans press 1), the statement says.

Meanwhile, the coroner's office also is investigating the death of Wallace Bonzer, 58, of Howland, who was found dead Saturday afternoon inside his truck in Eastwood Mall's parking lot.

The coroner's office said Bonzer had been experiencing chest pain and was on his way to the doctor at the time he stopped to use an ATM machine at the bank.

The truck was parked between the Pep Boys store and Huntington Bank office.

He was reported missing Saturday to Howland police by his family, which had not seen him since Friday, according to 21 WFMJ-TV, The Vindicator's broadcast partner.

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3.10 - KCEN (NBC-9, Video): Waco VA denies 92 percent of Gulf War illness claims (24 July, Jasmin Caldwell, 191k online visitors/mo; Eddy, TX)

WACO - According to a recent mystatesman.com article, the Waco VA has denied 92 percent of claims related to Gulf War illness.

Channel 6 investigated the incident Monday.

The VA estimates 44 percent of veterans who served in the Persian Gulf War in 1990-91 have medical issues. In order to qualify for compensation, the veterans must have a diagnosable condition or an undiagnosed illness such as abnormal weight loss, fatigue, psychological problems, etc.

Dave Demorrow, a U.S. Army veteran with over 20 years of service, told Channel 6 he was just denied a claim Monday morning by the Waco VA even though his medical records prove he was diagnosed with post traumatic stress disorder (PTSD).

"Just in the last week or so, I have been told I have never been in combat," Demorrow said. "I'm still on active duty as of this morning. It's nuts. I have all this paper work proving I was in Desert Storm and what they keep coming back with is maybe, no you weren't so we're not going to give you any compensation for it."

Demarrow said he has experienced shortness of breath and fevers of unknown origin.

"Whenever the weather changes, I get sick and cough up blood," he added.

Steve Hernandez with Veterans One Stop in Waco said these findings are alarming.

"It may be a challenge to go back to your military service because those diseases didn't manifest in a period that the VA or the government recognizes that possibly should be service connected and that's why you have to challenge your claim there too," Hernandez said.

Demorrow said he is not upset with the VA, but wishes they could better communicate.

A report from the U.S. Government Accountability Office found that the problems with how the VA handles Gulf War benefits stems from poorly trained examiners and inconsistent methods of handling claims.

Channel 6 contacted the Waco Veterans Affairs Office for comment, and the organization said it would release a statement Tuesday in regards to the situation.

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3.11 - Victorville Daily Press: Here we go again with talks of privatizing the VA (24 July, Fred Dunning, 190k online visitors/mo; Victorville, CA)

As you can tell with some of my writing, I do not love the Veterans Administration (VA) nor do I hate it. I try to accept it for what it is, a huge bureaucratic system that can be difficult to navigate. There are some veterans that love the VA, and some that loathe the it. As it stands right now top leaders of the VA and many congressional representatives are moving forward with plans to put more veteran's medical needs in the hands of private sector healthcare. They are attempting to replace the veteran's choice program designed to cut wait times for veteran services in areas where the VA was too far away. Where this can be good in rural areas where the VA is hours away, it can be problematic for VA's and their funding. Privatization of the VA is a slippery slope, generations of veterans will have to live with the decision for the rest of their lives talking about the "good ole VA" and how much they miss it. By placing more funds in private hands, it takes away veterans utilizing the VA, hence cutting the VA's budget, resulting in less services, producing a death spiral to for the VA. The private healthcare system is not always better, to so many private physicians it's about money not patient care.

When greed takes over often what's best for the patient is not always what takes place in the private sector, veteran will be no different. But what scares me is the possibility of the privatization being worse than the VA itself. The private healthcare system is already overtaxed and some patients have trouble getting an appointment with their primary care provider. There is a shortage of primary care providers because the money is in specialization medication, not being a primary care provider. I have a very close friend who was the Director in a major hospital system in southern California, and what I learned from him is, private hospitals can be as bad if not worse than the VA. He quit a six-figure job because he could not ethically deal with the greed of some doctors and what they were doing for money to some of the patients. The acts the doctors took were legal, but lacked ethics and compassion.

One of the biggest fears I hear from veterans is private doctors do not understand Veterans issues. According to a VA official discussing privatization before congress, the private care physicians under the new program will not be required to complete or attend veteran specific

training concerning veterans only issues. Studies have shown that veterans get far better care from healthcare professionals who have veteran centered expertise. Physicians in the civilian sector might not understand how Agent Orange, Gulf War Syndrome, Burn Pits, suicidal thoughts, PTSD, or trouble adjusting to civilian live can affect a veteran's symptoms and miss something big.

One of the biggest complaints I hear from veterans is the VA uses interns and physician's assistants to work with veterans. This is true, but private hospitals use interns and PA's too, because they can pay them less and make a larger profit. Physicians assistants and interns are not the problem at the VA; the problem lies with the number of veterans the VA must handle. After 16 years of war, the success of battlefield medicine, the competency of corpsman, field hospitals, and improved evacuation skills, more veterans are surviving their wounds. If the VA must be privatized, the best way can be utilizing veterans who understand veteran's issues and culture as the providers. The problem is there are not enough medical professionals who are veterans to serve the need. There must be mandatory training for those who were not, or have not, been in the military culture.

Whether you like the VA or not it appears to me the VA medical system has more pro's than con's. As I continually talk to veterans many of them think the privatization of the VA is a bad idea. The veterans I have spoken to want the VA to spend its money and focus on training who they have, hiring more people, build better facilities, and fire those who are not willing to conform, not send them outside the system where physicians decisions are made because of money. As Amy Webb of AMVETS stated to congress "Veterans want the VA to work for them" not be destroyed by a "bleed it dry strategy" of outsourcing and underfunding. It is time veterans who want to maintain the VA as an entity need to stand up to the Trump administration. According to some senators, the Trump VA budget is 6 percent larger than last year's budget, but 33% of the increase goes to utilizing the private sector while 1.3% goes toward VA care. President Trumps budget includes 13.2 billion dollars in mandatory funding for outside care for veterans. Any way you look at it, you need to let your congressman know where you stand on the issue of privatizing the VA. Please contact them!

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3.12 - Temple Daily Telegram: VA doc helps keeps hearts ticking (22 July, Janice Gibbs, 158k online visitors/mo; Temple, TX)

If you consider how many times you have to deal with electrical problems at home, at work and elsewhere, it stands to reason that the electric system in the heart might experience a blip or two.

Dr. Michael Bui, electrophysiologist at the Olin E. Teague Veterans' Medical Center, works with patients who have abnormal heart rhythms.

Those abnormal rhythms are the result of an electrical signal that's not functioning like it should.

"I see people whose hearts beat too fast, too slow or are out of sync," Bui said.

Each heart has four chambers, a top and a bottom and a left and right side. At the top is the left and right atrium and at the bottom are the left and right ventricle.

Located in the upper atria is a battery of sorts that produces electrical pulses that move toward the center of the heart to a structure, the His bundle, a collection of heart muscle cells specialized for electrical conduction. This bundle branch sends electricity to the heart chambers. The electricity causes the atrias to squeeze, forcing blood into the ventricles.

Normally, the electricity travels down the middle of the heart through the septum, causing the chambers to beat in sync. Occasionally, there's a delay or obstruction resulting in the heart chambers to beat out of order.

"Some people do just fine with the out-of-sync beats; in others, the heart will weaken," he said.

A pacemaker uses low-energy electrical impulses that prompt the heat to beat at a normal rate.

In the '90s, pacemaker leads were placed on the right side of the heart, which would pace the right side and the beats would become sequential instead of synchronized. In the early 2000s the focus was on left ventricle leads with the goal of the left and right leads enabling the hearts chambers to work better together.

"We did that for a number of years, but Heart Rhythm Society 2017, the comic con of my field, is saying there's something even better," Bui said. "The current practice is like taking two wrongs to make a right."

Some patients do fine, others not so much.

The concept of placing the lead in the center of the heart has been around for a while but the tools to do it have improved and the practice has taken off, he said.

When this therapy works it restores the heart rhythm that individual was born with.

Medtronics is the only company that has a lead specifically for this procedure.

"The beautiful thing about the VA is that they give the physicians the freedom of choosing the vendor," Bui said. "We're not tied to any hospital contract."

An electrophysiologist working at a hospital that has a contract using a provider other than Medtronics wouldn't be able to offer this procedure, he said.

It's all about restoring the heart's natural heartbeat pattern.

The pattern can get thrown off by a heart attack and artificial pacing can result in heart damage in some people, Bui said. In some cases the damage done by the treatment is worse than the initial problem.

"Bundle His pacing allows us to fix the problem and avoid the side effects," Bui said. "This treatment is new, but it looks very promising that it can mitigate the effects of pacing."

Bui sees a lot of patients with irregular heartbeats and had been looking at the new procedure, but hadn't had an opportunity to try it out before the Heart Rhythm Society meeting in May.

He had his first successful patient using the His bundle pacing in early June.

There are many reasons a heart rhythm changes. With time and age there is scarring fibrosis within the heart. There are also chronic inflammatory conditions that result in problems.

The scarring can make its way into the conduction system throwing of its ability to function well. A heart attack or infection can throw off the heart's tempo.

"There is now one potential good fix," he said.

Bui came to the Temple VA in 2013 from private practice in Dallas.

A graduate of the University of Texas Medical Branch in Galveston, his residency in internal medicine and general cardiology took place at Baylor Scott & White–Temple and the Temple VA.

He then went to Minnesota for electrophysiology training.

Bui had been in contact with a VA doctor who wanted him to come back to the Temple VA.

"I had always wanted to teach so the opportunity to teach, work with my friends here and take care of veterans was a perfect plan," he said.

"There are people here who fought for my right to practice medicine," he said. "If I had been in another country and wasn't part of a certain group or religion I wouldn't have these opportunities. I only had the freedom to do what I wanted because of these veterans."

Bui also wanted to practice evidence-based medicine, where the priority was on the patient.

The VA has set up an environment, Bui said, that allows him to spend as much time as he needs to educate his patients and the ability to use the latest technology in treatments.

There's no point in doing something if you're not set on doing it correctly, he said.

The His Bundle pacing procedure has generated some great success stories, Bui said.

A 19-year-old man had a pacemaker for five years, until the bottom fell out and his heart squeezing function basically stopped, He was on a heart transplant list and on hospice. He had the His bundle pacing procedure and within two weeks he was walking out of the hospital and within another two weeks his heart was normalized.

It's a work in progress and Bui has had success in some and not in others.

The procedure takes place in the cath lab with little sedation and zero contrast. Some people have kidneys that don't tolerate the dye that makes His bundle pacing a safer procedure.

"It's so much better in almost every aspect," Bui said.

Another procedure that has limited availability tackles atrial fibrillation. Catheter ablation is a minimally invasive procedure that can relieve symptoms and improve quality of life.

During an ablation, the doctor destroys tiny areas in the heart that are firing off abnormal electrical impulses and causing atrial fibrillation.

Atrial fibrillation can make some people feel bad and can cause blood clots because the blood is pooling instead of moving, Bui said.

Blood thinners are used to avoid blood clots and there are medications. One of the most prescribed can cause a litany of problems.

Medications are the first line of defense and if that doesn't work ablation becomes an option. Ablation won't cure afib, but is used to reduce symptoms.

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3.13 - Task & Purpose: Is A New Military Oath Really The Best We Can Do To Fight Veteran Suicide? (24 July, Adam Linehan, 102k online visitors/mo; New York, NY)

When Dr. David Shulkin was appointed secretary of veterans affairs in February, President Donald Trump charged him with the ambitious mission of reducing the veteran suicide rate to zero. Which means that for Shulkin to truly succeed in his role as the head of an agency that on numerous occasions in recent years has been accused of fatally neglecting patients in its care, the VA will need to ensure that not a single living person who has ever served in the U.S. military dies by suicide on his watch. That's more than 20 million people.

The veteran suicide rate isn't what it is for lack of trying. The VA's budget has more than quadrupled since 2001, and much of that money has been poured into suicide prevention. The agency spent $118 million on studying mental illness in 2016, making it the VA's second most funded area of research behind "aging." That year, the VA also expanded its Veterans Crisis Line, doubling it in size so the agency could better respond to mental-health emergencies. These efforts have been bolstered by a recent surge in national awareness of post-traumatic stress disorder and military sexual assault, as well as droves of nonprofit organizations that offer alternative forms of care for veterans suffering from service-connected mental illness. But the so-called veterans' suicide epidemic persists.

And it will still persist until, at the very least, we figure out why it is that veterans are dying by suicide at a higher rate than their civilian counterparts. In 2014, veterans constituted 8.5% of the U.S. population, but accounted for about 18% of suicides, according to the VA's most comprehensive report on the matter. And while veteran suicides have increased since the onset of the War on Terror, the latest data shows that seeing combat does not significantly increase the likelihood that a person will take their own life. In fact, 65% of the veterans who died by suicide in 2014 were individuals 50 years or older, most of whom had spent little or no time in Iraq or Afghanistan. Had they ever been to war, it was likely many years before they died. A lot of life happened in between.

Compounding the complexity of the problem is the simple fact that those who need mental-health support don't always seek it. Since 2010, there has been a department within the VA, called the VA Center of Innovation, which, among other things, has been working to better understand why some veterans don't use VA services. The idea is that the VA can use that information to improve access to health care so more veterans take advantage of it. After all,

they earned it. Still, about 70% of the veterans who died by suicide in 2014 — at a pace of roughly 20 per day — were not regular users of VA services. Which raises an interesting question: Should veterans be doing more to help themselves?

Republican Rep. Brian Mast of Florida seems to think so. His proposal: Give all service members leaving the military the option of taking an oath to not commit suicide and also help others at risk of doing so. And while it certainly won't drop veteran suicides to zero, Mast is confident it will help. In fact, he submitted his "Oath of Exit" proposal as a bipartisan amendment to the 2018 National Defense Authorization Act, and on July 13, it passed the House, leaving it to the Senate to determine whether or not it will become law; although, according to Mast's communications director, Brad Stewart, the oath would not be legally binding.

"The idea is that if a service member says they're going to do something, they do it, because they have integrity and compassion for their fellow veterans," Stewart said in an email to Task & Purpose.

Mast is a veteran himself. He served 12 years in the Army, and lost his legs while serving as a bomb tech in Afghanistan in 2010. Years later, in an interview with The New York Times, Mast recalled that while he was recovering from his wounds at Walter Reed Army Medical Center, he told his wife that "he could not accept that perhaps the most meaningful work of his life was behind him." Mast was elected to Florida's 18th Congressional District in 2016, and made addressing "the shameful treatment" veterans receive at the VA a top priority. That effort involves pushing to widen veterans' access to health care in the private sector. "I don't think [the VA] should cease to exist," he told NPR in January. "I think that they should up their game." So it's hardly surprising that while Mast's Oath of Exit encourages veterans struggling with suicidal thoughts to seek help, it makes no mention of the VA.

Here is the oath in its entirety:

"I [name], recognizing that my oath to support and defend the Constitution of the United States against all enemies, foreign and domestic, has involved me and my fellow members in experiences that few persons, other than our peers, can understand, do solemnly swear (or affirm) to continue to be the keeper of my brothers-and-sisters-in-arms and protector of the United States and the Constitution; to preserve the values I have learned; to maintain my body and my mind; and to not bring harm to myself without speaking to my fellow veterans first. I take this oath freely and without purpose of evasion, so help me God."

Mast is certainly not alone in his view that the VA doesn't hold the magic key to ending the veterans' suicide epidemic. Evidence of this mentality is all over the internet, most notably in the plethora of Facebook support groups that have recently sprung up with the professed goal of combating veteran suicide, some of which dispatch members to physically assist others in need of help. Even the leaders of "Marines United," a Facebook group now famous for sparking a military-wide nude photo scandal, claimed that the page was created to help prevent veterans from taking their own lives. One need only Google "22 a day" — a reference to a dated but still widely cited study on veterans suicide — to see that there is an entire industry forming around the notion that those who've served are hardwired for self-destruction. At the moment, we can only guess at whether or not those efforts are alleviating the problem. And while they might be, it's important to keep in mind that lots of money is being made under the banner of keeping veterans alive.

The media has only fueled this deepening skepticism of the VA among veterans, often painting the agency as an enemy of the very people it's supposed to help, and giving conservative politicians plenty of fodder to lambast the federal agency as an example of big government gone awry.

Mast, it's worth mentioning, is a staunch Republican, and — at risk of sounding like a high school government teacher — I should note that his Oath of Exit is very much in keeping with his party's core principle of self-determination. "Only we can save us from ourselves" is the message it communicates. The taker of the oath isn't vowing to seek out professional help when they're in the throes of a mental-health crisis, but rather his "fellow veterans." This keep-it-in-the-family approach, while grounded in a realistic understanding of how veterans perceive their relationships with other people who have served, risks further alienating those with psychological problems from the government resources in place to assist them. What if a veteran who takes the oath finds his battle buddies unresponsive or unhelpful when he calls upon them in his time of need? He has upheld his end of the bargain, but there is nothing in the oath that obligates the veteran being approached for help to refer their battle buddy to someone actually qualified to assist them, which could prove catastrophic in an emergency.

A recent study published in the Journal of Affective Disorders compared the effectiveness of crisis-response planning — providing suicidal patients with a card "outlining steps for identifying one's personal warning signs, using coping strategies, activating social support, and accessing professional services" — with the effectiveness of a no-suicide contract, which "outlines what not to do in a crisis (i.e., engage in suicidal behavior)." The study concluded that the crisis-response planning approach was more effective than the no-suicide contract model in "preventing suicide attempts, resolving suicide ideation, and reducing inpatient hospitalization among high-risk active duty Soldiers." Likewise, several mental-health professionals I spoke with about the Oath of Exit told me that, while it's possible a veteran may be more inclined than a non-veteran to adhere to an oath, among the general population, no-suicide contracts have yet to yield promising results.

"I don't feel that an oath would make lead to a significant change in suicide rates among veterans," said Dr. Will Siu, a New York-based psychiatrist who often works with patients suffering from PTSD and other trauma-induced mood disorders. "However, I do feel that the idea of building meaningful interpersonal connections between veterans and their communities is worth pursuing going forward as a possible intervention."

Perhaps the oath could at least be a step in the right direction. A 2008 study published in the Archives of Suicide Research found that "gatekeeper training" — teaching people "who work with veterans, families, and communities" to "identify and to refer veterans at risk for suicide" — showed "promise for increasing the capacity of VA staff to work with at risk veterans." According to this model, which was being evaluated by the Department of Defense for use within the military as recently as 2015, gatekeepers don't have to be VA employees. They can be anyone who "is strategically positioned to recognize someone at risk of suicide," to include parents, friends, neighbors, and, presumably, former platoon mates. Perhaps a better version of the Oath of Exit would be one accompanied by an additional pledge to undergo training to learn how to identify warning signs of a suicide crisis and how to properly respond. In other words, a promise to take action.

And then there's the obvious question: Do oaths hold a special meaning for veterans? So special that an oath could prevent a veteran from taking his or her own life, even five, 10, or 30 years after they've hung up the uniform? Mast believes so. "Integrity is more than a word to

service members, so if we say we will reach to a brother or sister because we need help, then we will do it," he told Task & Purpose.

But of course service members break oaths. Fort Leavenworth is full of soldiers who victimized the very people they swore to protect. One of the deadliest mass shootings in our country's history was carried out by an Army major — a doctor, at that. People are unpredictable. Our perspectives, morals, and loyalties are constantly in flux. Who we are can change dramatically over time. Change, however, isn't always a bad thing.

What I find most striking about Mast's proposal is how it assumes that veterans' service will remain crucial to their identity over the course of their lives. It also seems to imply that whatever relationships veterans form outside the military do not carry the same weight as the ones they forged in the proverbial trenches. What about wives, children, parents, coworkers, new friends? At some point, you have to move on. Like Mast, you have to resist the idea that the most meaningful period of your life is behind you. You have to apply the same energy, courage, and devotion to adapting back to the civilian world that you did to becoming a soldier — and for the simple fact that you are not in the military anymore.

Conventional wisdom tells us that a person can only lean on past experiences so long. Eventually the legs are going to give out. Mast understands this, which is why, as he told The New York Times, he pursued a career in politics with the hope of finding the same sense of purpose and fulfillment he experienced in uniform. But his oath instructs us to do the opposite: Cling to our military service like a lifeline. That mindset runs counter to that which gave birth to the GI Bill after World War II and helped enable an entire generation of veterans to play an instrumental role in turning the United States into the superpower it is today. Men and women came home from that war and, with some assistance from the government, threw themselves into building the next chapter of their lives and it was great for the whole country.

Of course, there was no shortage of mental-health issues among veterans then. The difference now is that we've come to see those issues as part of an imaginary barrier that exists between those who have and have not served — the so-called "civilian-military divide." And it's this potentially toxic mentality that initiatives like the Oath of Exit are feeding: The military "has involved me and my fellow members in experiences that few persons, other than our peers, can understand," it reads. That might be true; however, in most cases, when people leave the military, they don't take their peers with them. By fixating on the bond between brothers and sisters-in-arms, and the profound importance of the the time they spent together at war, we may be inadvertently discouraging veterans from building meaningful lives and relationships outside the military. Those networks might actually do more to protect them, especially as the years go by.

I think one of the most damaging byproducts of the current obsession with veteran suicide is the idea that you shouldn't let your guard down, that the demons that followed you home from war will keep stalking you until you die. There is, however, another way of thinking about military service: That it makes you a stronger and more capable member of society. This is not to say that mental illness isn't a real and tragic side effect of war, or that veterans kill themselves out of weakness. But we're settling on a one-size-fits-all narrative to explain the veteran experience, and at the risk of imposing stifling limits on how people who have served in the military perceive themselves. What we might be faced with now is a self-fulling prophecy. National awareness of PTSD has grown significantly since the Vietnam War, yet the veteran suicide rate has gone up. I, for one, am not surprised by these numbers. Maybe that's because I've been conditioned to expect them.

Still, it's hard to imagine that, were it widely implemented, an Oath of Exit would make the veteran suicide problem any worse. As Mast wrote to Task & Purpose, "Anything we can do to prevent one veteran from harming them self is worth it." He's absolutely right. I've lost several friends to suicide. Each time I was left racking my brain, scrambling to identify the signs that would've shown me it was coming had I only paid closer attention. And what I saw, in retrospect, were profoundly lonely people. Suicide is the ultimate rejection of life, but the process of severing ties with the world begins before the shotgun is loaded or the noose is sized. Perhaps, in some cases, all it takes is for someone to reach in and hold tight, before that window shuts completely.

So, yes, a pledge to look out for the people who were with us during some of the most important and formative periods of our lives is a good start. But that's all it is: a start. If veterans are going to play a bigger role in fixing this problem — if we're going to insist that we're more aptly suited for the task than the VA — we need to do better.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - Fast Company: This App Connects Veterans In Crisis With Other Veterans Who Are Willing To Talk (24 July, Eillie Anzilotti, 11.8M online visitors/mo; New York, NY)

As a teenager growing up in Wheeling, West Virginia, Justin Miller wanted nothing more than to get out and join the armed forces. He tried a couple times; after the planes struck the World Trade Center on September 11, he met with a recruiter but was turned away after meeting with some personal objections from the recruiter. At that point in his life, he'd already given up his passion for baseball and turned to drugs and alcohol, following in the footsteps of his father, who was himself an addict.

But strangely, it was his father who encouraged Miller to again try to join up, and in 2003, he was successful; it was a different recruiter this time, who understood where Miller was coming from. But his two tours through Iraq shattered him. Miller's battalion faced extraordinary violence. His platoon was tasked with preventing the placement of bombs in the bridges and roads of the al-Dora neighborhood of Baghdad, the al-Qaeda stronghold; they watched as al-Qaeda operatives executed whole families for refusing to obey orders. Both during deployment and after returning home, drug and alcohol abuse and suicides among the soldiers proliferated—a count from the Army found that over 140 soldiers deployed in Miller's battalion in 2008 took their own lives. In 2014, seven years after returning from duty and at 30 years old, Miller was still feeling the aftershocks.

He reached out to Chris Mercado, an Army officer and friend of Miller's who was, at the time, getting a masters degree at Georgetown University's School of Foreign Service, to tell him that he was contemplating suicide. "I spent the better part of six hours that night just listening, as a friend would do," Mercado tells Fast Company. Though Mercado was not a licensed mental health practitioner by any means, his presence on the other end of the phone helped Miller begin to see the other side of his struggles.

That conversation sparked the idea for Objective Zero, a foundation and mobile application launching later this summer that will connect veterans experiencing mental distress with other veterans who can talk them through it.

Every day, around 20 veterans and one active service member take their own lives. There have been previous attempts to curtail this devastating statistic: The Department of Veteran's Affairs offers same-day mental health assistance at over 1,000 points of care and through the Veterans Crisis Line; an app launched in 2012 called POS REP uses GPS data to connect veterans with others nearby to facilitate more face-to-face conversations; the Defense Advanced Research Projects Agency and Dartmouth University launched a data-mining initiative in 2013 to scan veterans' social media accounts for suicidal indicators.

The rate of suicide is trending downwards–the VA's previous count, from 2012, found that 22 veterans took their own lives each day–hence the name Objective Zero. Mercado and Miller's app echoes the sentiment of VA Under Secretary for Health, David J. Shulkin, who said in a statement: "We as a nation must focus on bringing the number of veteran suicides to zero."

Objective Zero grew from Mercado and Miller's conversation into the platform it is through the collaboration of Mercado's Georgetown classmates, who learned about Miller's experience through an article Mercado and Miller published on Medium in 2015. The growing team researched the issue of veteran suicide, pulling data from the VA and designing what the app could look like: It would act as a conversation platform between veterans, but also direct users to other resources and services they could pursue independently.

On the app, a veteran in distress will be able to open the program, select voice, video, or text, and broadcast what Mercado calls a "distress signal" to those veterans signed up as ambassadors. "It's kind of like texting 10 people at the same time, saying you need help," Mercado says. When a veteran uses the app, they can also access the VA's mental health services and look up where to get further treatment; the counselor can also recommend it.

Objective Zero has the backing of Headspace, the popular subscription-based meditation and mindfulness app, which is offering its normally $150 services free-of-charge to veterans registered through Objective Zero. As will Comeback Yoga, a Colorado-based nonprofit that instructs military personnel in yoga specifically to relieve post-traumatic stress; Comeback's videos will be available through the app.

A Kickstarter the Objective Zero team launched in January raised $35,000; other fundraising efforts, through events and social media, have brought in another $50,000 to develop the app. "The structure of the app is borne out of what the data tells us," Mercado says. "What we found is by increasing social connectedness among veterans, providing access to resources, and improving access to care, we can lower suicide rates."

Mercado is clear-eyed about the fact that the app will not be able to solve the problem–veterans are twice as likely to die from accidental opioid overdoses than non-veterans, and as the opioid

epidemic continues unabated in the U.S., and while the VA has recognized the link between time in the armed forces, chronic pain, and opioid addiction, and taken steps to reduce the use of opioid painkillers in prescribed treatment regimens, the effects linger. “But just because we can’t help everyone, doesn’t mean we shouldn’t try to help somebody,” he says.

There are currently around 23 million veterans in the U.S.; the Objective Zero team will be coordinating with the VA to help get veterans registered on the app once it’s available later in the summer.

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6.2 - Arizona Daily Star: No barriers: Wilderness treks help disabled Tucson-area vets (24 July, David Wichner, 443k online visitors/mo; Tucson, AZ)

Air Force veteran Daniel Kester of Tucson studied the transition of military veterans into civilian society to earn his Ph.D. in education.

But the retired intelligence specialist still needed help with his own transition issues, as he stepped away from a military career that included combat duties in Iraq and Afghanistan and left him with post-traumatic stress syndrome.

Kester found some of that help in 2015, when he participated in a No Barriers Warriors Veterans Expedition through the Grand Canyon, through a program sponsored regionally by defense contractor Raytheon.

Conducted by No Barriers USA, a nonprofit based in Colorado Springs, the No Barriers Warriors expedition program teaches vets with disabilities to overcome personal barriers through wilderness challenges.

Raytheon, the Tucson region’s biggest employer, is partnering on the No Barriers Warriors expedition program regionally for the fourth year.

This year, the company is sponsoring a dozen wounded warriors from Arizona, New Mexico, Texas and southern California for a 10-day trek through the Wind River Range in Wyoming in August.

Kester, who now works in mission control for the Tucson-based high-altitude balloon startup World View Enterprises, said he gained new confidence and bonded with fellow vets on his 2015 trip.

“It definitely helped,” said Kester, who retired as a senior master sergeant last year after a 20-plus year career including 11 years on active duty and stints in the Air Guard and Air Force Reserve.

“It’s one of those things where you put yourself in a situation that’s out of your comfort zone, that you’re not really sure you’re able to accomplish, but with the help of your support group you’re able to get through. They made it very positive.”

Though unlike military survival school, food was provided, participants had to manage their way through a series of challenges while rough-camping in the wet.

And though the Army vets often jokingly threatened to test Kester's Navy skills by throwing him out of the raft, Kester and his colleagues made it through, together.

The toughest parts of the trip included helping one participant who had difficulty walking straight because of a traumatic brain injury hike out of the canyon.

"We had to help get him out of the canyon and up Bright Angel Trail, which is a mile straight up," he recalled. "Some of the trail is as wide as a sidewalk with a 7,000 foot drop, and we're holding onto each other."

And in a sense, they are still holding onto each other.

"I'm still in touch with several of the people in the group on Facebook and other places," Kester said. "They're great guys and helped me when I've had issues afterward, and when they have issues, we call each other and help each other out."

There are plenty vets who need such help.

About 2.5 million veterans have served in Iraq, Afghanistan and other parts of the world, and the U.S. Department of Veterans Affairs estimates that between 11 to 20 percent of those veterans have been diagnosed with PTSD, a mental-health disorder with symptoms including flashbacks, anger and constant fear of danger.

As of 2015, some 1.8 million veterans who served since the first Gulf War in 1990 were receiving benefits for a service-connected disability, according to the VA.

Raymond Davis of Phoenix, a former Navy hospital corpsman one of three Arizona veterans picked for this year's No Barriers trip to the Wind River Range, said he hopes to find help dealing with PTSD and a traumatic brain injury he suffered in Iraq in 2006.

"A lot of veterans I know, for whatever reason, just have a hard time blending in with everyday people," said Davis, 39, who works as an advanced medical support assistant at the Phoenix VA hospital. "I've had some issues just adjusting, so for the last few years I've just been on a downward spiral of emotions, just finding my place."

Davis said the trip combines things that have helped him in the past.

"I always find I do better if I spend sometime outdoors or in a physical challenge, or getting together with the people I served with," he said.

Davis says he's been through VA counseling and though he doesn't know his fellow Wind River trekkers he has no doubt they will pull together through the challenges.

"I know other veterans who have been through the same thing, so were not going to give up on each other."

Kester, who spent a year and a half heading Pima Community College's veterans services department, said it's "critically important" that disabled vets seek help.

"One of the things I found in my dissertation is that vets aren't the type of people who ask for help," Kester said. "That's one of the things you have to overcome, you have to be OK with just asking for help. There's a lot of help out their from all sorts of institutions, and especially other veterans who will step up and help out any way they can."

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7. Supply Chain Modernization

8. Other

8.1 - Bloomberg: Trump's Quiet Progress on Veterans Affairs. He doesn't tweet about it much, but reform is moving along (24 July, Mark Whitehouse, 43.7M online visitors/day; New York, NY)

For all the tweeting he does about repealing Obamacare, defeating Islamic State and building a wall along the Mexican border, President Donald Trump has precious little progress to show. By contrast, he has probably achieved the most in an area he mentions rarely: reforming the Department of Veterans Affairs.

This special edition of the Trump Twitter Filter (what's that? see here) steps back to take a look at the president's activity since he took office in January -- to which campaign promises he has paid the most attention, and how much of that attention reflects movement toward the goals he set out (for further explanation, see footnote 1).

Despite the distractions of a developing investigation into his administration's contacts with Russia, Trump hasn't lost sight of the platform on which he was elected. Since Monday, Jan. 23 (his first full weekday in office), about 40 percent of all his tweets have mentioned one or more of the items on his campaign agenda. Here's a chart showing the weekly percentage:

In terms of the sheer number of mentions, three topics stand out: defense, immigration and health care -- a reflection of the president's preoccupation with terrorism, his efforts to impose a travel ban from certain Muslim-majority countries and the protracted wrangling in Congress to repeal and replace Obamacare. He tweeted about defense-related topics 98 times, immigration 92 times and health care 88 times. Here's a chart:

Most of that tweeting, though, has had little to do with actual movement toward Trump's stated goals. It's hard to say whether his actions, on net, have helped or hindered the fight against Islamic State. The travel ban is incomplete and the wall remains a promise. Republicans haven't been able to agree on a viable replacement for Obamacare.

That said, in one area, Veterans Affairs, there actually has been progress. Since the Senate approved his appointment unanimously in February, Secretary David Shulkin has sought to improve accountability at hospitals by publicly posting wait times and care-quality data, and has extended much-needed mental health services to veterans with less-than-honorable discharges.

Even Congress has made a contribution, passing a bill to streamline the agency's hiring and firing processes -- legislation that Trump signed and tweeted about three times.

As a result, most of the president's 10 tweets on Veterans Affairs reflected movement toward his goal of reforming the agency. Specifically, they garnered a total of 7.5 movement points, for an effectiveness ratio of 75 percent. Here's how that compares with other agenda items:

Although taking better care of veterans is far from the biggest item on Trump's agenda, it's certainly a goal that most Americans would support. It's also a rare area in which the president's penchant for taking credit appears to be more or less in line with his achievements.

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8.2 - Politico: House Democrats stun GOP by sinking vets, intel bills (24 July, Connor O'Brien, 23.9M online visitors/mo; Arlington, VA)

House Democrats sank two key bills on the House floor Monday, embarrassing Republican leaders who were banking on the noncontroversial legislation sailing through — in a new sign of the opposition's party's frustration with the majority's approach.

Kicking off a busy week in the House, most Democrats and a handful of Republicans joined forces to deny GOP leaders big-enough majorities to pass an annual intelligence policy bill and legislation to restore funding for a key veterans health care program.

Both bills came to the House floor Monday under suspension of the rules, an expedited process that allows for less than an hour of debate and no amendments but also requires a two-thirds majority for passage.

The suspension process is typically used for noncontroversial bills that have broad bipartisan support. One suspension bill failing on the House floor is a rarity, but two back to back is extremely rare.

First, the House voted down the 2018 intelligence authorization bill, which sets policy for intelligence agencies and authorizes funding for classified programs.

Democrats opposed the bill after House Minority Leader Nancy Pelosi argued in a letter to her Caucus on Sunday that the expedited process was inappropriate given the ongoing investigation into Russian election meddling prompted by U.S. intelligence findings — and the failure to establish an independent commission to look into the matter.

"On its merits, I believe the [intelligence policy bill] should and will become law," said Rep. Adam Schiff of California, the ranking Democrat on the House Intelligence Committee. But he added that the bill "should go through regular order so that members may offer amendments."

Next, Democrats united to defeat a $2 billion bill to replenish for six months the emergency Veterans Choice Program, which subsidizes private medical care outside the Veterans Affairs Department for veterans facing lengthy wait times and is set to run dry in August.

Democrats cited opposition from a large group of veterans organizations that called on Congress to reject the bill because it pays for the program through cuts in the VA.

Following the vote, House Veterans' Affairs Chairman Phil Roe (R-Tenn.) fired back at Democrats, contending the bill had bipartisan support ahead of Monday's debate.

"This was a bipartisan agreement, and I'm disappointed the concerns raised on the House floor today were not mentioned during what I thought was an open and honest conversation," Roe said in a statement.

Both bills could return to the House floor later this week. But leadership will likely now send the legislation through the House Rules Committee, which could rule amendments in order but could just as likely allow Republicans to pass the bill as is with a simple majority.

The pair of setbacks also means Republicans will have to hurry to pass the bills. The House leaves for a month-long August recess at the end of this week.

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8.3 - Richmond Times-Dispatch: Editorial: Kudos to Dave Brat for his bill on dog research
(25 July, 1.5M online visitors/mo; Richmond, VA)

Virginia Rep. Dave Brat is something of a lightning rod, and we've not always seen eye-to-eye with him ourselves. But the 7th District congressman deserves a pat on the back and an "Attaboy" for introducing a bill to limit medical testing on dogs at the Department of Veterans Affairs.

The bill was prompted by disturbing reports of animal abuse at McGuire VA Medical Center here in Richmond. A report by the VA's Office of Research Oversight (ORO) says some of the allegations, such as those regarding documentation, appear to be incorrect. But others, including induced heart attacks, the failure to provide post-operative care, the inconsistent provision of painkillers, and "procedures with unrelieved pain and distress" were confirmed.

To its credit, McGuire already has suspended one researcher's authority to work with animals, and it appears to have undertaken numerous corrective steps to address some of the issues raised in the ORO report. But that does not settle the issue. "The reports I read about were almost on the scale of torture," Brat has said, suggesting more humane methods could advance medical science just as well.

And the issue goes beyond McGuire. A December letter from 13 members of Congress, including Virginia Rep. Don Beyer, to the comptroller general says "we have discovered it is impossible to determine what federal animal research programs currently entail, what they cost and if they meet federal standards because of the limited and decentralized information available publicly. Federal agencies are not currently required to publicly report their total use of animal research, do not publish noncompliance reports and generally do not maintain searchable databases of animal research projects with information about their purpose, methods, results, and cost."

We do not side with those animal-rights extremists who would put an end to all animal research everywhere. But it should always be a last resort, and as limited as possible — with as much care taken as possible to reduce pain and stress. Brat's legislation makes a good first step in that direction.

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8.4 - WRIC (ABC-8, Video): Whistleblower gives inside knowledge of dog experiments at McGuire VA Medical Center (24 July, Kerri O'Brien, 487k online visitors/mo; Richmond, VA)

A whistleblower is sharing inside knowledge about taxpayer funded animal experiments involving dogs at McGuire VA Medical Center in Richmond.

8News first broke the news of dog testing at McGuire back in March. But for the first time, 8News is getting a look at the dogs.

Todd Woessmer, a McGuire employee, took several of the images and described a dog he saw post-surgery in late May as 'very distraught.'

"The one dog had recently had some sort of procedure done where you could see the incisions and the shaved part, and that dog was very distraught," he explained.

The dogs shaved and stitched are locked in cages for most of the day, according to Woessner. He was so disturbed by what he has saw on his service calls to the research lab that he reached out to his union representative.

"To see dogs that distraught, it's hard," he said.

Woessner wasn't the only one.

"Several of the employees had come to me with concerns about the animals conditions," says Jennifer Marshall, President of the American Federation of Government Employees Local 2145, who advised Woessner and others to take photos. "They were seeing them in pain, distress."

Most of the images of the dogs and the operating rooms were captured in late May, but both Woessner and Marshall say the deadly experiments are still going on at McGuire. Woessner says seeing these dogs cut, probed and then confined to a small kennel or laboratory is heartbreaking.

"You can tell they are like scared of you, very nervous, distraught, uncomfortable," Woessner said.

When 8News asked if it seemed like they are in pain, Woessner replied, "Some of them, yes."

Records show the McGuire research is centered around treating heart disease, particularly patients suffering from an irregular heartbeat or diabetes. The experiments currently involve 118 dogs and include surgeries to implant pacemakers, stress tests and induced heart attacks.

Most, if not all of the dogs, are set to die at the end of the project. In some cases, the hearts are harvested. 8News asks Woessner if he has ever seen anything like that.

“Yes, I have seen a bowl with water and a dog heart in it,” he replied.

We’re told since 8News started exposing the experiments, security around the lab has been tightened and the windows covered up.

“They have been all blackened out,” says Woessner.

Woessner, a veteran himself who served in Iraq, has filed complaints with the Department of Veterans Affairs Office of Inspector General and Special Counsel.

“I don’t think it’s the VA’s job to be doing this to dog’s,” he said. “I think they should be focusing on taking care of veterans.”

Marshall agrees. She tells 8News the research labs for the dog testing takes up part of two floors.

“I have nurse practitioners that don’t have an office space,” she said. “I have social workers that are tripping over each over.”

It’s space and taxpayer dollars she believes could be put to better use.

“They could take the entire third floor, which is huge square footage, get research out of there and utilize that for patient care,” Marshall said. “The mission of our medical center is to provide care for veterans.”

In a statement, the VA said, “canine research is essential to developing crucial medical advancements to help veterans and non-veterans alike,” adding that their research has resulted in life-saving innovations like the cardiac pacemaker, the first liver transplant and the nicotine patch.

VA’s animal research program has saved lives in the past and will save lives in the future. It’s important for people to recognize that canine research is essential to developing crucial medical advancements to help Veterans and non-Veterans alike. VA’s research and innovations have resulted in products that are both life-changing and lifesaving, such as development of the cardiac pacemaker, the first liver transplant, the nicotine patch, the discovery of insulin, and most recently the first FDA approved artificial pancreas.

“It is important to note that almost 100 percent of the animals involved in VA research are mice or rats. Studies involving larger animals such as canines are rare exceptions; canines accounted for fewer than 0.05 percent of animals used in VA research in 2016. Those protocols that do involve larger animals are undertaken only when studies of rodents cannot provide the information that is needed—for example, studies of medical devices that are sized for humans, studies of disorders that do not occur in rodents, or studies when the physiology of the dog is much more similar to human physiology (such as in heart studies).

“At VA, we have a duty to do everything in our power to develop new treatments to help restore some of what Veterans have lost on the battlefield. One of the most effective ways for VA to discover new treatments for diseases that affect Veterans and non-Veterans alike is the

continuation of responsible animal research. VA's animal research program sets the standard for accountability and transparency both inside and outside the government. We take seriously any reports of not adhering to our strict standards of responsible research, and we immediately review and correct processes when any issues arise. Risk is inherent in cutting-edge research programs of this type, but we welcome scrutiny of our program." – Dr. Michael Fallon, Chief Veterinary Medical Officer, Department of Veterans Affairs

But these insiders call it cruel.

"I can't see how anybody who see those dogs, the look in their eyes, and they don't know what is going on, they're innocent, God's creatures," Woessner added.

8News did reach out to McGuire, but officials declined to go on camera.

The Department of Veterans Affairs office in D.C. issued the following statement:

While there are ethical concerns associated with conducting animal research, they are far outweighed by ethical concerns associated with not doing animal research. The broad consensus of medical and scientific experts in the United States and around the world that animal research is necessary. That's why VA will continue conducting animal research like someone's life depends on it – because it does."

Earlier this month, Virginia Congressman Dave Brat called the experiments, "on the scale of torture." He introduced the PUPPERS ACT, a bill that would limit the use of dog's in animal testing.

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8.5 - Roll Call: House Democrats Tank Two Suspension Bills. Pelosi: Bill not problematic, suspension is (24 July, Lindsey McPherson, 431k online visitors/mo; Washington, DC)

House Republicans hoping to quickly clear some must-pass items from their to-do list before August recess brought up two bills Monday under a fast-track procedure only to have Democrats shoot them down.

Both an intelligence reauthorization bill and legislation renewing funding for a veterans' health program were brought to the House floor under suspension of the rules, a process that requires two-thirds support for passage and bypasses. Both failed.

When a bill goes to the rules committee it can be amended and provides for more thorough debate on the measure. Two GOP aides said Monday they expect the suspension bills to come up again this week under a rule, which would only require a simple majority vote for passage.

Democrats objected to the intelligence reauthorization because it was not open for amendment. It failed 241-163, meaning it would have passed if had been brought up under a rule. All but 10 of the "no" votes came from Democrats.

House Minority Leader Nancy Pelosi wrote a letter to colleagues Sunday saying it is "unacceptable" that the bill would not be fully open for debate when critical intelligence decisions

are being made and investigations remain ongoing into Russia's interference in the 2016 election.

"Although the underlying bill is not problematic, taking it up under suspension is," the California Democrat said. "This bill which authorizes tens of billions of dollars for the U.S. Intelligence Community should be considered under regular order and a rule."

The House Liberty Caucus, a small group of Republicans led by Michigan Rep. Justin Amash, also objected to the fast-track process on the intelligence measure; several members of the caucus voted against it.

Immediately after the intelligence reauthorization failed, the House also defeated a measure to add $2 billion in funding to the Veterans Choice Program, which provides a route to private care for certain veterans having difficulty getting medical care at traditional Department of Veterans Affairs facilities.

Absent congressional action, the program is expected to run out of money in mid-August; the bill was expected to extend funding for roughly six months. The measure failed 219-186, with 182 of the "no" votes coming from Democrats. If the 219 "yes" votes hold, the measure would be able to pass under a rule.

House Veterans Affairs Committee Chairman Phil Roe in a statement said Republicans and Democrats agreed on the parameters of the stopgap measure during a meeting last week so he was "disappointed" to hear Democrats raise concerns Monday about the lack of additional resources the bill provides.

"I will continue to fight tirelessly to ensure the Choice Fund does not run out of money so veterans can continue to access care," the Tennessee Republican said.

Veterans Affairs ranking member Tim Walz said on the floor Monday he agrees that not passing additional funding for the program before the recess is unacceptable. "But not getting a bill that the senate can agree on and the president can sign is also not acceptable," the Minnesota Democrat said.

Both measures could hit the floor again this week after Rules Committee Action.

House Rules Committee Chairman Pete Sessions confirmed he's expecting both measures to go before his panel this week.

Kellie Mejdrich contributed to this report.

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Veterans Affairs Media Summary and News Clips

25 July 2017

1. Top Stories

1.1 - The Wall Street Journal: House Democrats Help Defeat VA Funding Measure (24 July, Ben Kesling and Peter Nicholas, 43.6M online visitors/mo; New York, NY)
House Democrats successfully led an effort Monday night to strike down a controversial funding proposal for the Department of Veterans Affairs after major veterans advocacy groups lobbied to defeat the measure, the latest battle in the debate about privatization's role in the department.

Hyperlink to Above

1.2 - USA Today: Veterans Affairs secretary: VA health care will not be privatized on our watch (24 July, Secretary David Shulkin, 36.7M online visitors/mo; McLean, VA)
As a physician, my professional assessment is that the Department of Veterans Affairs has made significant progress over the past six months — but it still requires intensive care. In order to restore the VA's health, we must strengthen its ability to provide timely and high quality medical care while improving experiences and outcomes for veterans.

Hyperlink to Above

1.3 - ABC News (AP): House rejects bill to fix VA's budget gap after vets protest (24 July, Hope Yen, 24.1M online visitors/mo; New York, NY)
The House rejected Monday a plan to allow the Department of Veterans Affairs to shift $2 billion from other programs to cover a sudden budget shortfall in its Choice program of private-sector care following opposition from veterans' groups. The vote was 219-186 on a bill to provide a six-month funding fix, falling short of the two-thirds majority needed to pass.

Hyperlink to Above

1.4 - Military Times: Despite promises, VA Secretary can't shake privatization concerns (24 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Nearly half a year into his job, Veterans Affairs Secretary David Shulkin is still trying to convince critics that his efforts to improve the department won't lead to privatizing care and support programs for veterans. In an editorial in USA Today Monday morning, Shulkin — the only holdover of former President Barack Obama's administration to President Donald Trump's Cabinet — called lingering fears of VA privatization "unfounded"…

Hyperlink to Above

1.5 - Stars and Stripes: House rejects funding bill for nearly bankrupt VA Choice program (24 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
House lawmakers rejected legislation Monday that would provide $2 billion in emergency funding for the Veterans Choice Program by taking money from other VA programs, after hearing outcry from veterans groups that viewed it as prioritizing private-sector health care while neglecting VA services. Lawmakers voted along party lines, 219 in favor of the bill and 186 against it.

Hyperlink to Above

1.6 - Stars and Stripes: House passes large GI Bill expansion 9 days after it was introduced (24 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

House lawmakers on Monday unanimously passed a host of changes to veterans' education benefits that aim to boost aid, expand who's eligible for benefits and eliminate the expiration date for veterans to use them. The 405-0 vote came just nine days after Rep. Phil Roe, R-Tenn., Rep. Tim Walz, D-Minn., and a bipartisan group of cosponsors introduced the bill.

Hyperlink to Above

1.7 - WFED (AM-1500): Fix for Veterans Choice shortfall fails in the House with little funds left (24 July, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)
Lawmakers failed Monday evening to pass a bill that would have pumped more money into the Veterans Choice Fund, one of several resource streams VA uses to pay for veterans to receive community health care. The bill, which failed with 219-186 vote, would have replenished the Veterans Choice Fund with an additional $2 billion without an expiration date. But to offset the costs, VA would continue to collect housing loan fees and would trim pensions for some veterans living in nursing facilities that are covered under Medicaid.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - ABC News (AP): The Latest: House approves big expansion of GI Bill benefits (24 July, 24.1M online visitors/mo; New York, NY)
The House has approved the biggest expansion of college aid for military veterans in a decade. The bipartisan legislation would remove a 15-year time limit to tap into GI education benefits and increase money for thousands in the National Guard and Reserve. It was approved 405-0.

Hyperlink to Above

2.2 - The Hill: House passes bill to expand veterans' GI benefits (24 July, Cristina Marcos, 11.8M online visitors/mo; Washington, DC)
The House overwhelmingly passed legislation on Monday to give veterans more flexibility in using their GI benefits to pay for school tuition. Lawmakers passed the bill with a 405-0 vote that will now await Senate action before reaching President Trump's desk. The bill removes the current restriction that veterans use their GI benefits within a 15-year timeframe.

Hyperlink to Above

2.3 - Military.com: House Passes New 'Forever' GI Bill (24 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)
Without a single vote in opposition, the U.S. House of Representatives passed a bill Monday night to expand the post-9/11 GI Bill and eliminate the 15-year time limit on the use of education benefits for new recruits. The vote was 405-0 in a rare display of bipartisanship in Congress on behalf of veterans seeking higher education after active duty service

Hyperlink to Above

2.4 - Military Times: Plan to overhaul GI Bill moves through House, on to Senate (24 July, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)
Major reforms to veterans' education benefits are one step closer to becoming law after the House of Representatives unanimously voted in favor of the legislation Monday. The Harry W.

Colmery Veterans Education Assistance Act of 2017 — colloquially known as the "Forever GI Bill" — would make significant changes to the Post-9/11 GI Bill.

Hyperlink to Above

2.5 - Tucson News Now: Veteran returns from treatment to find home burglarized in Tucson (24 July, Kristin Haubrich, 601k online visitors/mo; Tucson, AZ)
A local veteran's home was recently broken into while he was at the VA Medical Center for chemotherapy treatment. Now the family needs the community's help tracking down the suspect. The burglary happened on July 14 around 2 p.m. at a home near Fort Lowell and 1st in midtown. The homeowners said they believe the criminal broke in through the doggie-door.

Hyperlink to Above

2.6 - WISH (CBS-8): GI Bill reform to help veterans after ITT Tech shutdown (24 July, 322k online visitors/mo; Indianapolis, IN)
A bipartisan proposal to help veterans impacted by school closures unanimously passed the U.S. House of Representatives on Monday as part of a landmark GI Bill reform package. U.S. Rep. Luke Messer, a Republican from Indiana, and U.S. Rep. Mark Takano, a Democrat from California, spearheaded the proposal.

Hyperlink to Above

2.7 - Union Leader: New VA director hosting town hall on Wednesday (24 July, 312k online visitors/mo; Manchester, NH)
The recently named director of the Manchester VA Medical Center will host a town hall meeting and listening session on Wednesday at Manchester Community College, the medical center announced Monday. The meeting will start at 6 p.m. Wednesday in Manchester Community College's multi-purpose room.

Hyperlink to Above

2.8 - Union Leader: Whistleblowers' lawyer: VA probe will likely be 'another whitewash' (23 July, Dave Solomon, 312k online visitors/mo; Manchester, NH)
The lawyer for whistleblower doctors at the Manchester VA Medical Center says her clients began meeting with officials from the Office of Medical Inspector last week, and were disappointed with the line of questioning and defensive reactions. "I think it's just going to be another whitewash," said Manchester attorney Andrea Amodeo-Vickery.

Hyperlink to Above

2.9 - Temple Daily Telegram: Temple VA to hold job fair Thursday (24 July, Cody Weems, 158k online visitors/mo; Temple, TX)
Local veterans seeking employment will have a chance to connect with potential employers Thursday when the Central Texas Veterans Health Care System hosts its quarterly Vocational Rehabilitation Job Fair. The event takes place from 9 a.m. to noon Thursday in the recreation room of the domiciliary on the VA campus, 1901 Veterans Memorial Drive in Temple.

Hyperlink to Above

2.10 - Minot Daily News: Kathy Holte: Dedicated to helping veterans (24 July, Eloise Ogden, 68k online visitors/mo; Minot, ND)
Kathy Holte presented Korean War veteran Glen Johnson the original copy of his DD214 (military discharge paper) on the last day of her work on June 14 as Ward County Veterans Service Office administrative assistant. Holte came upon Johnson's discharge paper at the Minot flea market about three years ago. She located him recently, now living at Brookdale Brentmoor in Minot.

Hyperlink to Above

2.11 - WATN (ABC-24, Video): Local Health Alert: New Director Looks to Create Better Culture and Customer Service for Memphis VA (24 July, Caitlin Lockerbie, 55k online visitors/mo; Memphis TN)
The Memphis Veterans Affairs Medical Center is getting some much needed stability with a new director. David K. Dunning took over in the spring, hitting the ground running. He's now releasing details about his 60 to 90-day assessment of the facility and plans to turn the hospital's low-grade rating, into top notch service.

Hyperlink to Above

2.12 - The Daily News: Nurses retire with 95 years of combined VA service (24 July, 49k online visitors/mo; Iron Mountain, MI)
Three nurses retired from the Oscar G. Johnson VA Medical Center on June 30, after serving a combined 95 years as VA nurses. The retirees include Susan Gray, RN, 30 years; Carrie Champion, LPN, 32 years; and Carol Hinds, LPN, 33 years. All three nurses worked in various and diverse areas of VA medicine.

Hyperlink to Above

2.13 - Daily Democrat: Letter brings driver for veterans, but more are needed (24 July, Jeff Hunt, 8k online visitors/mo; Fort Madison, IA)
Ask and ye shall receive. After a letter appeared June 30 in the Daily Democrat showing concern about the veterans in Lee County having no transportation to the V.A. Hospital, a volunteer stepped up, but more are needed. Paul Carroll, director of Veterans Affairs for Lee County, says he now has a volunteer to drive the department's van Mondays, Wednesdays and Fridays.

Hyperlink to Above

3. Access to Healthcare

3.1 - Healthline: Did Agent Orange Cause John McCain's Cancer? (24 July, Jamie Reno, 24M online visitors/mo; San Francisco, CA)
When the news broke last week that Sen. John McCain has glioblastoma multiforme, a deadly brain cancer, the nation quickly rallied around the 80-year-old politician and Vietnam War veteran. Joy Patterson was deeply saddened by the news. Her husband, Kenneth Patterson, also served in Vietnam and was also diagnosed with glioblastoma (GBM).

Hyperlink to Above

3.2 - The Daily Caller: VA Secretary: My Only Clinical Priority Is Decreasing Vet Suicides (24 July, Jonah Bennett, 12M online visitors/mo; Washington, DC)
Department of Veterans Affairs Secretary David Shulkin said in an address Monday morning that his only clinical priority at the moment is making sure the veteran suicide rate drops. “The last priority and really my only clinical priority that I talk about right now is suicide and veteran suicide,” Shulkin said Monday at the 118th Veterans of Foreign Wars.

Hyperlink to Above

3.3 - National Review: Today, an Easily Overlooked Vote on Choice in Veterans Health Care (24 July, Jim Geraghty, 11.8M online visitors/mo; New York, NY)
From the first Morning Jolt of the week, a look at maintaining veterans’ choices in health care, one of those things that Congress is doing that it seems almost no one is noticing, along with those new sanctions on Russia. (Boy, that election meddling is not turning out the way Vladimir Putin expected, huh?) Today, an Easily Overlooked Vote on Choice in Veterans Health Care.

Hyperlink to Above

3.4 - Military.com: House Fails to Pass Bill Extending VA Choice Program (24 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)
The Trump administration and House Republicans suffered a stunning setback Monday night in the failure of a floor vote on a controversial bill to extend the VA's Choice program allowing veterans to choose private health care. The vote on the House floor was 219-186 in favor, but the emergency funding bill still failed under the two-thirds majority vote required under the rules that brought the legislation to the floor.

Hyperlink to Above

3.5 - FOX Business: Trump in cross hairs as veterans' group slams VA Choice funding plan (24 July, 10.8M online visitors/mo; New York, NY)
An emergency funding measure to fill a budget shortfall at the Department of Veterans Affairs – proposed by lawmakers in the U.S. House of Representatives last week – is being deemed a violation of President Donald Trump’s campaign promises by one veterans' group.

Hyperlink to Above

3.6 - Washington Examiner (Video): House rejects $2 billion in new funding for VA's healthcare Choice Program (24 July, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)
The House on Monday rejected legislation that would have given the Department of Veterans Affairs another $2 billion to fund the Veterans Choice Program, which gives veterans the option of seeking care outside the VA in certain circumstances.

Hyperlink to Above

3.7 - The Detroit News (AP): VFW slams House plan to fix VA budget gap (24 July, Hope Yen, 3.8M online visitors/mo; Detroit, MI)
The Republican-led House is moving to allow the Department of Veterans Affairs to shift $2 billion from other programs to cover a sudden budget shortfall in its Choice program of private-sector care, a plan drawing stiff protests from veterans’ groups. Lawmakers are expected to

vote Monday to provide a six-month funding fix to Choice, which offers veterans federally paid medical care outside the VA and is a priority of President Donald Trump.

Hyperlink to Above

3.8 - Military Times: Proposed VA Choice funding fix fails in House vote (24 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
House Republicans suffered a surprising setback during a full chamber vote on veterans funding Monday which put in doubt the future of the controversial Veterans Affairs Choice Program, with just days left to find another solution.

Hyperlink to Above

3.9 - The Vindicator: Apparent suicide by veteran inside Warren VA clinic 'tragic situation,' VA says (25 July, Ed Runyan, 193k online visitors/mo; Youngstown, OH)
The U.S. Veterans Affairs Louis Stokes Cleveland VA Medical Center says the apparent self-inflicted shooting death of a Vienna man inside the Warren Outpatient Clinic on Friday is a "tragic situation." "There was a sad, isolated incident Friday afternoon at our Warren VA Outpatient Clinic," a spokeswoman said Monday after being contacted by The Vindicator.

Hyperlink to Above

3.10 - KCEN (NBC-9, Video): Waco VA denies 92 percent of Gulf War illness claims (24 July, Jasmin Caldwell, 191k online visitors/mo; Eddy, TX)
According to a recent mystatesman.com article, the Waco VA has denied 92 percent of claims related to Gulf War illness. Channel 6 investigated the incident Monday. The VA estimates 44 percent of veterans who served in the Persian Gulf War in 1990-91 have medical issues. In order to qualify for compensation, the veterans must have a diagnosable condition or an undiagnosed illness such as abnormal weight loss, fatigue, psychological problems, etc.

Hyperlink to Above

3.11 - Victorville Daily Press: Here we go again with talks of privatizing the VA (24 July, Fred Dunning, 190k online visitors/mo; Victorville, CA)
As you can tell with some of my writing, I do not love the Veterans Administration (VA) nor do I hate it. I try to accept it for what it is, a huge bureaucratic system that can be difficult to navigate. There are some veterans that love the VA, and some that loathe the it. As it stands right now top leaders of the VA and many congressional representatives are moving forward with plans to put more veteran's medical needs in the hands of private sector healthcare.

Hyperlink to Above

3.12 - Temple Daily Telegram: VA doc helps keeps hearts ticking (22 July, Janice Gibbs, 158k online visitors/mo; Temple, TX)
If you consider how many times you have to deal with electrical problems at home, at work and elsewhere, it stands to reason that the electric system in the heart might experience a blip or two. Dr. Michael Bui, electrophysiologist at the Olin E. Teague Veterans' Medical Center, works with patients who have abnormal heart rhythms.

Hyperlink to Above

3.13 - Task & Purpose: Is A New Military Oath Really The Best We Can Do To Fight Veteran Suicide? (24 July, Adam Linehan, 102k online visitors/mo; New York, NY)
When Dr. David Shulkin was appointed secretary of veterans affairs in February, President Donald Trump charged him with the ambitious mission of reducing the veteran suicide rate to zero.

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Fast Company: This App Connects Veterans In Crisis With Other Veterans Who Are Willing To Talk (24 July, Eillie Anzilotti, 11.8M online visitors/mo; New York, NY)
That conversation sparked the idea for Objective Zero, a foundation and mobile application launching later this summer that will connect veterans experiencing mental distress with other veterans who can talk them through it. Every day, around 20 veterans and one active service member take their own lives.

Hyperlink to Above

6.2 - Arizona Daily Star: No barriers: Wilderness treks help disabled Tucson-area vets (24 July, David Wichner, 443k online visitors/mo; Tucson, AZ)
Air Force veteran Daniel Kester of Tucson studied the transition of military veterans into civilian society to earn his Ph.D. in education. But the retired intelligence specialist still needed help with his own transition issues, as he stepped away from a military career that included combat duties in Iraq and Afghanistan and left him with post-traumatic stress syndrome.

Hyperlink to Above

7. Supply Chain Modernization – No Coverage

8. Other

8.1 - Bloomberg: Trump's Quiet Progress on Veterans Affairs. He doesn't tweet about it much, but reform is moving along (24 July, Mark Whitehouse, 43.7M online visitors/day; New York, NY)
For all the tweeting he does about repealing Obamacare, defeating Islamic State and building a wall along the Mexican border, President Donald Trump has precious little progress to show. By contrast, he has probably achieved the most in an area he mentions rarely: reforming the Department of Veterans Affairs.

Hyperlink to Above

8.2 - Politico: House Democrats stun GOP by sinking vets, intel bills (24 July, Connor O'Brien, 23.9M online visitors/mo; Arlington, VA)
House Democrats sank two key bills on the House floor Monday, embarrassing Republican leaders who were banking on the noncontroversial legislation sailing through — in a new sign of the opposition's party's frustration with the majority's approach.

Hyperlink to Above

8.3 - Richmond Times-Dispatch: Editorial: Kudos to Dave Brat for his bill on dog research (25 July, 1.5M online visitors/mo; Richmond, VA)
Virginia Rep. Dave Brat is something of a lightning rod, and we've not always seen eye-to-eye with him ourselves. But the 7th District congressman deserves a pat on the back and an "Attaboy" for introducing a bill to limit medical testing on dogs at the Department of Veterans Affairs.

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8.5 - Roll Call: House Democrats Tank Two Suspension Bills. Pelosi: Bill not problematic, suspension is (24 July, Lindsey McPherson, 431k online visitors/mo; Washington, DC)
House Republicans hoping to quickly clear some must-pass items from their to-do list before August recess brought up two bills Monday under a fast-track procedure only to have Democrats shoot them down.

Hyperlink to Above

1. Top Stories

1.1 - The Wall Street Journal: House Democrats Help Defeat VA Funding Measure (24 July, Ben Kesling and Peter Nicholas, 43.6M online visitors/mo; New York, NY)

House Democrats successfully led an effort Monday night to strike down a controversial funding proposal for the Department of Veterans Affairs after major veterans advocacy groups lobbied to defeat the measure, the latest battle in the debate about privatization's role in the department.

The measure to use stopgap funding for a program that provides veterans with private-sector health care was defeated on the House floor when it failed to get the two-thirds majority needed under special rules. The defeat left the future of the program in question as Congress prepares to go on recess.

Democrats and many veterans groups complained that the proposal would fund a privatization drive by drawing on money from elsewhere in the department. But Republicans and backers of the proposal said the proposal would help veterans and provide them more choice in where they get their health care.

"These are investments for our veterans that should be supported from both sides of the aisle," said Erin Perrine, spokeswoman for House Majority Leader Kevin McCarthy (R., Calif.), in a statement. "Instead, House Democrats are choosing to pick a floor fight at their expense."

The top Democrat on the House Committee on Veterans' Affairs, Rep. Tim Walz (D., Minn.) said he withdrew support for the legislation after veterans groups voiced their concerns. A spokesman for Mr. Walz said the congressman found the bill to be lopsided, funding private care but neglecting other parts of the VA.

"The House Majority did not build the necessary consensus among Democrats, Republicans, and our nation's well-respected veterans service organizations," Mr. Walz said in a statement.

A White House spokesman said: "President Trump and his administration remain committed to modernizing the VA and ensuring our nation's heroes are a priority."

Eight veterans advocacy groups, including some of the largest veterans organizations in the country, had called on House members in a letter over the weekend to oppose the measure.

"We oppose legislation that includes funding only for the 'choice' program, which provides additional community care options, but makes no investment in VA and uses 'savings' from other veterans benefits or services to pay for the choice program," said the letter from a coalition of veterans advocacy groups sent to lawmakers on Saturday.

Republican leaders brought the measure to the floor Monday under a rule requiring that it win votes from two-thirds of the House. A spokeswoman for Mr. McCarthy said the bill was introduced under the special-rules suspension because House leaders presumed support from the Democrats.

"Last week, during a bipartisan member meeting, members of both parties came together and agreed to fund the Choice program for six months while Congress worked on other reforms," said Rep. Phil Roe (R., Tenn.) the chairman of the House Committee on Veterans' Affairs in a statement, adding that he was disappointed that the agreement fell apart.

"We're glad to see that House listened to the voices of millions of members across the veterans organizations that were united in opposition to this bill," said Kristofer Goldsmith, an official with the Vietnam Veterans of America, one of the groups that opposed the measure.

The House plan would have provided $2 billion for approximately six months of stopgap funding for what is known as the Veterans Choice Act, a program first passed in 2014 and designed primarily to help veterans obtain health care in the private sector when appointments aren't available at government-run medical centers.

The Choice Act is likely to run out of funding sometime between Aug. 7 and Aug. 15 because the number of appointments was higher than expected, according to VA Secretary Dr. David Shulkin. But legislation to replace it has yet to be introduced, leaving stopgap funding as one of the few options.

Dr. Shulkin and House Veterans Affairs Committee leaders have said they hope to introduce legislation in the fall that would overhaul and replace the current version of the program. They have also said they oppose plans to privatize the VA, while also moving to expand veterans' ability to seek care in the private sector as needed.

Some of the veterans groups who opposed the funding proposal said the expansion of private-sector appointments is tantamount to gradual privatization.

Since January, the VA has authorized more than 8 million appointments in the private sector, 2.6 million more than the previous year, or a nearly 50% year-over-year increase, Dr. Shulkin testified before a Senate panel in late June. With this increased use of private-sector appointments, the Choice program has used more money than anticipated, leading to budget shortfalls and what backers call the need to inject additional funding as soon as possible.

"The chairman's priority is making sure the Choice fund doesn't run dry because of the real and disastrous effect it would have on veterans' health care," said Tiffany Haverly, a spokeswoman for Dr. Roe, before the vote.

Veterans groups, including Veterans of Foreign Wars and Vietnam Veterans of America, issued their letter over the weekend opposing the measure, saying the funding boost would only benefit the Choice program, which pays for private-sector appointments but doesn't build the VA's ability to treat patients within the system, and it does so by drawing funds from elsewhere within the VA.

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1.2 - USA Today: Veterans Affairs secretary: VA health care will not be privatized on our watch (24 July, Secretary David Shulkin, 36.7M online visitors/mo; McLean, VA)

As a physician, my professional assessment is that the Department of Veterans Affairs has made significant progress over the past six months — but it still requires intensive care. In order to restore the VA's health, we must strengthen its ability to provide timely and high quality medical care while improving experiences and outcomes for veterans.

I believe the best way to achieve this goal is to build an integrated system that allows veterans to get the best health care possible, whether it comes from the VA or the private sector.

This is not a novel idea. No health care provider delivers every treatment under the sun. Referral programs for patients to get care through outside providers (known as Choice or Community Care at the VA) are as essential to the medical profession as stethoscopes and tongue depressors. But VA attempts to offer veterans these options have frequently stirred controversy.

Some critics complain that letting veterans choose where they get certain health care services will lead to the privatization of VA. Nothing could be further from the truth.

VA has had a community care program for years. Congress significantly expanded these efforts in 2014 in response to the wait time crisis. As a result, since the beginning of this year, VA has authorized over 18 million community care appointments — 3.8 million more than last year, or a 26% increase, according to the VA claims system.

But as VA's community care efforts have grown, so has our capacity to deliver care in-house. The VA budget is nearly four times what it was in 2001. Since then, the department's workforce has grown from some 224,000 employees in 2001 to more than 370,000 today, according to the Office of Personnel Management. And we're delivering 3 million more appointments at VA facilities per year than we were in 2014.

In other words, community care or private capacity and VA's internal capacity are not mutually exclusive. We are ramping up both simultaneously in order to meet the health care needs of the veterans we are charged with serving. Our fiscal 2018 budget continues this trend. It will spend $2.7 billion more for in-house VA care, compared to a $965 million increase for community care. This means that the total dollar increase for medical care within VA is three times that of the increase for community care. Overall, when all funding sources are taken into account, we expect to spend $50 billion on health care services within VA and $12.6 billion on VA community care in fiscal 2018.

Even though these numbers make it abundantly clear VA is not at all headed toward privatization, I understand the underlying concerns of some critics. They don't want to lose all that VA has to offer. I don't either — and we won't.

Many of VA's services cannot be replicated in the private sector. In addition to providing some of the best quality overall health care in the country, VA delivers world class services in polytrauma, spinal cord injury and rehabilitation, prosthetics and orthotics, traumatic brain injury, post-traumatic stress treatments and other behavioral health programs. The department plays a critical role in preparing our nation's doctors and nurses — 70% of whom train at VA facilities. And we lead the nation in innovation, with VA research having contributed to the first liver transplant, development of the cardiac pacemaker, advancements in treatments for PTSD, cutting-edge prosthetics, and many other medical breakthroughs.

All of these factors underscore that fears of privatization are simply unfounded. President Trump is dedicated to maintaining a strong VA, and we will not allow VA to be privatized on our watch. What we do want is a VA system that is even stronger and better than it is today. To achieve that goal, VA needs a strong and robust community care program.

Veterans deserve the best. If a VA facility isn't meeting the community standard for care, doesn't offer a specific service, or doesn't have an appointment available when it's needed, veterans should have access to care in their community.

This is precisely what they have earned and deserve. It's what the VA is working with Congress and Veterans Service Organizations to deliver. And it's what the system needs to remain a valuable resource for our country's great veterans, now and in the future.

David J. Shulkin, M.D. is the ninth Secretary of Veterans Affairs.

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1.3 - ABC News (AP): House rejects bill to fix VA's budget gap after vets protest (24 July, Hope Yen, 24.1M online visitors/mo; New York, NY)

The House rejected Monday a plan to allow the Department of Veterans Affairs to shift $2 billion from other programs to cover a sudden budget shortfall in its Choice program of private-sector care following opposition from veterans' groups.

The vote was 219-186 on a bill to provide a six-month funding fix, falling short of the two-thirds majority needed to pass. House Democratic Leader Nancy Pelosi joined other members of her party in voicing objections after veterans expressed concerns about cuts to other parts of the VA. The Choice program offers veterans federally paid medical care outside the VA and is a priority of President Donald Trump.

Veterans' groups Veterans' groups are seeking additional money for both Choice and core VA programs.

House negotiators now planned to meet with the Senate, where lawmakers were crafting a separate proposal.

Put in place after a 2014 wait-time scandal at the Phoenix VA hospital, the Choice program allows veterans to receive care from outside doctors if they must wait 30 days or more for an appointment or drive more than 40 miles to a VA facility. VA Secretary David Shulkin has warned that without congressional action Choice would run out of money by mid-August, causing disruptions in medical care to thousands of patients.

Rep. Tim Walz of Minnesota, the top Democrat on the House Veterans Committee, criticized the required spending offsets and urged members to oppose the plan. He suggested it would be folly to ignore the views of major veterans' groups and pass a flawed plan, only for it to be rejected in the Senate.

"The fact that Republican leadership is requiring offsets for direct patient care for veterans is troubling," Walz said.

Rep. Phil Roe of Tennessee, the chairman of the veterans' panel, had argued quick action was needed to address the shortfall. He rejected descriptions of the proposal as "privatization."

Sen. Johnny Isakson of Georgia, the Republican chairman of the Senate Veterans Affairs Committee, has been working to reach a compromise and his office declined to comment. The panel's top Democrat, Jon Tester of Montana, introduced a bill earlier this month that would provide equal levels of extra funding for Choice and VA programs.

Eight major veterans' groups expressed opposition to the House plan, voicing displeasure after it was quietly released last Friday after days of closed-door negotiations.

At its national convention in New Orleans Monday, the leader of Veterans of Foreign Wars took aim at Trump over the House plan, describing the proposal as unacceptable privatization. VFW National Commander Brian Duffy said it would lead to higher out of pocket costs for veterans and harm their care. VFW members in the convention hall were heard chanting "No" to the plan.

"It would violate the campaign promise that President Trump told our convention a year ago — a promise that the VA system would remain a public system because it is a public trust," Duffy said.

Separately, the House also voted Monday to significantly expand college aid for military veterans, removing a 15-year time limit to tap into educational aid and increasing benefits for thousands in the National Guard and Reserve. It was the biggest expansion of the GI Bill in a decade.

Veterans' groups cheered the proposed expansion to the GI Bill but drew a line with Choice. They see the House proposal as setting dangerous precedent because it takes money from core VA benefits to pay for private-sector care. The plan would trim pensions for some veterans and collect fees for housing loans guaranteed by the VA.

"Veterans' health care benefits have already been 'paid for' through the service and sacrifice of the men and women who wore our nation's uniform," the groups said.

They include AMVETS, Iraq and Afghanistan Veterans of America, Disabled American Veterans, Vietnam Veterans of America, Military Officers Association of America, Military Order of the Purple Heart and Wounded Warrior Project.

Shulkin announced the budget shortfall last month, citing unexpected demand from veterans for private care as well as poor budget planning. To slow spending, the department last month instructed VA medical centers to limit the number of veterans it sent to private doctors.

Congress approved the Choice program in 2014 after the scandal at the Phoenix VA, in which some veterans died while waiting months for appointments. During the 2016 campaign, Trump criticized the VA for long wait times and mismanagement, pledging to give veterans more options in seeing outside providers.

Currently, more than 30 percent of VA appointments are in the private sector, up from fewer than 20 percent in 2014, as the VA's more than 1,200 health facilities struggle to meet growing demands for medical care.

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1.4 - Military Times: Despite promises, VA Secretary can't shake privatization concerns
(24 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Nearly half a year into his job, Veterans Affairs Secretary David Shulkin is still trying to convince critics that his efforts to improve the department won't lead to privatizing care and support programs for veterans.

In an editorial in USA Today Monday morning, Shulkin — the only holdover of former President Barack Obama's administration to President Donald Trump's Cabinet — called lingering fears of VA privatization "unfounded" and stated again that "we will not allow VA to be privatized on our watch."

But Shulkin also stated that he believes VA needs to "build an integrated system that allows veterans to get the best health care possible, whether it comes from the VA or the private sector."

Those kinds of assertions, and plans to expand care programs that direct health care funds to private physicians outside VA, have raised alarms in the veterans community about the potential for eroding or erasing existing department services.

Shulkin's piece was released just hours before a scheduled House vote on legislation that would fund the controversial VA Choice program for another six months at a cost of $2 billion, through a variety of program trims and reauthorized fees.

A coalition of eight veterans groups — including the Veterans of Foreign Wars, AMVETS and Iraq and Afghanistan Veterans of America — spend the weekend lobbying lawmakers to dump the plan, arguing that it unfairly outsources funding that should be dedicated to improving internal programs.

The Choice program was established by Congress in 2014 as a way to more quickly aid veterans facing long wait times or significant travel hardships. Qualified veterans can use the program to pay for medical appointments at private-care clinics.

The program is one of multiple outside care offerings administered by VA, which cover about one-third of the appointments scheduled by department health officials each year.

Shulkin in his piece insisted that "community care or private capacity and VA's internal capacity are not mutually exclusive."

He noted that in-house VA care will rise about $2.7 billion next year under the administration's proposed budget, while outside care programs will be increased by only $965 million. "We are ramping up both simultaneously in order to meet the health care needs of the veterans we are charged with serving."

That outside care increase does not include the new $2 billion boost that House lawmakers will vote on Monday afternoon.

Without a funding fix for the program before the start of August, VA has warned that thousands of veterans could see their care plans disrupted, and thousands of third-party administrators that have helped streamline the program will be cut off from the department.

Critics of the House plan have not offered a new funding fix, but in the past have preferred that lawmakers not require VA-based offsets to pay for services ultimately outside full VA control.

Shulkin said he sympathized with their concerns.

“They don’t want to lose all that VA has to offer,” he wrote. “I don’t either — and we won’t.

“What we do want is a VA system that is even stronger and better than it is today. To achieve that goal, VA needs a strong and robust community care program.”

Trump prompted a host of privatization concerns during his transition into the White House, vowing massive reforms at VA and promising to dramatically increase private-sector options for veterans. The rhetoric was embraced by conservative groups and decried by liberals, but Trump has largely left the implementation of those issues to Shulkin so far.

Senate Republicans have offered support for the House plan, but Senate Democrats so far have remained wary of the details. That leaves the measure with an uncertain future even if House lawmakers pass it on Monday.

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1.5 - Stars and Stripes: House rejects funding bill for nearly bankrupt VA Choice program
(24 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

House lawmakers rejected legislation Monday that would provide $2 billion in emergency funding for the Veterans Choice Program by taking money from other VA programs, after hearing outcry from veterans groups that viewed it as prioritizing private-sector health care while neglecting VA services.

Lawmakers voted along party lines, 219 in favor of the bill and 186 against it. Only two Democrats voted for the bill, which required a two-thirds majority to pass. The Choice program, which pays for veterans to receive care outside of the VA, is set to run out of funding in mid-August -- potentially putting medical care at risk for thousands of veterans. The $2 billion would have kept the program going for the next six months.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans' Affairs, urged lawmakers on Monday to vote against the bill. He said the committee should work with the Senate to come up with a solution both chambers could approve. He argued the proposal voted on Monday would never garner enough votes in the Senate.

In a statement Monday night, Walz said the Senate was already "close to an agreement that would pass in both the House and Senate."

“I think we’re just a little bit early, we need another day,” Walz said. “I would echo that not funding this program before the August recess is not acceptable. But not getting a bill the Senate can agree on and [President Donald Trump] can sign is also not acceptable.”

But time is running out. House lawmakers have only four days before they leave for a monthlong recess, and veterans are already feeling the effects of the funding shortfall.

VA Secretary David Shulkin first warned Congress in June that the program was quickly and unexpectedly running out of money. He attributed the faster spending to increased popularity in the program this year.

Appointment requests through the Choice program are “piling up” at VA hospitals, said Carlos Fuentes, legislative director for the Veterans of Foreign Wars. Joe Chenelly, director of AMVETS, said he’s heard from veterans with long-term health care issues who use the program and whose medical care has been interrupted. Last week, a VA spokesman said the funding shortage – if not addressed before mid-August -- would cause layoffs at Health Net and TriWest, which contract with the VA to help administer the Choice program.

“Allowing the VA Choice program to run dry is not a viable option. We cannot allow it to happen,” said Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs, while asking lawmakers to vote for the proposal Monday.

Walz said a compromise was needed to “show a sense of goodwill” to veterans groups that saw Monday’s proposal as dangerous precedent toward privatization.

Eight groups issued a joint statement over the weekend, urging lawmakers to work on another plan to fund the Choice program without trimming other VA programs.

To offset the $2 billion, the House legislation proposed extending pension reductions for Medicaid-eligible veterans in nursing facilities and continuing fees on VA-guaranteed home loans. The cuts were put in place in 2014 when the Choice program was first created. They were set to last until Sept. 30, 2024. The bill would move the end-date through 2027.

“We’re not against Choice. What we’re against is this pay-for is cannibalistic,” said Rick Weidman, legislative director for Vietnam Veterans of America, one of the groups that signed onto the statement. “Choice in the future needs to be in the budget, without having to make cuts elsewhere within VA. Because you can’t keep doing this thing of charging veterans for one thing in order to get another thing.”

Walz said he did not think the proposal should have reignited the debate about privatization. But he asked congressmen to work with senators and veterans groups this week on a solution that they all could agree on.

“We’re very in line on the goals here. We want to get this done, but we have opposition rarely seen from the [veterans service organizations],” Walz said. “What I’m asking is, just give a little to build the coalition, get the thing passed and end this ridiculous argument of privatization versus non-privatization.”

Roe and Walz created a proposal last week to fund the Choice program while investing more into the VA and establishing a nationwide review of VA infrastructure. Negotiations stalled after they presented the idea to veterans groups and members of their committee. The proposal included funding for VA personnel vacancies and 27 leases for more VA clinics and research locations, which the eight veterans groups said the VA urgently needs.

Sen. Jon Tester, D-Mont., the ranking Democrat on the Senate Veterans’ Affairs Committee, introduced legislation July 11 providing $2 billion in emergency funding while investing an equal amount in other parts of the VA, primarily personnel and infrastructure.

“If new funding is directed only or primarily to private sector ‘Choice’ care without any adequate investment to modernize VA, the viability of the entire system will soon be in danger,” the statement from the groups reads. It was signed by AMVETS, Veterans of Foreign Wars, Disabled American Veterans, Iraq and Afghanistan Veterans of America, Military Order of the Purple Heart, Vietnam Veterans of America, Military Officers Association of America and Wounded Warrior Project.

Roe fought back against accusations the proposal that failed Monday was neglectful to the VA, noting overall funding and the number of authorized employees at the VA continues to increase each year.

“The idea Congress is focused on just increasing VA’s external capacity is false,” he said.

The debate also played out Monday morning in New Orleans, where Veterans of Foreign Wars is hosting its national convention this week. In his opening speech, VFW Commander Brian Duffy took aim at the proposal and Trump. He encouraged the thousands of VFW members in attendance to call their congressmen and led them in chanting, “No.”

“It would violate the campaign promise that President Donald Trump told our convention a year ago, a promise the VA system would remain a public system,” Duffy said.

While introducing Shulkin to the gathering later Monday morning, Duffy said: “The VFW will continue to be there to help you fix the VA, just as we will be there to point out necessary course corrections, too.”

Shulkin told the crowd in New Orleans that he was not attempting to privatize the department. He wrote the same in a column published in USA Today on Monday. While the VA authorized more health care appointments with private-sector providers – 18 million appointments so far this year – it has also increased appointments at VA facilities, Shulkin wrote.

Trump’s fiscal 2018 budget proposal calls for a $2.7 billion increase for in-house VA care and a $965 million increase for outside health care, he wrote. The total for outside care does not include the $2 billion proposed in the House bill Monday.

“The president and I agree privatization is the wrong path for VA, but we do want to give veterans more choice,” Shulkin said. “For those who don’t understand what this budget shows and say that this is a budget that supports privatization, just take a look at the numbers.”

The conservative group Concerned Veterans of America kicked off its own campaign over the weekend to have congressmen vote “yes” on the House proposal.

“The veterans service organizations and members of Congress who used this as an opportunity to advance a misleading anti-choice agenda are standing directly between millions of veterans and their health care," CVA Director Mark Lucas said after the Monday vote. "They spread false information about Chairman Roe’s proposal in a transparent attempt to tie this bill to unnecessary VA spending."

Iraq and Afghanistan Veterans of America, which was against the proposal, said the bill was "an attempt to exploit a funding crisis to push a political agenda."

"Tonight's failure hopefully opens up room for a Senate compromise that vets groups can support," IAVA said in a statement Monday night. "This should not be a partisan issue, but you can count on tonight's Choice fight being the first of others to come. It will be important in subsequent debates that people across America listen to the trusted voices that represent our 21 million veterans."

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1.6 - Stars and Stripes: House passes large GI Bill expansion 9 days after it was introduced (24 July, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

House lawmakers on Monday unanimously passed a host of changes to veterans' education benefits that aim to boost aid, expand who's eligible for benefits and eliminate the expiration date for veterans to use them.

The 405-0 vote came just nine days after Rep. Phil Roe, R-Tenn., Rep. Tim Walz, D-Minn., and a bipartisan group of cosponsors introduced the bill.

"In the time I've had the privilege of representing southwestern Minnesota, I'm not sure there's been a day I've felt more of that pride than here today," Walz said. "This is a real historic piece of work. It is hard to get historic legislation like this done."

The legislation eliminates the 15-year limit afforded veterans to use their education benefits after leaving military service. It also restores benefits to veterans whose schools abruptly close and boosts aid for dependents, Purple Heart recipients, technical education and members of the National Guard and Reserve. The bill also fixes a Pentagon deployment authorization that has kept about 5,000 reservists and guardsmen from accumulating education benefits. Altogether, it combines 18 bills and is expected to increase GI Bill costs by $3 billion in 10 years.

To offset costs, the legislation calls for decreasing living stipends to GI Bill recipients to fall in line with active-duty servicemembers' basic housing allowance. The change would not apply to people now using the GI Bill.

The GI Bill expansion was introduced July 13 and was the subject of a committee hearing July 17. The House Veterans' Affairs Committee unanimously decided July 19 to send it to the House floor for a vote.

The legislation was put together by lawmakers during the last several weeks. Negotiations were reignited by a group of veterans organizations, led by Student Veterans of America, following a rift between organizations in April about how to pay for the GI Bill expansion. Walz said it was almost a "death knell" for the bill.

With the new proposal on how to pay for the expanded benefits, veterans organizations encouraged lawmakers to pass the bill before leaving for their August recess.

"Without a doubt, we would not be in the chamber today on the verge of this historic moment without their efforts," Roe said of the organizations. "This is a strong bill that would help thousands of student veterans for the rest of their lives."

The legislation also appears poised for quick passage in the Senate.

Sen. Johnny Isakson, R-Ga., and Sen. Jon Tester, D-Mont., the chairman and ranking Democrat on the Senate Veterans' Affairs Committee, introduced an identical bill last week.

The Senate Veterans' Affairs Committee will vote on the legislation Wednesday and won't consider any amendments, committee staff said. If the committee approves the bill, it would then have to be scheduled for a vote on the Senate floor.

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1.7 - WFED (AM-1500): Fix for Veterans Choice shortfall fails in the House with little funds left (24 July, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

This story has been updated to reflect that the bill failed in the House with a 219-186 vote Monday evening.

Lawmakers failed Monday evening to pass a bill that would have pumped more money into the Veterans Choice Fund, one of several resource streams VA uses to pay for veterans to receive community health care.

The bill, which failed with 219-186 vote, would have replenished the Veterans Choice Fund with an additional $2 billion without an expiration date. But to offset the costs, VA would continue to collect housing loan fees and would trim pensions for some veterans living in nursing facilities that are covered under Medicaid.

The extension came in the form of an amendment from members of the House Veterans Affairs Committee, who attached an amendment to a bill previously designed to simply require a report from the VA secretary on employee bonuses.

"This was a bipartisan agreement, and I'm disappointed the concerns raised on the House floor today were not mentioned during what I thought was an open and honest conversation," House VA Chairman Phil Roe (R-Tenn.) said in a statement after the bill failed. "I will continue to fight tirelessly to ensure the Choice Fund does not run out of money so veterans can continue to access care."

Members of Congress are on an incredibly tight deadline to find a way to continue the Choice program before the money runs dry, but some Democrats and veterans service organizations opposed the committee's solution even though they recognized the urgency of their situation.

Funding in the Veterans Choice account is expected to run out between Aug. 7-15, Roe said.

"This is about providing health care for veterans after Aug. 7 or Aug. 15," he said July 24 from the House floor. "That's two to three weeks from now when that program will be shut off and veterans in the middle of care will not be able to get care. It's a simple vote. We can work these other things out in the next few months."

Yet eight veterans service organizations called on members of Congress to defeat the bill, citing their concerns that lawmakers are scrambling to find a solution to pay for private sector veterans

care without a concrete plan to invest more resources into VA and the department's own modernization.

"We call on House leaders to take the time necessary to work together with Senate leaders to develop acceptable 'choice' funding legislation that not only fills the current funding gap, but also addresses urgent VA infrastructure and resource needs that led to the creation of the 'choice' program in the first place," the VSOs wrote in a July 22 statement.

Some members of Congress are concerned by the VSOs' opposition. They say this new agreement bypasses the bipartisan, bicameral and in-depth discussions they expected they'd have to redesign the Veterans Choice Program entirely.

"In light of opposition that is rarely seen from the VSOs in such opposition to this … it's the spirit of what it takes to legislate that is missing around here," House VA Committee Ranking Member Tim Walz (D-Minn.) said.

Yet other Democrats are also concerned. They fear this approach sends a broader political message about the path forward in paying for veterans' health care.

"It is time for us to recognize that private care is not the panacea for the complex challenge of caring for our nation's veterans, and that the VA's role must remain foundational to veterans' care," Rep. Mark Takano (D-Calif.) said on the House floor. "This bill does not reflect that reality."

Both Republicans and Democrats seem to agree: they received poor communication and a bad prediction from VA. The department told Congress in early June that it was running out money in the Veterans Choice Fund. Without the congressional authority to transfer funds from one account to another, the department predicted it would run out of money to pay for veterans' care in the community before the end of the fiscal year.

Now, VA has only a few weeks left of funding for the program.

If the Choice fund runs completely dry, veterans will wait longer for appointments and won't be able to return to their private sector providers for care, Dr. Poonam Alaigh, acting VA undersecretary for health, told the House committee in June.

Some veterans and Choice providers had already begun to experience the residual effects of the funding shortfall.

Dr. Dustin Siena, a Choice provider in Camarillo, California, provides acupuncture services to veterans. He said the program has worked well for him and for veterans, who have access to an alternate pain treatment.

But only a few new patients have received Choice authorizations in the three to six months, and no return patients have gotten a Choice referral during that same time, Siena said.

Meanwhile, the House is also expected to vote this week on a fiscal 2018 appropriations bill for VA. The House gives the department $182.3 billion in discretionary and mandatory funding, an increase of about $5 billion over the previous year's budget. Specifically, about $1.6 billion would go toward community care.

But Democrats and VSOs are concerned the president's budget indicates a desire to make the VA Choice Program a mandatory one, even though the department indicated its desire to overhaul and redesign the way veterans receive health care from the private sector.

VA Secretary David Shulkin himself recognized the debate that's heating up over the department's funding situation.

"It is not a budget for privatization," he said in a July 24 speech at the Veterans of Foreign Wars National Convention. "The president and I agree that privatization is the wrong path for the VA. But we do want to give veterans greater choice in decision making, and we do want to help strengthen the VA system."

VFW was one of the eight VSOs that expressed their concern with the House legislation.

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2. Veteran and Employee Experience

2.1 - ABC News (AP): The Latest: House approves big expansion of GI Bill benefits (24 July, 24.1M online visitors/mo; New York, NY)

The Latest on the House's consideration of bills to address the Department of Veterans Affairs' budget gap, and expand the GI Bill (all times local):

7:30 p.m.

The House has approved the biggest expansion of college aid for military veterans in a decade.

The bipartisan legislation would remove a 15-year time limit to tap into GI education benefits and increase money for thousands in the National Guard and Reserve.

It was approved 405-0.

The measure builds on legislation passed in 2008 that guarantees a full-ride scholarship to any in-state public university — or a similar cash amount for private college students. Veterans would get additional payments if they complete science, technology and engineering courses.

Lawmakers of both parties praised the bill as better preparing veterans for a rapidly changing job market.

It now goes to the Senate.

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7 p.m.

The House has rejected legislation to allow the Department of Veterans Affairs to shift $2 billion from other programs to cover a sudden budget shortfall in its Choice program of private-sector care.

The vote was 219-186, failing to attract two-thirds of the vote needed to pass. The measure faced stiff opposition from veterans' organizations.

The bill sought to address a budget gap in Choice, which offers veterans federally paid medical care outside the VA. The program is slated to run out of money by mid-August.

Democratic Rep. Tim Walz of Minnesota criticized the proposed cuts to other parts of the VA. He urged the House to work out a compromise with the Senate.

Veterans' groups are asking that emergency money be invested in the VA as well as Choice.

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1 p.m.

The leader of Veterans of Foreign Wars is taking aim at President Donald Trump over a House plan to fill a sudden budget shortfall at the Department of Veterans Affairs.

VFW National Commander Brian Duffy was referring to a House bill that would shift $2 billion from other VA programs to continue paying for the VA's Choice program, which gives veterans access to private doctors.

He told the group's national convention in New Orleans that the plan violates Trump's campaign promise to VFW last year that the "VA would remain a public system, because it is a public trust."

Duff says the House plan is unacceptable privatization and would increase out of pocket costs for veterans and harm their care. The House was moving to pass legislation later Monday.

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2.2 - The Hill: House passes bill to expand veterans' GI benefits (24 July, Cristina Marcos, 11.8M online visitors/mo; Washington, DC)

The House overwhelmingly passed legislation on Monday to give veterans more flexibility in using their GI benefits to pay for school tuition.

Lawmakers passed the bill with a 405-0 vote that will now await Senate action before reaching President Trump’s desk.

The bill removes the current restriction that veterans use their GI benefits within a 15-year timeframe. Future recipients and veterans discharged after January 2013 would be able to use their benefits to return to school at any time in their lives.

The bill also ensures that post-9/11 Purple Heart recipients and veterans affected by school closures mid-semester would be eligible for benefits.

“For the first time in history of our GI Bill, future beneficiaries and some veterans will be able to carry these benefits with them throughout their life,” said House Veterans Affairs Committee Chairman Phil Roe (R-Tenn.), the author of the legislation.

Lawmakers also passed several other bills to make reforms at the Department of Veterans Affairs (VA), including to require a report listing bonuses awarded to senior executives.

But moments before passage of the GI expansion measure, House Democrats blocked legislation from passing under an expedited process to authorize a $2 billion funding extension for the Veterans Choice Program, which pays for certain veterans' health care. The VA has estimated the program will run out of money by mid-August.

The Veterans Choice Program extension was considered under a procedure that requires a two-thirds majority for passage. It failed to pass with the necessary supermajority on a vote of 219-186.

House Democratic leadership urged members to vote against the bill due to concerns it wouldn't provide adequate resources to meet demand. Several veterans advocacy organizations had also warned the bill was a step toward privatization of the VA.

"Instead of rushing through an inadequate bill that does not address critical funding issues the VA is facing, Republicans should not force the House to vote on this bill today, but instead allow the House and Senate to continue to work toward a bipartisan solution that can pass both chambers as well as receive support from [veterans service organizations]," House Minority Whip Steny Hoyer's (D-Md.) office wrote in a notice to members on Monday.

The House is additionally expected to consider a national security-themed spending package this week that includes funds for the VA and military construction projects.

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2.3 - Military.com: House Passes New 'Forever' GI Bill (24 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)

Without a single vote in opposition, the U.S. House of Representatives passed a bill Monday night to expand the post-9/11 GI Bill and eliminate the 15-year time limit on the use of education benefits for new recruits.

The vote was 405-0 in a rare display of bipartisanship in Congress on behalf of veterans seeking higher education after active duty service

Rep. Phil Roe, R-Tenn., chairman of the House Veterans Affairs Committee, said he expects the Senate to take up and pass the bill later this week and move it to the White House for possible signing by President Donald Trump before Congress goes into its August recess.

Trump could also wait for Congress to return after Labor Day before signing it.

The bill, named the Harry W. Colmery Veterans Educational Assistance Act of 2017 -- for the American Legion member who wrote the initial World War II GI Bill, would eliminate the current 15-year time limit on use of the GI Bill for those who enlist after January 2018.

The use-it-or-lose-it time limit of 15 years would remain in place for current post-9/11 veterans who served three years on active duty.

The bill would also eliminate the three years of active-duty requirement for recipients of the Purple Heart, and ease requirements for GI Bill eligibility for National Guard members and reservists, survivors and dependents, Roe said.

No opposition to the bill was expressed during the brief floor debate.

The bill "will empower service members, survivors and dependents for generations to come," Roe said. "For the first time in the history of our GI Bill, they can carry these benefits with them throughout their lives."

Rep. Tim Walz, D-Minn., the ranking member on HVAC, said the bill has his "unwavering support. This is a really historic piece of work."

Despite the partisan divide in Congress, the reform of the GI Bill shows that "when we get together, there is much we can do for this country," he said.

Passage of the bill will require major upgrades to Department of Veterans Affairs information technology systems to administer the reforms, according to VA officials.

"Probably my biggest concern is two words: IT," Curtis Coy, the VA's deputy under secretary for economic opportunity at the Veterans Benefits Administration, said at an HVAC hearing last week.

"Almost all of these sections [of the bill] require some degree of changes in our IT system, and that's what concerns me the most," he said.

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2.4 - Military Times: Plan to overhaul GI Bill moves through House, on to Senate (24 July, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)

Major reforms to veterans' education benefits are one step closer to becoming law after the House of Representatives unanimously voted in favor of the legislation Monday.

The Harry W. Colmery Veterans Education Assistance Act of 2017 — colloquially known as the "Forever GI Bill" — would make significant changes to the Post-9/11 GI Bill. These include eliminating a requirement that veterans use their benefits within 15 years of active-duty service and expanding benefits for reservists, Purple Heart recipients and surviving dependents. The bill would also retroactively restore benefits to veterans affected by recent school closures and provide additional funds to GI Bill users pursuing degrees in science, technology, engineering and math.

There has been a lot of momentum for the bill since it was unveiled by the House Veterans' Affairs Committee a week and a half ago, receiving bipartisan support and the backing of several prominent veteran service organizations.

"This bill and how it got to this point today is a shining example of how well Congress can and should work together," Committee Chairman Rep. Phil Roe, R-Tenn., said before the vote.

Committee Ranking Member Rep. Tim Walz, D-Minn., called the GI Bill legislation "a real historic piece of work" and "just smart legislation."

"The Senate is going to pick this up, and I think and look forward to that day when President Trump — hopefully towards the end of summer, early fall — picks that pen up and signs this and makes a difference in veterans' lives today," Walz said.

On Wednesday, the Senate Committee on Veterans' Affairs will hold a hearing for its own identical plan for GI Bill reform, which has also garnered support from Republican and Democratic lawmakers and more than 40 veteran, military and higher education groups, according to a spokeswoman for Committee Chairman Sen. Johnny Isakson, R-Ga. The committee is also aiming to move this legislation along quickly, she said.

Both the House and Senate versions call for slight reductions in the monthly housing allowances for new GI Bill enrollees to pay for the estimated $3 billion cost of the benefits expansion.

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2.5 - Tucson News Now: Veteran returns from treatment to find home burglarized in Tucson (24 July, Kristin Haubrich, 601k online visitors/mo; Tucson, AZ)

A local veteran's home was recently broken into while he was at the VA Medical Center for chemotherapy treatment. Now the family needs the community's help tracking down the suspect.

The burglary happened on July 14 around 2 p.m. at a home near Fort Lowell and 1st in midtown.

The homeowners said they believe the criminal broke in through the doggie-door.

"I went oh my God, we've been robbed," Martha Cook said.

Martha and her husband, Vietnam veteran, Ora Cook, had just returned home from the VA Medical Center where Ora was getting cancer treatment - to find their home burglarized in broad daylight.

"My safe was sitting right here,' Cook said as she pointed to the closet.

The suspect swiped the safe that was full of collector's coins and thousands of dollars' worth of jewelry, including Martha's original wedding ring.

"For people to just come into my house and take advantage of us…it hurts," Ora Cook said.

The Cooks called Tucson Police and told Tucson News Now they have an idea of who may have done this. They believe it's man they let stay with them last month to help him get back on his feet.

"He needed a place to go. He was clean and sober. We drove him to job interviews," Cook said.

But when they suspected the man was using drugs they kicked him out. Then days ago there was a small break in the case. TPD officers had the Cooks meet them at the Super Pawn shop on 1st Avenue where they recovered two pieces of her jewelry.

"He's the one who actually went in there. Sold the stuff and left his fingerprint there," Cook said.

The Cooks say the man has now been blacklisted from all area Pawn Shops. Tucson News Now is not releasing the man's identity as TPD has not yet named him as a person of interest in this case.

Regardless, the Cooks want to see the person responsible put behind bars.

"I want justice. He needs to turn himself in. He's taken the last little bit we had of anything of value," Cook said.

If you know anything about this break-in call 88-CRIME.

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2.6 - WISH (CBS-8): GI Bill reform to help veterans after ITT Tech shutdown (24 July, 322k online visitors/mo; Indianapolis, IN)

A bipartisan proposal to help veterans impacted by school closures unanimously passed the U.S. House of Representatives on Monday as part of a landmark GI Bill reform package.

U.S. Rep. Luke Messer, a Republican from Indiana, and U.S. Rep. Mark Takano, a Democrat from California, spearheaded the proposal. The Takano-Messer proposal retroactively restores GI Bill benefits to veterans who were attending Carmel, Indiana-based ITT Technical Institute and California-based Corinthian Colleges, both of which closed abruptly impacting tens of thousands of students nationwide, including thousands of veterans.

The Takano-Messer proposal passed the House as part of the Harry Colmery Veterans Educational Assistance Act of 2017, which improves and modernizes several aspects of the GI Bill.

"Today's bipartisan GI Bill reform package is a big win for our veterans. Among many improvements, the bill helps thousands of veterans who lost their GI Bill benefits when ITT Tech closed," Messer said in a news relesae. "Our military men and women count on their GI Bill benefits to build a career and life after serving our country. This bill will make sure they get that chance."

The reform package also advanced a measure from U.S. Rep. Susan Brooks, a Republican from Indiana. The Veterans TEST Accessibility Act allows veterans to be reimbursed for approved licensing, certification and national tests, while still eligible to use their remaining GI Bill benefits for additional education expenses in the same month.

“The Veterans TEST Accessibility Act does just what the title implies – it gives our veterans simpler, fairer access to tests, like the SAT and GRE, as well as licensing and certification tests, like certifications for mechanics, firefighters, and realtors,” Brooks said in a statement read on the House floor.

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2.7 - Union Leader: New VA director hosting town hall on Wednesday (24 July, 312k online visitors/mo; Manchester, NH)

The recently named director of the Manchester VA Medical Center will host a town hall meeting and listening session on Wednesday at Manchester Community College, the medical center announced Monday.

The meeting will start at 6 p.m. Wednesday in Manchester Community College’s multi-purpose room. Space is limited, and veterans will be given priority access, the VA said. Veterans are invited to voice their concerns and thoughts about medical care at the Manchester VA Medical Center.

“They can talk about whatever they want,” said Manchester VA spokesman Kristin Pressly. She said the meeting will last as long as necessary.

Al Montoya, the acting director of the Manchester VA Medical Center, will host the meeting.

Last week, the VA announced a top-to-bottom review of the Manchester VA Medical Center, after the Boston Globe reported about unnecessary paralysis of neurosurgery patients, flies in a VA operating room, and red tape that was hampering the Veterans Choice program.

The article quoted several VA physicians, who said they became whistleblowers after their complaints within the system went nowhere.

The article prompted the VA to remove Manchester Director Danielle S. Ocker and Chief of Staff James Schlosser pending the outcome of the review. Montoya was named acting director.

Pressly said the VA meeting is open to the public and anyone can attend, including the VA Office of Medical Inspector, which is undertaking the review.

In a statement, the Manchester VAMC said Montoya has begun steps to restore confidence by providing transparent and on-going communications to veterans, stakeholders and VA staff.

Next Monday, VA doctors/whistleblowers will host their own unsanctioned town hall from 4 to 7 p.m. at the American Legion Sweeney Post, 251 Maple St., Manchester. It is open to veterans or anyone interested in recent disclosures of questionable care at the VA.

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2.8 - Union Leader: Whistleblowers' lawyer: VA probe will likely be 'another whitewash'
(23 July, Dave Solomon, 312k online visitors/mo; Manchester, NH)

The lawyer for whistleblower doctors at the Manchester VA Medical Center says her clients began meeting with officials from the Office of Medical Inspector last week, and were disappointed with the line of questioning and defensive reactions.

“I think it’s just going to be another whitewash,” said Manchester attorney Andrea Amodeo-Vickery.

The Office of Medical Inspector first examined conditions at the Manchester medical center after Sen. Jeanne Shaheen alerted the agency and VA Secretary David Shulkin to the doctors’ concerns in September of last year. Shulkin was Undersecretary of Health in the Department of Veterans Affairs at the time.

Curt Cashour, press secretary for the Department of Veterans Affairs, said Shaheen’s letter led to an investigation that found no evidence to substantiate the doctors’ allegations.

Shulkin decided to reopen the investigation and suspend the two top officials at the Manchester center last Monday, after the doctors’ allegations were detailed in a Boston Globe Spotlight Team report.

The doctors had hoped that the Office of Medical Inspector would appoint an entirely new panel for this latest investigation, but that was not the case. “Unfortunately, one of the people on this supposedly new panel was on the previous panel,” said Amodeo-Vickery.

Dr. William “Ed” Kois, head of the spinal cord clinic at the Manchester medical center, and Dr. Edward Chiabro, were both interviewed on Wednesday by a team of five to six investigators from the Office of Medical Inspector, according to their attorney. No one from the OMI was available for comment.

“The questions were similar to the first round and the attitude was similar,” said Amodeo-Vickery. “They were not really open to hearing what Dr. Kois had to say about his findings since becoming the head of the spinal cord clinic and pain center.”

Flawed procedure?

Amodeo-Vickery said the process the committee is using will not uncover the issues raised in the doctors’ lengthy letter to Shaheen. “They are planning on doing exactly what the previous committee did,” she said, “which is to only look at the patient charts.”

Kois has identified 96 patients who were not properly treated for spinal disorders in a timely fashion and needlessly suffered.

“Dr. Kois has reiterated to this new committee that he believes the only proper investigation will involve actual conversations with the patients, as well as clinical examinations,” said Amodeo-Vickery. “Dr. Kois will work with them to identify patients who would be open to clinical exams.

At the very least they should speak to them, and they didn't do that. They haven't talked to a single patient and have not indicated any willingness to do so moving forward."

Amodeo-Vickery was more encouraged by a meeting last week with acting Under Secretary for Health at the VA, Dr. Miguel H. LaPuz, who discussed the possibility of hiring a third-party to conduct a clinical review.

"He suggested Dartmouth-Hitchcock, and I went along with that. I thought that would be good for the medical part of this," she said. "But we also need an investigation into the operational aspects of the administration by a third party as well."

Officials at Dartmouth-Hitchcock on Friday, citing "a long-standing clinical and academic relationship with the White River Junction VA Medical Center," offered to assist in the review.

The Manchester medical center also announced more changes in management in the wake of the whistleblower report.

Alfred Montoya, director at the White River Junction VA and now interim director in Manchester, is being joined by two other White River executives.

Brett Rusch has started working as acting chief of staff for both White River Junction and Manchester VA medical centers, as of July 20, while Dr. Paul Zimmerman, also from White River Junction, has been assigned to Manchester as acting deputy chief of staff.

Town hall scheduled

A town hall meeting for veterans and anyone else concerned about the recent reports on conditions at the medical center has been scheduled for Monday, July 31.

Several of the whistelblowers and two of their attorneys will be there to answer questions, said Amodeo-Vickery.

She said doctors and nurses who brought their concerns to members of the state's Congressional delegation, and later to the Globe Spotlight Team, hope to clear the air on a number of issues.

"We did not complain about the doctors or clinicians who treat the patients who currently work there," she said. "What we are concerned about are operational problems that directly impact on patient care."

Several veterans have come forward to speak favorably about the care they receive at the medical center.

"They (the whistleblowers) recognize that many veterans receive care that is very good there," said Amodeo-Vickery. "They feel badly that some think we are criticizing all of the treatment and care they are getting at the VA center. They are not criticizing the quality of the doctors; they are the doctors."

Amodeo-Vickery said the doctors will describe at the town meeting how they are often handcuffed in their ability to offer the best care, how resources are lacking or misused, and how more involvement of the medical staff in operational issues is needed to improve care.

The July 31 town hall will take place at American Legion Sweeney Post 2, 251 Maple St., Manchester, from 4 p.m. to 7 p.m.

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2.9 - Temple Daily Telegram: Temple VA to hold job fair Thursday (24 July, Cody Weems, 158k online visitors/mo; Temple, TX)

Local veterans seeking employment will have a chance to connect with potential employers Thursday when the Central Texas Veterans Health Care System hosts its quarterly Vocational Rehabilitation Job Fair.

The event takes place from 9 a.m. to noon Thursday in the recreation room of the domiciliary on the VA campus, 1901 Veterans Memorial Drive in Temple.

The job fair is free and open to all veterans. Vocational Rehabilitation Specialist Robert Lopez said about 32 employers are expected to attend.

“The main idea is to invite community employers so the veterans can get to know the community a little better and learn what companies are out there,” Lopez said.

Lopez said the VA holds a job fair quarterly and has experienced positive results.

“Everything has been working really well for the past few job fairs we’ve held, and we’re looking forward to this one,” he said.

Lopez believes experiences gained through the military make veterans ideal candidates to transition into the workforce.

“Hiring veterans is a plus for the companies out there. Veterans are well-adapted to any kind of changes at the last minute,” Lopez said. “They’re dedicated. They know the job means that you show up on time, they have the determination and they’re going to do a very good job for the employer.”

The event also doubles as an opportunity to introduce veterans to programs offered through the Department of Assistive and Rehabilitative Services.

“There are veterans out there who might not be aware of our program or some of the organizations out there,” Lopez said. “The idea is that one veteran will share that information with other veterans that might not be aware of what’s out there in the community.”

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2.10 - Minot Daily News: Kathy Holte: Dedicated to helping veterans (24 July, Eloise Ogden, 68k online visitors/mo; Minot, ND)

Kathy Holte presented Korean War veteran Glen Johnson the original copy of his DD214 (military discharge paper) on the last day of her work on June 14 as Ward County Veterans Service Office administrative assistant.

Holte came upon Johnson's discharge paper at the Minot flea market about three years ago. She located him recently, now living at Brookdale Brentmoor in Minot.

It's one of the many special deeds Holte has done since she joined the Ward County Veterans Service Office in Minot several years ago.

During her time there she also took on the job of Stanley/Minot DAV coordinator for the van that takes veterans to and from the Veterans Affairs Medical Center in Fargo.

"There is no better feeling than knowing you made someone happy," said Holte. "There are so many people who do this every day and I'm glad to be one of them – especially for the veterans."

Holte has left the Ward County Veterans Service Office in Minot to pursue a new career. She will become the postmistress at the Voltaire Post Office, only two miles from her home. Holte and her husband, Gerald, live on a farm east of Voltaire.

For more than 30 years, Holte has driven back and forth to Minot from her home at Voltaire, a 64-mile round trip. For 21 years she was a graphic artist at Lowe's Printing in Minot before going to work for the Ward County Extension Office for two years. She then transferred to the Ward County Veterans Service Office were she was for the past several years.

"Everywhere I've gone I've learned from the beginning." she said.

Holte said she's always gone above and beyond in anything she's done in life. "I've always given 100 percent," she said.

Holte recalls some of the special times while working in the Ward County Veterans Service Office. She had background in military. Her father retired from the Air Force, four of her seven siblings and a number of her uncles served in the military.

"It was especially nice to be able to help a family obtain a marker for a Merchant Marine who served during World War II. They needed proof and after three months of research it paid off when the U.S. Coast Guard confirmed this and sent the veteran's early induction ID cards with photos. I was just as excited as the family. How often does that happen?" she said.

She said it's disheartening when a veteran or their family finds an important service-related item at the flea market, auction or second-hand store. "With investigative work and help from people who have resources other than what's available to me, I've returned a Purple Heart to the daughter of a deceased Vietnam veteran who lives in Texas. She was found by getting in touch with the caretaker of the cemetery in Washington state," Holte said.

She said another incident with a happy ending was items of a deceased veteran stolen from a storage locker in West Fargo. "The son was not aware they had been stolen," Holte said. Love letters, uniform, jewelry and medals were recovered. A sword and the locker were never recovered, she said.

Holte said she's been very fortunate to have veterans share their memories and scrapbooks with her. "This prompted me to put together and print a poster of three different Ward County veterans from three different eras: World War II, Korea and Vietnam," she said. The posters were in the Veterans Service office for some time but now were donated to the Ward County Historical Society's Pioneer Village on the North Dakota State Fairgrounds.

Holte said a number of original Certificates of Discharge and Discharges of Veterans (DD214) are on file in the Ward County Veterans Service Office. She said some have the gold seals still attached and have the signatures of veterans. "I started looking for family members of those deceased veterans so I could return them," she said. Because she has been working on her own family geneology, she said she thought veterans' family members would be elated to receive the original documents.

When the Stanley/Minot Disabled American Veterans' van needed a coordinator, Holte stepped up and volunteered.

"My former boss asked me more than once if I was sure I wanted to tackle that. Heck yeah! I can do that!" she said. "It's had some ups and downs but it was running pretty smooth in no time. We have some really wonderful drivers who are volunteers."

Holte said she would visit over the phone with the Stanley driver almost every week and felt like she knew him quite well. "One day I met the van at 7 a.m. to make sure a veteran didn't miss his ride. I looked at the guy driving and said, 'What are you doing driving this van?' We still laugh about it to this day. His voice did not match his looks,' " she said.

Holte was honored recently by the DAV, American Legion, Veterans of Foreign Wars and AMVETS for her years of dedicated service, at an event hosted by Minot DAV Chapter 4 in the Ward County Veterans Room. "She will truly be missed," said Skip Gjerde, adjutant of DAV Chapter 4.

Holte received a plaque from DAV Chapter 4 that reads: "Kathy, you will always be remembered for your dedication to helping veterans. DAV members will especially miss your welcoming smile and helpful attitude. You will be greatly missed. Thank you for your service."

"This makes me happy," she said, holding the plaque on her last day of work.

Holte will be starting a new job but she plans to continue to locate a family member of a veteran whose U.S. flag was found recently at a thrift store and brought to her earlier at the Ward County Veterans Service Office.

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2.11 - WATN (ABC-24, Video): Local Health Alert: New Director Looks to Create Better Culture and Customer Service for Memphis VA (24 July, Caitlin Lockerbie, 55k online visitors/mo; Memphis TN)

The Memphis Veterans Affairs Medical Center is getting some much needed stability with a new director. David K. Dunning took over in the spring, hitting the ground running. He's now

releasing details about his 60 to 90-day assessment of the facility and plans to turn the hospital's low-grade rating, into top notch service.

Dunning comes into the role straight from the military, with 30 years of service and two deployments behind him. He says after more than a year of interim directors, the hospital was in great need of leadership and counsel. "People were waiting for somebody to come here and take charge and say this is where we're going. This is what we need to do." He says creating stability is paramount, and one of his top priorities is changing the culture and offering better customer service. His appointment comes amid controversy at VA facilities across the country, facing scrutiny for claims of low quality care and long wait times. Memphis knows all to well the challenges, the hospital earned the lowest one out of five star rating, last year. New leadership is determined to turn that around, "If the veteran stops coming, you lose your job," says Dunning.

The goals for the medical center going forward are in line with the top five priorities mapped out by the U.S. Department of Veterans Affairs: greater choice for veterans, modernize our systems, focus resources more efficiently, improve timeliness of services and suicide prevention. Dunning says he's pushing for enhanced primary care, strengthened care for mental health to cutback on the growing veteran suicide rate, and hospital and patient flow to help with emergency wait times. The hospital has just upgraded its emergency room, and has plans for an additional parking deck and new atrium entrance with streamlined services. "All the things the veteran needs on their initial assistance visit, will all be right there," explains Dunning.

Quality care is also coming from new faces at the facility. Dunning there was a backlog of hundreds of hiring actions. He's brought on board 30 medical support assistants, already. "They're the ones that meet you at the front desk, they're the ones that answer the telephones, and they're the ones that book the appointments."

While Dunning says he's working to instill pride from his employees in the center, "you don't want your people to believe they're a one star," the focus is on the veterans the hospital serves. "Going from a rules based organization to a values based." Dunning says that means working around their needs and requests. "When you say no or I can't, it's immediately followed with but, I can do this for you."

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2.12 - The Daily News: Nurses retire with 95 years of combined VA service (24 July, 49k online visitors/mo; Iron Mountain, MI)

Three nurses retired from the Oscar G. Johnson VA Medical Center on June 30, after serving a combined 95 years as VA nurses.

The retirees include Susan Gray, RN, 30 years; Carrie Champion, LPN, 32 years; and Carol Hinds, LPN, 33 years.

All three nurses worked in various and diverse areas of VA medicine. Gray began her career June 1987 at the Tomah VA and then transferred to the Iron Mountain facility. During her career, she served in the mental health, cardiology, nephrology, neurology, primary care and women’s wellness clinics as well as ICU.

Hinds started her career in 1978 after graduating from Bay de Noc Community College that same year, and worked in inpatient medical, respiratory, psychiatric and nursing home wards. Since 1999, she served in the primary care clinic and was also trained in optometry, neurology, oncology and telemedicine. During her career, she took time off to raise her children.

Champion graduated from Bay de Noc in 1983 and began her VA tenure in 1985. She also served in the inpatient psychiatric and nursing home wards. Since 1995, she has worked in the primary care and women's wellness clinics.

"Working for the VA has been a wonderful experience," Gray said. "We've been able to work in many diverse areas and our co-workers are the very best. They are dedicated, caring and knowledgeable."

"Medicine has changed a lot since I became an RN, and the VA has been cutting edge in this aspect," she added.

"The VA is always evolving, staying on the leading edge of medicine, always looking to better meet the veteran's needs. I'm grateful to have been a part of it, and as the wife of a veteran, look forward to an ongoing relationship with the VA."

All three nurses were recognized throughout their careers for individual performance and team awards. In addition, Champion was honored as a recipient of the Outstanding Federal Women's Award and Hinds received the VA Excellence in Nursing Award.

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2.13 - Daily Democrat: Letter brings driver for veterans, but more are needed (24 July, Jeff Hunt, 8k online visitors/mo; Fort Madison, IA)

Ask and ye shall receive. After a letter appeared June 30 in the Daily Democrat showing concern about the veterans in Lee County having no transportation to the V.A. Hospital, a volunteer stepped up, but more are needed.

Paul Carroll, director of Veterans Affairs for Lee County, says he now has a volunteer to drive the department's van Mondays, Wednesdays and Fridays.

"The statement about not having transportation) was completely true until Monday," Carroll said. "I found a driver in Iowa City and we brought a van back so we now have one driver who can drive on Tuesdays and Thursdays."

Carroll said he is currently looking for more volunteers.

"I would like to have as many people as possible who are interested in driving our van," Carroll said. "They can give us a set day they can drive, for instance, 'I can only drive on Mondays.'"

Carroll said some people may just want to drive once or twice a month.

Carroll said he would be happy with eight to 10 drivers. He added that there are some requirements.

“They have to take a physical at the V.A. Medical Center in Iowa City,” Carroll said. “That is at the government’s expense. We would also pay mileage or provide transportation to them. There is no expense for them.”

Carroll said all drivers are given a breakfast or lunch at the V.A. Hospital.

“That’s not payment,” Carroll said. “That’s just because they are there during breakfast or lunch.”

Those interested can reach Carroll 319-372-5853 or at the Lee County Offices building at 933 Ave. H, Fort Madison.

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3. Access to Healthcare

3.1 - Healthline: Did Agent Orange Cause John McCain’s Cancer? (24 July, Jamie Reno, 24M online visitors/mo; San Francisco, CA)

When the news broke last week that Sen. John McCain has glioblastoma multiforme, a deadly brain cancer, the nation quickly rallied around the 80-year-old politician and Vietnam War veteran.

Joy Patterson was deeply saddened by the news. Her husband, Kenneth Patterson, also served in Vietnam and was also diagnosed with glioblastoma (GBM).

“I believe Senator McCain will not survive, sadly, just as our husbands who have gone before,” said Patterson, whose husband died of the disease in 1996.

She now works to help other widows of Vietnam War veterans get their disability benefits from the Department of Veterans Affairs (VA).

The question on Patterson’s mind and the minds of so many of these war widows is:

Did Sen. McCain get glioblastoma from exposure to Agent Orange?

Agent Orange, the toxic herbicide developed by Monsanto and Dow, was sprayed by the Department of Defense over wide swaths of Vietnam from 1961 to 1972 as part of Operation Ranch Hand.

The idea was to flush out the enemy and wipe out their food supply.

But the plan profoundly backfired. The chemical has harmed or caused the deaths of thousands of U.S. troops and Vietnamese civilians.

And as Healthline reported last year, the effects are still wreaking havoc more than 50 years later.

The VA has stated that nearly 3 million U.S. veterans who set foot in Vietnam from 1962 to 1975 were exposed to dioxin-contaminated herbicides, including Agent Orange.

Multiple sources interviewed for this story, including scientists, physicians, veteran advocates, veteran attorneys, and veterans and their family members, believe it's likely McCain's glioblastoma is the result of exposure to Agent Orange.

Long road for Vietnam veterans

It's taken decades and a lot of blood, sweat, and tears among the Vietnam veteran community to get to the point in 2017 where multiple diseases are now finally presumed to be caused by exposure to Agent Orange

The list now includes prostate cancer, non-Hodgkin's lymphoma, multiple myeloma, Parkinson's disease, and ischemic heart disease.

GBM is not on the presumptive list, but there's a growing consensus among neuro-oncologists and other experts outside the VA that it should be.

Angelo Venniro served in the army for 20 years and did two tours in Vietnam, where he was exposed to Agent Orange and was later diagnosed with GBM.

Writing on his behalf, Dr. Katherine Peters, assistant professor of neurology at the Preston Robert Tisch Brain Tumor Center at Duke University Medical School, said, "As a board certified neuro-oncologist and brain cancer researcher, it is my opinion that exposure to Agent Orange in Vietnam was a significant factor in causing, contributing to, or aggravating brain tumors in Vietnam veterans."

There are thousands of examples of these so-called "nexus letters" from medical experts.

Veterans or their loved ones are required to provide these letters to the VA to even have a chance of being approved for a disability claim

McCain, a former Navy pilot who spent more than five years in the infamous Hanoi Hilton prisoner of war camp, was in Vietnam from 1967 to 1973.

Experts say Agent Orange was in the air, water, and food in Vietnam.

Claude D'Unger, an environmental scientist who has written numerous papers on environmental toxins to which America's veterans have been exposed, said there is "virtually no way in hell that anybody in Vietnam at that time was not exposed to it."

The legal case against Agent Orange

Robert Walsh, a veterans' disability law attorney from Michigan who has represented thousands of veterans in their disability cases at the VA, said one of the many possible dioxin exposure scenarios for McCain was when ships pumped portable water to the aircraft carriers and other ships as part of the resupply missions.

“The water came from wells in Da Nang,” Walsh explained, “and from other ports which were tainted then and remain tainted today with dioxin from these herbicides.”

Walsh said Navy aircraft would fly missions during the Agent Orange spraying operations.

“This was not crop dusting. The C-123 spray planes stayed up higher to avoid ground fire,” Walsh said. “Naval aviation personnel have described planes on the hanger deck of the aircraft carrier literally dripping with Agent Orange slime.”

The flight crews had to wash down these aircraft, Walsh explained,

“The crews would get it on their hands and clothes, and it was very concentrated. Then they washed down the deck of the hanger with a hose. But this stuff makes a vapor, you can smell it, so you are breathing it,” Walsh said

Walsh said that he has made a case of significant exposure to Naval aviation personnel on aircraft carriers.

“And Sen. McCain was foot wet during his Vietnam service,” Walsh said.

Joe Moore, an attorney with Bergmann and Moore, a well-known law firm that represents solely veterans with disability cases before the VA, has approximately 20 GBM cases.

The firm has already won five of them, and they expect to win the rest.

But it takes time, Moore said, and the VA makes the families jump unnecessarily through hoop after hoop and forces them to relitigate the issue every time.

“The link between the defoliant and glioblastoma has been widely established outside the VA,” Moore said.

He added that if he were introduced to a veteran with GBM who’d spent as long a period of time in Vietnam as McCain did, “We would take that case, and we would win that case.”

Veterans’ families shut out by VA

Rudy Morris, who was two months shy of his 60th birthday when he died from glioblastoma, joined the Army at the age of 17, went to Vietnam at 18, and “came home a different person at 19,” said his widow, Margee Morris.

From July 1970 to July 1971, Margee said, Rudy was a tanker in Vietnam whose letters home talked all about Agent Orange and other toxic spraying and how it rained down on him.

“He talked about bathing in the water that had been sprayed,” said Margee, who developed the Facebook page, “Vietnam Veterans with Glioblastoma Multiforme Stage 4 Brain Cancer.”

There’s a public page, as well as a private page with 470 members, mostly widows whose husbands served in Vietnam and were diagnosed with GBM.

When she sent her husband's first disability claim, Margee said, "I sent the VA a picture of him bathing in the dirty water in Nam when they were out on patrol. Nothing has convinced the VA of the connection between being sprayed with dioxins and glioblastoma many years later."

Despite the growing consensus in the American medical community that GBM can be caused by Agent Orange, Vietnam War veterans with this type of cancer and their families have found it difficult get their disability benefits from the VA.

A much smaller, but significant number has gotten disability cases approved. But the rest just keep fighting. And hoping.

And some of these widows, who come from a generation in which many wives stayed home and took care of their families, are now struggling to get by. Many are losing their homes, and worse.

While these widows each expressed their sadness over McCain's diagnosis in interviews with Healthline, they voiced a common hope that this news will create more awareness of the issue and bring some justice for their husbands who served their country.

They also want to correct some public misconceptions about Agent Orange and GBM.

Kathy Josenhans, whose husband was a Navy veteran like McCain and diagnosed with GBM, died at age 57.

She has become an advocate for her fellow widows and a moderator of the Facebook group. She doesn't like it when she sees misinformation in the media — be it from a liberal, moderate, or conservative.

She said she was upset when she saw a commentary about McCain last week by Fox News contributor Dr. Marc Siegel.

"Could his [McCain's] experience in Vietnam have increased his cancer risk?" Siegel asked, then stated, "Most studies have not demonstrated a link between Vietnam service and exposure to the herbicide used by the U.S. military in battle, Agent Orange."

This comment didn't sit well with Josenhans, who in a letter to Seigel, wrote:

"With deepest respect Dr. Siegel, there is a known connection between this deadly brain cancer and Vietnam-era Veterans. There are many opinions by professors who have already linked this deadly tumor to dioxin and PCBs also can mimic dioxin.

"I watched your segment today and struggled emailing you. I am a widow of a Navy diver (6 years Vietnam era) … I've got his medical records and I'm on my 6th appeal with the VA, still fighting for his benefits. Many widows have already won their claim for 100% service connection. Just thought you'd like to know. Regards, A fighting widow."

McCain and veterans' families

Everyone interviewed for this story expressed sadness and condolences to McCain and his family, and no one questioned McCain's bravery or his service to his country.

However, many said McCain could have done a lot more over the years for veterans and their families.

And there is some unambiguous resentment among veterans that McCain refused to be treated for his cancer at the Phoenix VA and instead chose the Mayo Clinic.

The Mayo Clinic is a hospital that has been removed from the VA's Veterans Choice Program, which was created to provide healthcare closer to home for veterans.

McCain, many sources say, always urges his voters to seek care at the Phoenix VA.

"We've all written letters to Sen. McCain thinking he would be the most passionate person on this mission," Josenhans said. "What has happened to Sen. McCain is a tragedy for him and his family, but it's also an opportunity for him to do right by his fellow Vietnam veterans with glioblastoma and their families. He has an opportunity to make this right."

Morris said she has also contacted McCain several times for help and has never gotten even a courtesy reply.

"I emailed him on his website. I got no response from him at all," she said. "It's sad with him being a Vietnam vet that he couldn't help us."

Morris told McCain that while a few families dealing with GBM had won their claims, "most families have been denied."

She also told McCain that widows were losing their homes and vehicles after the deaths of their husbands.

"I told him we had all the documentation to back us, too," she said. "So now he is going through what all of us went through, and I wonder if he is thinking if serving in Nam caused his glioblastoma."

Praise for McCain, concerns over cancer

In a statement last week after the news broke about McCain's diagnosis, John Rowan, national president of Vietnam Veterans of America, called McCain a fighter who "endured brutal treatment as a prisoner of war in Vietnam, and we know he'll be a fighter now in his battle against brain cancer."

Rowan went on to say that McCain's "fighting spirit will serve him well now, as it did 45 years ago in the Hanoi Hilton and other hellholes."

Rowan added, "We are saddened to learn that yet another Vietnam veteran has been diagnosed with aggressive brain cancer. Vietnam veterans are all too familiar with glioblastoma, which seems to visit our brothers and sisters at a far greater rate than our non-veteran peers."

For years, Rowan said, "We have suspected that our exposures during our military service have caused this cancer cluster. Unfortunately, brain cancer is not on the presumptive list for exposure to Agent Orange, despite the efforts of our fellow veterans and their family members."

McCain's voting record on veterans

Thomas Bandzul, a veteran and veterans' advocate, who is legislative counsel for Veterans and Military Families for Progress, and past associate counsel for Veterans for Common Sense, said McCain has not supported his fellow veterans as much as he should have.

"Many veterans have told me about their pleas to McCain to help with their claims," Bandzul said. "As far as I know, he did little more than have a staffer write a letter to the VA, but he never endorsed a cause for a veteran to either get increases in benefits or allowances, with one exception being a uniform allowance for retired military."

Bandzul added, "I do not know of a single instance wherein he tried to help a veteran with anything, but I have been conversant with veterans who were turned away from his office and received no help at all."

McCain's voting record on veterans issues while in the Senate has been a mixed bag.

His "McCain Bill" enacted in 1991, which required the secretary of defense to publicize information about men and women who were unaccounted for from the Vietnam War, got widespread support.

McCain was also co-sponsor of the 2014 VA overhaul that proceeded the veteran wait times scandal at the Phoenix VA.

But in 2008, McCain asserted he was in support of the GI Bill for the 21st Century — which was also supported by every major American veterans' service organization — and then did not show up to a vote on it.

McCain even introduced a competing GI Bill that reportedly would have left the average veteran with $20,000 in student loan debt.

According to a variety of sources including GovtrackUS, Library of Congress, VoteSmart, and McCain for President, from 1993 to today McCain has voted against veterans bills 14 times while voting for veterans bills 11 times.

In 2006 alone, McCain voted against providing $20 million to the VA for healthcare facilities, and voted against providing $430 million for VA outpatient care.

But in 2005, McCain voted for funding veterans' benefits, and voted to provide providing emergency funding for veterans' services.

In a Senate Armed Services Committee in 2016, McCain reportedly defended the University of Phoenix, the for-profit school that was widely criticized for its predatory practices against veterans.

McCain blasted the Pentagon and the Center for Investigative Reporting for going after the school, one of McCain's biggest campaign donors.

But in a subsequent investigation, the Department of Defense confirmed the Center for Investigative Reporting's story and barred the University of Phoenix for three months from all U.S. military bases worldwide.

Saying a prayer for McCain

Steve House, who joined the U.S. military just after the Vietnam War, was ordered to bury multiple barrels of Agent Orange at the Camp Carroll Army base in South Korea.

The exposure lead to multiple serious illnesses.

House fought for a decade with the VA to get his disability, traversing the country collecting evidence confirming what he was saying actually happened.

House sent eight registered letters to McCain. But got no replies.

He was finally awarded his disability benefits in 2014.

“I was saddened to hear about Sen. McCain's diagnosis. He has a rough fight ahead of him,” said House, who hopes McCain’s illness makes the toxic exposures to U.S. troops a front-burner issue.

“John was the first politician I reached out to for help when I tried to prove there was a cover-up going on between the Department of Defense and the Department of Veterans Affairs,” House said.

“He knew all about the illegal burial of Agent Orange that took place at Camp Carroll two years before I ever went to the press,” House added.

House said Americans need to know that Agent Orange is “one of the most insidious compounds ever created by man. Its effects on our health and on our environment will not go away for thousands of years. It continues to kill. I will say a prayer for John.”

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3.2 - The Daily Caller: VA Secretary: My Only Clinical Priority Is Decreasing Vet Suicides
(24 July, Jonah Bennett, 12M online visitors/mo; Washington, DC)

Department of Veterans Affairs Secretary David Shulkin said in an address Monday morning that his only clinical priority at the moment is making sure the veteran suicide rate drops.

“The last priority and really my only clinical priority that I talk about right now is suicide and veteran suicide,” Shulkin said Monday at the 118th Veterans of Foreign Wars.

“All across America, even in the general population, suicide is at an epidemic crisis, a public health crisis,” Shulkin said Monday at the 118th Veterans of Foreign Wars national convention. “You can see since 2001 and 2014 that suicides among all Americans went up 23 percent, but among veterans it went up 31 percent. You can see particularly among females that female veteran suicides went up 62 percent.”

“The difficulty in addressing the issue of veteran suicides is that this can’t just be the VA,” Shulkin continued. “If you take a look between 2001 and 2014, if veterans were using the VA,

the suicide went up 5.4 percent. But for veterans who aren't using the VA, it went up 38.4 percent."

Shulkin affirmed during his speech the need to work more closely with community groups and organizations like VFW to tackle the suicide problem.

Shulkin also noted that the VA has developed predictive tools to determine which veterans are at high-risk for suicide and assigned employees to give them a call to bring them in for care.

In addition, the veterans' crisis line, which previously had call rollover rates as high as 30 percent, now claims a call rollover rate of less than 1 percent, according to VA data. In March, the VA inspector general released a report stated that 30 percent of all calls were routed to backup systems. Those backup centers are usually staffed by non-VA employees who don't have access to health records or have information on specific military services.

In another effort to drop the veteran suicide rate, Shulkin also recently made the decision to offer emergency mental health care to veterans with other-than-honorable discharges at any VA medical center. That service began July 5.

"We will continue to focus on new ways to help our veterans," Shulkin said.

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3.3 - National Review: Today, an Easily Overlooked Vote on Choice in Veterans Health Care (24 July, Jim Geraghty, 11.8M online visitors/mo; New York, NY)

From the first Morning Jolt of the week, a look at maintaining veterans' choices in health care, one of those things that Congress is doing that it seems almost no one is noticing, along with those new sanctions on Russia. (Boy, that election meddling is not turning out the way Vladimir Putin expected, huh?)

Today, an Easily Overlooked Vote on Choice in Veterans Health Care:

Remember the Veterans Choice program, discussed in my recent article about reforms at the Department of Veterans Affairs?

In 2014, in response to the scandal of veterans in Phoenix and other locations facing interminable waits for needed care, Congress and the Obama administration established the Veterans Choice Program (VCP), allowing veterans who live more than 40 miles from a VA health clinic or who face a wait of more than 30 days for an appointment to get treatment from non-VA facilities. The VCP was intended as a pilot program and scheduled to end this August, but earlier this year President Trump signed legislation extending its duration until funding runs out.

Demand for the program has increased rapidly, almost a 50 percent increase over last year's number of appointments. In the first six months, veterans made 8 million community care appointments through the program. Current funding is projected to run out by the second week of August.

Today the House is scheduled to vote on a bill that will provide another $2 billion in funding for the program by diverting funds from other parts of the VA budget.

Eight veterans groups issued a statement opposing the legislation, contending it's just a band-aid solution: AMVETS, (Disabled American Veterans), Iraq and Afghanistan Veterans Association, Military Officers Association of America, Military Order of the Purple Heart, Veterans of Foreign Wars, Vietnam Veterans of America and the Wounded Warrior Project.

As we have repeatedly told House leaders in person this week, and in a jointly-signed letter on June 28, we oppose legislation that includes funding only for the "choice" program which provides additional community care options, but makes no investment in VA and uses "savings" from other veterans benefits or services to "pay" for the "choice" program.

In order to ensure that veterans can receive necessary care without interruption, we call on House leaders to take the time necessary to work together with Senate leaders to develop acceptable "choice" funding legislation that not only fills the current funding gap, but also addresses urgent VA infrastructure and resource needs that led to creation of the "choice" program in the first place.

That's a lot of scare quotes. But another veterans group, Concerned Veterans for America, is supporting the bill, seeing it as the best possible temporary solution as Congress considers bigger changes. (Keep in mind some groups on the Left are wary about the Veterans Choice program, seeing it as a backdoor effort to promote the privatization of veterans care and/or reducing the government's role in getting veterans care.)

"The Veterans Choice Program isn't perfect, but many veterans depend on it to access care in the private sector when the VA fails them," said CVA Executive Director Mark Lucas. "Chairman Roe's proposal to quickly solve the program's budget shortfall is pragmatic, fiscally responsible and will prevent lapses in care in upcoming weeks. Opponents of this measure are transparently using this situation as an opportunity to advance their own anti-choice agenda instead of doing what's best for veterans. It's critical that Congress take decisive action to keep the choice program afloat until more permanent choice reforms are in place and we urge elected officials to vote in favor of the House solution today."

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3.4 - Military.com: House Fails to Pass Bill Extending VA Choice Program (24 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)

The Trump administration and House Republicans suffered a stunning setback Monday night in the failure of a floor vote on a controversial bill to extend the VA's Choice program allowing veterans to choose private health care.

The vote on the House floor was 219-186 in favor, but the emergency funding bill still failed under the two-thirds majority vote required under the rules that brought the legislation to the floor.

The failure to pass the bill left the future of the Choice program in doubt. Funding for the program was expected to run out in mid-August and House Republicans had counted on moving the bill to the Senate for quick passage this week before going on August recess.

Earlier, Rep. Phil Roe, R-Tenn., chairman of the House Veterans Affairs Committee and the main sponsor of the bill, said "We know that veteran demand for care through Choice has never been higher and consequently the remaining money in the veterans Choice program will run out in mid-August, a few short weeks from now," he said.

"We cannot allow that to happen," Roe said, but he did not immediately offer a plan to revive the measure in the House. Thousands of veterans reportedly have had referrals to private care held up as Congress debated an extension of Choice, and thousands more would lose eligibility for referrals without an extension and renewed funding for Choice.

The House began moving toward a vote Monday afternoon on the controversial Choice extension bill that was opposed by several veterans service organizations (VSOs).

In the floor debate, Roe sought to allay the concerns of the VSOs that the proposed legislation was a smokescreen for efforts to privatize VA health care.

"I fail to see the logic" of the VSOs in arguing against an extension of the program that allows veterans who live more than 40 miles from a VA facility or who have to wait more than 30 days for an appointment to become eligible for private or community care, Roe said.

"I think it's critical to get this done," he said of the extension of Choice through February to give Congress time to work on reforms demanded by the VSOs.

"We're very aligned on the goals here," said Rep. Tim Walz, D-Minn., the ranking member on HVAC, despite "opposition rarely seen from the VSOs" to the Eliminating the Sunset Date of the Choice Act legislation.

He urged House members to "get this thing passed and end this ridiculous argument on privatization versus non-privatization."

Walz said there would be ample time to debate the merits of Choice once the extension was passed, but he was having difficulty holding Democrats on HVAC in line.

Rep. Mark Takano, D-Calif., said "it's time for us to recognize that private care is not the panacea. The VA Choice program has failed to deliver on the promise of shorter wait times. I urge my colleagues to reject this legislation."

Brian Duffy, national commander of the Veterans of Foreign Wars, said at the opening of the VFW's national convention in New Orleans that the extension bill went against one of President Donald Trump's pledges to veterans.

Duffy said Trump promised the VFW last year that the "VA would remain a public system, because it is a public trust." He urged VFW members at the convention to call their representatives immediately and urge them to vote "No" on the extension.

Ahead of the vote, VA Secretary Dr. David Shulkin made an appeal for an extension and reform of the Choice program that would preserve the VA's role as the primary health care provider and avoid over-reliance on private and community care that would weaken the system.

He said "fears of privatization are simply unfounded. President Trump is dedicated to maintaining a strong VA, and we will not allow VA to be privatized on our watch," Shulkin said in an op-ed for USA Today.

"What we do want is a VA system that is even stronger and better than it is today. To achieve that goal, VA needs a strong and robust community care program," Shulkin said.

He added that "veterans deserve the best. If a VA facility isn't meeting the community standard for care, doesn't offer a specific service, or doesn't have an appointment available when it's needed, veterans should have access to care in their community."

Over the weekend, several VSOs in a joint statement said, "All of our organizations are committed to building a future veterans health care system that modernizes VA and integrates community care whenever needed so that enrolled veterans have seamless access to timely, quality care."

"However, if new funding is directed only or primarily to private sector 'Choice' care without any adequate investment to modernize VA, the viability of the entire system will soon be in danger," the statement said.

The document was endorsed by the VFW, AMVETS, Disabled American Veterans, Iraq and Afghanistan Veterans of America, Military Officers Association of America, Military Order of the Purple Heart, Vietnam Veterans of America and Wounded Warrior Project.

The $10 billion Choice program was enacted in 2014 to address the wait times scandals that emerged from the crisis at the Phoenix VA hospital. The program was due to sunset in fiscal 2018 but its popularity has exhausted the funding that was expected to run out in mid-August, according to the VA.

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3.5 - FOX Business: Trump in cross hairs as veterans' group slams VA Choice funding plan (24 July, 10.8M online visitors/mo; New York, NY)

An emergency funding measure to fill a budget shortfall at the Department of Veterans Affairs – proposed by lawmakers in the U.S. House of Representatives last week – is being deemed a violation of President Donald Trump’s campaign promises by one veterans' group.

Veterans of Foreign Wars (VFW) National Commander Brian Duffy was referring to a House bill that would shift VA funds around to continue paying for the Choice program, which gives veterans access to private doctors.

He told the group's national convention in New Orleans that the plan violates Trump's campaign promise to VFW last year that the "VA would remain a public system, because it is a public trust."

Duffy says the House plan is unacceptable privatization and would increase out of pocket costs for veterans and harm their care. The House was moving to pass legislation later Monday.

The Department of Veterans Affairs Choice Program—which expanded veterans' access to care outside the Veterans Affairs system in 2014 in order to cut down on lengthy wait times— is at risk of going bankrupt before the end of the fiscal year unless Congress takes prompt action. Between March 7 and June 14, the funds available for the Choice account fell from $2 billion to $821 million, VA Secretary Shulkin said, due to unexpectedly high usage of the program.

More than 1.6 million veterans have received care through the Choice program, according to the VA. During the 2016 fiscal year alone, the VA issued 2 million authorizations for veterans to use Choice, a fivefold increase over the year prior. In the first quarter of 2017, authorizations for Choice increased 30%.

The Associated Press contributed to this report.

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3.6 - Washington Examiner (Video): House rejects $2 billion in new funding for VA's healthcare Choice Program (24 July, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)

The House on Monday rejected legislation that would have given the Department of Veterans Affairs another $2 billion to fund the Veterans Choice Program, which gives veterans the option of seeking care outside the VA in certain circumstances.

The bill would have passed under a normal vote, but Republicans called it up as a suspension bill, which is usually reserved for non-controversial bills that need less debate time and are supported by both parties. So-called suspension votes require a two-thirds majority to pass.

But Democrats balked, as almost all of them voted against the bill. As a result, it failed in a 219-186 vote, far short of the two-thirds majority needed.

The failed vote means Republicans may try again under regular order, and try to pass it under a simple majority, the way most bills are passed.

The Choice Program was created in 2014 in response to the VA wait-time scandal, in which the VA was systematically covering up how long it was taking for veterans to get healthcare through the agency. It was due to expire in August, but a VA reform bill signed by President Trump will allow it to keep operating in the short-term as a bridge to a longer-term choice program.

However, the VA has been warning that funding for the program will expire in mid-August, and that the funds aren't there to finish up the current fiscal year.

In March, VA Secretary David Shulkin suggested that the VA has the money it needs to fund the program, and that it only needed the authority to transfer existing funds into the Choice Program.

But in a July 21 letter to the House Veterans' Affairs Committee, Shulkin asked for Congress to quickly approve new funding, in part because of the "accelerated" use of the program.

"Veterans need Congress to fund the Choice Program immediately with $2.1 billion to ensure sufficient funding is in place until the president's fiscal year 2018 budget is enacted," he wrote. "This will guard against any degradation of community care services."

Under the bill that failed in the House, the $2 billion would be partly paid for by extending fees that veterans pay on VA mortgages through 2027, instead of 2024. Congress has extended these fees before in order to allow spending elsewhere.

The decision to supply new funding to the VA's Choice Program drew opposition from several major veterans service organizations, including Veterans of Foreign Wars, Vietnam Veterans of America, and the Iraq and Afghanistan Veterans Association. They said in a joint statement that the bill was bad for veterans because it doesn't also include new funding for health programs administered by the VA.

"[W]e oppose legislation that includes funding only for the 'choice' program which provides additional community care options, but makes no investment in VA and uses 'savings' from other veterans benefits or services to 'pay' for the 'choice' program," it said.

That same issue is a likely factor that prompted most Democrats to vote against the measure.

But Concerned Veterans for America said it supported the bill for maintaining the ability of veterans to choose care outside the VA system, and said groups that oppose the bill are really just opposed to any choice program.

"This is a transparent attempt by some of these veterans service organization to kill the Choice Program," CVA policy director Dan Caldwell told the Washington Examiner.

Caldwell's group supported the VA's initial stance that it could fund the Choice Program by transferring funds, instead of getting new funding. But the group said the House bill is acceptable even if it "isn't perfect" because it keeps the Choice Program intact.

CVA also criticized Democrats and veterans groups for appearing to flip on the bill.

"They spread false information about Chairman Roe's proposal in a transparent attempt to tie this bill to unnecessary VA spending," CVA executive director Mark Lucas said. "It didn't look like they were opposing the Veterans Choice Program several months ago when they happily stood behind the president for a photo op as he signed an extension without the funding increases they are demanding today."

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3.7 - The Detroit News (AP): VFW slams House plan to fix VA budget gap (24 July, Hope Yen, 3.8M online visitors/mo; Detroit, MI)

Washington — The Republican-led House is moving to allow the Department of Veterans Affairs to shift $2 billion from other programs to cover a sudden budget shortfall in its Choice program of private-sector care, a plan drawing stiff protests from veterans' groups.

Lawmakers are expected to vote Monday to provide a six-month funding fix to Choice, which offers veterans federally paid medical care outside the VA and is a priority of President Donald Trump. Put in place after a 2014 wait-time scandal at the Phoenix VA hospital, the Choice program allows veterans to receive care from outside doctors if they must wait 30 days or more for an appointment or drive more than 40 miles to a VA facility.

VA Secretary David Shulkin has warned that without congressional action Choice would run out of money by mid-August, causing disruptions in medical care to thousands of patients. Veterans' groups are asking that additional emergency money be invested in the VA as well as Choice.

At its national convention in New Orleans Monday, the leader of Veterans of Foreign Wars took aim at President Donald Trump over the House plan. VFW National Commander Brian Duffy described the proposal as unacceptable privatization, saying it would lead to higher out of pocket costs for veterans and harm their care.

"It would violate the campaign promise that President Trump told our convention a year ago — a promise that the VA system would remain a public system because it is a public trust," Duffy said. "Send that message to Congress that the VFW — that means you — says 'No' on this proposal."

VFW members in the convention hall were heard chanting "No."

Veterans' groups see the House plan as setting dangerous precedent because it takes money from core VA benefits to pay for private-sector care. The plan would trim pensions for some veterans and collect fees for housing loans guaranteed by the VA. Eight major veterans' groups including VFW issued a joint statement over the weekend, expressing their opposition and displeasure after the House plan was quietly released last Friday after days of closed-door negotiations.

"Veterans' health care benefits have already been 'paid for' through the service and sacrifice of the men and women who wore our nation's uniform, millions of whom suffered injuries, illnesses and lifelong disabilities," the groups said.

They are urging the House to work with the Senate to reach a compromise before the August recess.

The groups also include AMVETS, Iraq and Afghanistan Veterans of America, Disabled American Veterans, Vietnam Veterans of America, Military Officers Association of America, Military Order of the Purple Heart and Wounded Warrior Project. American Legion, the nation's largest veterans' group, previously expressed their concerns in late June.

Sen. Johnny Isakson of Georgia, the chairman of the Senate Veterans Affairs Committee, has not said whether he would be willing to adopt the House proposal. The panel's top Democrat, Jon Tester of Montana, introduced a bill earlier this month that would provide equal levels of extra funding for Choice and VA programs.

Paul Rieckhoff, CEO and founder of IAVA, said Monday that veterans' groups intended to stand firm in opposition.

"House Republicans are driving toward a VA bill that is opposed by most of the leading veterans' organizations in America. The question is why? The lesson for Congress will be learned the hard way when our members express their voice at the ballot box," Rieckhoff said.

Shulkin announced the budget shortfall last month, citing unexpected demand from veterans for private care as well as poor budget planning. To slow spending, the department last month instructed VA medical centers to limit the number of veterans it sent to private doctors.

During negotiations last week, House Republican leaders insisted on spending offsets and Democrats ultimately agreed to a temporary fix that involved shifting $2 billion to Choice.

The House plan could have some unintended results involving expansion of mental health coverage. The housing fees being proposed to pay for Choice had already been earmarked in a bill passed by a House committee last week to pay for additional mental health care to thousands of former service members with less-than-honorable discharges. The bill co-sponsored by Reps. Mike Coffman, R-Colo., and Beto O'Rourke, D-Tex., was warmly welcomed by veterans groups and the VA. But its fate in the House now appears less certain without a clear funding authority to cover the nearly $1 billion cost.

Currently, more than 30 percent of VA appointments are in the private sector, up from fewer than 20 percent in 2014, as the VA's more than 1,200 health facilities struggle to meet growing demands for medical care.

The VA has an annual budget of nearly $167 billion.

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3.8 - Military Times: Proposed VA Choice funding fix fails in House vote (24 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — House Republicans suffered a surprising setback during a full chamber vote on veterans funding Monday which put in doubt the future of the controversial Veterans Affairs Choice Program, with just days left to find another solution.

A proposed fix that would have provided $2 billion to the health care program over the next six months failed to get enough votes to meet parliamentary requirements, failing despite a majority-backed tally of 219-186. Under rules, a two-thirds majority was needed to advance the measure.

The move left Republican leaders upset at what they saw as a reversal of an agreement with key chamber Democrats on the program fix. During floor debate, House Veterans' Affairs Committee Chairman Rep. Phil Roe, R-Tenn., called the measure a critical and direct solution to the problem.

“We know that veteran demand for care through Choice has never been higher and consequently the remaining money in the Veterans Choice Program will run out in mid-August, a few short weeks from now,” he said. “We cannot allow that to happen.”

House members are scheduled to start their extended summer recess at the end of the week. VA officials have said without additional money for the Choice accounts in the next few weeks, thousands of veterans will be forced off the program, and thousands of third-party administrators will be cut off from the department’s systems.

But Democrats and a coalition of eight veterans groups protested using offsets from trims to existing programs and fee reauthorizations for the Choice program, one of several VA programs which reimburses private-sector physicians for veterans’ healthcare services.

The groups said that money should come from sources outside VA programming, since the money was not directly returning to the department. Roe and supporters of the plan called that confused logic.

“First, providing money for Choice is providing money to support the VA health care system,” he said. “Choice is a VA program and through it, veteran patients were able to access care that have otherwise been required to be long.”

“Second, the idea that Congress has been pouring money into VA community care programs to the detriment of addressing VA’s in-house capacities is erroneous. VA’s bottom line has increased substantially since the turn of the century while most other government agencies have seen theirs stagnant.”

While opposing the plan, committee ranking member Rep. Tim Walz, D-Minn., defended Roe for working towards compromise and rejected accusations the Republican funding plan amounted to “privatization” of VA services.

But he also said he did not believe the fix would work.

“It’s apparent in the Senate that (this plan) will not pass,” he said. “We will not have money for the Choice Program … If we can’t find compromise that gets something across the finish line, that actually does something for veterans, everything else is just message for politics.”

Last week, Republican leaders believed Democrats had signed off on the six-month fix, after committee officials pulled back an even broader plan that linked the extra Choice money to other facility assessment work and department reforms.

In a post-vote statement, Roe said he was disappointed “the concerns raised on the House floor today were not mentioned during what I thought was an open and honest conversation” in recent days.

But Democratic officials said that was before the offsets were clear, and before significant opposition from veterans groups emerged. They had hoped Republicans would keep working for a different solution before bringing the disputed plan to a full chamber vote.

Neither side presented an immediate plan for a new fix. Meetings between House and Senate committee members are set for later this week.

Meanwhile, VA officials have promised an overhauled Choice plan in coming months, to include less bureaucracy and clearer eligibility rules for the program based on medical need instead of geographical location.

The program was flush with money as recently as last spring, when lawmakers passed legislation to remove deadlines for funding expiration. But in the last few months, usage has spiked significantly, with nearly $2 billion spent in less than half a year.

The Choice vote failure was a negative mark on an otherwise upbeat day for veterans' legislation in the chamber. Eight other measures related to VA, including an expansion of GI Bill benefits for reservists and wounded veterans, all received bipartisan backing in the House. They're expected to be passed later this week.

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3.9 - The Vindicator: Apparent suicide by veteran inside Warren VA clinic 'tragic situation,' VA says (25 July, Ed Runyan, 193k online visitors/mo; Youngstown, OH)

WARREN - The U.S. Veterans Affairs Louis Stokes Cleveland VA Medical Center says the apparent self-inflicted shooting death of a Vienna man inside the Warren Outpatient Clinic on Friday is a "tragic situation."

"There was a sad, isolated incident Friday afternoon at our Warren VA Outpatient Clinic," a spokeswoman said Monday after being contacted by The Vindicator.

"Due to privacy regulations, we cannot provide additional information on the incident or individuals involved, but our condolences and thoughts are with the family of our nation's hero," said Kristen Parker, chief of external affairs at the Cleveland center.

The Warren Police Department confirmed Monday that a Vienna man shot himself to death in the chest while attending an appointment inside the VA offices on Tod Avenue at 3:54 p.m. Friday.

The man, 53, was a military veteran. A woman with the same address and last name as the victim was listed as the person who called 911.

A detective said he didn't know if other people were in the room at the time of the incident. Parker said that because of privacy regulations, she cannot discuss who else was involved. She said no one else was injured.

The Trumbull County Coroner's office says the death is a coroner's case, but there's been no ruling on the cause of death.

All VA outpatient clinics have security guards on site, Parker said. "Our VA police regularly patrol the clinics and have established relationships with the local authorities," she said.

The facility has no metal detectors to screen for weapons, the detective said. Parker added: "Weapons of any kind are prohibited on federal property. Anyone entering a federal facility is

subject to search. If there is suspicion that someone on our property has a weapon or unauthorized substance, local and VA police are contacted to respond."

Parker's statement notes that veterans experiencing a mental-health emergency can be seen the same day, regardless of the character of their discharge.

Veterans being treated for mental-health concerns, to include suicidal ideations, are followed closely by their providers and treated in accordance with the national recommended suicide prevention guidelines.

If veterans are having thoughts of harming themselves or others, they should contact the crisis line immediately at 1-800-273-8255 (veterans press 1), the statement says.

Meanwhile, the coroner's office also is investigating the death of Wallace Bonzer, 58, of Howland, who was found dead Saturday afternoon inside his truck in Eastwood Mall's parking lot.

The coroner's office said Bonzer had been experiencing chest pain and was on his way to the doctor at the time he stopped to use an ATM machine at the bank.

The truck was parked between the Pep Boys store and Huntington Bank office.

He was reported missing Saturday to Howland police by his family, which had not seen him since Friday, according to 21 WFMJ-TV, The Vindicator's broadcast partner.

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3.10 - KCEN (NBC-9, Video): Waco VA denies 92 percent of Gulf War illness claims (24 July, Jasmin Caldwell, 191k online visitors/mo; Eddy, TX)

WACO - According to a recent mystatesman.com article, the Waco VA has denied 92 percent of claims related to Gulf War illness.

Channel 6 investigated the incident Monday.

The VA estimates 44 percent of veterans who served in the Persian Gulf War in 1990-91 have medical issues. In order to qualify for compensation, the veterans must have a diagnosable condition or an undiagnosed illness such as abnormal weight loss, fatigue, psychological problems, etc.

Dave Demorrow, a U.S. Army veteran with over 20 years of service, told Channel 6 he was just denied a claim Monday morning by the Waco VA even though his medical records prove he was diagnosed with post traumatic stress disorder (PTSD).

"Just in the last week or so, I have been told I have never been in combat," Demorrow said. "I'm still on active duty as of this morning. It's nuts. I have all this paper work proving I was in Desert Storm and what they keep coming back with is maybe, no you weren't so we're not going to give you any compensation for it."

Demarrow said he has experienced shortness of breath and fevers of unknown origin.

"Whenever the weather changes, I get sick and cough up blood," he added.

Steve Hernandez with Veterans One Stop in Waco said these findings are alarming.

"It may be a challenge to go back to your military service because those diseases didn't manifest in a period that the VA or the government recognizes that possibly should be service connected and that's why you have to challenge your claim there too," Hernandez said.

Demorrow said he is not upset with the VA, but wishes they could better communicate.

A report from the U.S. Government Accountability Office found that the problems with how the VA handles Gulf War benefits stems from poorly trained examiners and inconsistent methods of handling claims.

Channel 6 contacted the Waco Veterans Affairs Office for comment, and the organization said it would release a statement Tuesday in regards to the situation.

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3.11 - Victorville Daily Press: Here we go again with talks of privatizing the VA (24 July, Fred Dunning, 190k online visitors/mo; Victorville, CA)

As you can tell with some of my writing, I do not love the Veterans Administration (VA) nor do I hate it. I try to accept it for what it is, a huge bureaucratic system that can be difficult to navigate. There are some veterans that love the VA, and some that loathe the it. As it stands right now top leaders of the VA and many congressional representatives are moving forward with plans to put more veteran's medical needs in the hands of private sector healthcare. They are attempting to replace the veteran's choice program designed to cut wait times for veteran services in areas where the VA was too far away. Where this can be good in rural areas where the VA is hours away, it can be problematic for VA's and their funding. Privatization of the VA is a slippery slope, generations of veterans will have to live with the decision for the rest of their lives talking about the "good ole VA" and how much they miss it. By placing more funds in private hands, it takes away veterans utilizing the VA, hence cutting the VA's budget, resulting in less services, producing a death spiral to for the VA. The private healthcare system is not always better, to so many private physicians it's about money not patient care.

When greed takes over often what's best for the patient is not always what takes place in the private sector, veteran will be no different. But what scares me is the possibility of the privatization being worse than the VA itself. The private healthcare system is already overtaxed and some patients have trouble getting an appointment with their primary care provider. There is a shortage of primary care providers because the money is in specialization medication, not being a primary care provider. I have a very close friend who was the Director in a major hospital system in southern California, and what I learned from him is, private hospitals can be as bad if not worse than the VA. He quit a six-figure job because he could not ethically deal with the greed of some doctors and what they were doing for money to some of the patients. The acts the doctors took were legal, but lacked ethics and compassion.

One of the biggest fears I hear from veterans is private doctors do not understand Veterans issues. According to a VA official discussing privatization before congress, the private care physicians under the new program will not be required to complete or attend veteran specific training concerning veterans only issues. Studies have shown that veterans get far better care from healthcare professionals who have veteran centered expertise. Physicians in the civilian sector might not understand how Agent Orange, Gulf War Syndrome, Burn Pits, suicidal thoughts, PTSD, or trouble adjusting to civilian live can affect a veteran's symptoms and miss something big.

One of the biggest complaints I hear from veterans is the VA uses interns and physician's assistants to work with veterans. This is true, but private hospitals use interns and PA's too, because they can pay them less and make a larger profit. Physicians assistants and interns are not the problem at the VA; the problem lies with the number of veterans the VA must handle. After 16 years of war, the success of battlefield medicine, the competency of corpsman, field hospitals, and improved evacuation skills, more veterans are surviving their wounds. If the VA must be privatized, the best way can be utilizing veterans who understand veteran's issues and culture as the providers. The problem is there are not enough medical professionals who are veterans to serve the need. There must be mandatory training for those who were not, or have not, been in the military culture.

Whether you like the VA or not it appears to me the VA medical system has more pro's than con's. As I continually talk to veterans many of them think the privatization of the VA is a bad idea. The veterans I have spoken to want the VA to spend its money and focus on training who they have, hiring more people, build better facilities, and fire those who are not willing to conform, not send them outside the system where physicians decisions are made because of money. As Amy Webb of AMVETS stated to congress "Veterans want the VA to work for them" not be destroyed by a "bleed it dry strategy" of outsourcing and underfunding. It is time veterans who want to maintain the VA as an entity need to stand up to the Trump administration. According to some senators, the Trump VA budget is 6 percent larger than last year's budget, but 33% of the increase goes to utilizing the private sector while 1.3% goes toward VA care. President Trumps budget includes 13.2 billion dollars in mandatory funding for outside care for veterans. Any way you look at it, you need to let your congressman know where you stand on the issue of privatizing the VA. Please contact them!

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3.12 - Temple Daily Telegram: VA doc helps keeps hearts ticking (22 July, Janice Gibbs, 158k online visitors/mo; Temple, TX)

If you consider how many times you have to deal with electrical problems at home, at work and elsewhere, it stands to reason that the electric system in the heart might experience a blip or two.

Dr. Michael Bui, electrophysiologist at the Olin E. Teague Veterans' Medical Center, works with patients who have abnormal heart rhythms.

Those abnormal rhythms are the result of an electrical signal that's not functioning like it should.

"I see people whose hearts beat too fast, too slow or are out of sync," Bui said.

Each heart has four chambers, a top and a bottom and a left and right side. At the top is the left and right atrium and at the bottom are the left and right ventricle.

Located in the upper atria is a battery of sorts that produces electrical pulses that move toward the center of the heart to a structure, the His bundle, a collection of heart muscle cells specialized for electrical conduction. This bundle branch sends electricity to the heart chambers. The electricity causes the atrias to squeeze, forcing blood into the ventricles.

Normally, the electricity travels down the middle of the heart through the septum, causing the chambers to beat in sync. Occasionally, there's a delay or obstruction resulting in the heart chambers to beat out of order.

"Some people do just fine with the out-of-sync beats; in others, the heart will weaken," he said.

A pacemaker uses low-energy electrical impulses that prompt the heat to beat at a normal rate.

In the '90s, pacemaker leads were placed on the right side of the heart, which would pace the right side and the beats would become sequential instead of synchronized. In the early 2000s the focus was on left ventricle leads with the goal of the left and right leads enabling the hearts chambers to work better together.

"We did that for a number of years, but Heart Rhythm Society 2017, the comic con of my field, is saying there's something even better," Bui said. "The current practice is like taking two wrongs to make a right."

Some patients do fine, others not so much.

The concept of placing the lead in the center of the heart has been around for a while but the tools to do it have improved and the practice has taken off, he said.

When this therapy works it restores the heart rhythm that individual was born with.

Medtronics is the only company that has a lead specifically for this procedure.

"The beautiful thing about the VA is that they give the physicians the freedom of choosing the vendor," Bui said. "We're not tied to any hospital contract."

An electrophysiologist working at a hospital that has a contract using a provider other than Medtronics wouldn't be able to offer this procedure, he said.

It's all about restoring the heart's natural heartbeat pattern.

The pattern can get thrown off by a heart attack and artificial pacing can result in heart damage in some people, Bui said. In some cases the damage done by the treatment is worse than the initial problem.

"Bundle His pacing allows us to fix the problem and avoid the side effects," Bui said. "This treatment is new, but it looks very promising that it can mitigate the effects of pacing."

Bui sees a lot of patients with irregular heartbeats and had been looking at the new procedure, but hadn't had an opportunity to try it out before the Heart Rhythm Society meeting in May.

He had his first successful patient using the His bundle pacing in early June.

There are many reasons a heart rhythm changes. With time and age there is scarring fibrosis within the heart. There are also chronic inflammatory conditions that result in problems.

The scarring can make its way into the conduction system throwing of its ability to function well. A heart attack or infection can throw off the heart's tempo.

"There is now one potential good fix," he said.

Bui came to the Temple VA in 2013 from private practice in Dallas.

A graduate of the University of Texas Medical Branch in Galveston, his residency in internal medicine and general cardiology took place at Baylor Scott & White–Temple and the Temple VA.

He then went to Minnesota for electrophysiology training.

Bui had been in contact with a VA doctor who wanted him to come back to the Temple VA.

"I had always wanted to teach so the opportunity to teach, work with my friends here and take care of veterans was a perfect plan," he said.

"There are people here who fought for my right to practice medicine," he said. "If I had been in another country and wasn't part of a certain group or religion I wouldn't have these opportunities. I only had the freedom to do what I wanted because of these veterans."

Bui also wanted to practice evidence-based medicine, where the priority was on the patient.

The VA has set up an environment, Bui said, that allows him to spend as much time as he needs to educate his patients and the ability to use the latest technology in treatments.

There's no point in doing something if you're not set on doing it correctly, he said.

The His Bundle pacing procedure has generated some great success stories, Bui said.

A 19-year-old man had a pacemaker for five years, until the bottom fell out and his heart squeezing function basically stopped, He was on a heart transplant list and on hospice. He had the His bundle pacing procedure and within two weeks he was walking out of the hospital and within another two weeks his heart was normalized.

It's a work in progress and Bui has had success in some and not in others.

The procedure takes place in the cath lab with little sedation and zero contrast. Some people have kidneys that don't tolerate the dye that makes His bundle pacing a safer procedure.

"It's so much better in almost every aspect," Bui said.

Another procedure that has limited availability tackles atrial fibrillation. Catheter ablation is a minimally invasive procedure that can relieve symptoms and improve quality of life.

During an ablation, the doctor destroys tiny areas in the heart that are firing off abnormal electrical impulses and causing atrial fibrillation.

Atrial fibrillation can make some people feel bad and can cause blood clots because the blood is pooling instead of moving, Bui said.

Blood thinners are used to avoid blood clots and there are medications. One of the most prescribed can cause a litany of problems.

Medications are the first line of defense and if that doesn't work ablation becomes an option. Ablation won't cure afib, but is used to reduce symptoms.

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3.13 - Task & Purpose: Is A New Military Oath Really The Best We Can Do To Fight Veteran Suicide? (24 July, Adam Linehan, 102k online visitors/mo; New York, NY)

When Dr. David Shulkin was appointed secretary of veterans affairs in February, President Donald Trump charged him with the ambitious mission of reducing the veteran suicide rate to zero. Which means that for Shulkin to truly succeed in his role as the head of an agency that on numerous occasions in recent years has been accused of fatally neglecting patients in its care, the VA will need to ensure that not a single living person who has ever served in the U.S. military dies by suicide on his watch. That's more than 20 million people.

The veteran suicide rate isn't what it is for lack of trying. The VA's budget has more than quadrupled since 2001, and much of that money has been poured into suicide prevention. The agency spent $118 million on studying mental illness in 2016, making it the VA's second most funded area of research behind "aging." That year, the VA also expanded its Veterans Crisis Line, doubling it in size so the agency could better respond to mental-health emergencies. These efforts have been bolstered by a recent surge in national awareness of post-traumatic stress disorder and military sexual assault, as well as droves of nonprofit organizations that offer alternative forms of care for veterans suffering from service-connected mental illness. But the so-called veterans' suicide epidemic persists.

And it will still persist until, at the very least, we figure out why it is that veterans are dying by suicide at a higher rate than their civilian counterparts. In 2014, veterans constituted 8.5% of the U.S. population, but accounted for about 18% of suicides, according to the VA's most comprehensive report on the matter. And while veteran suicides have increased since the onset of the War on Terror, the latest data shows that seeing combat does not significantly increase the likelihood that a person will take their own life. In fact, 65% of the veterans who died by suicide in 2014 were individuals 50 years or older, most of whom had spent little or no time in Iraq or Afghanistan. Had they ever been to war, it was likely many years before they died. A lot of life happened in between.

Compounding the complexity of the problem is the simple fact that those who need mental-health support don't always seek it. Since 2010, there has been a department within the VA,

called the VA Center of Innovation, which, among other things, has been working to better understand why some veterans don't use VA services. The idea is that the VA can use that information to improve access to health care so more veterans take advantage of it. After all, they earned it. Still, about 70% of the veterans who died by suicide in 2014 — at a pace of roughly 20 per day — were not regular users of VA services. Which raises an interesting question: Should veterans be doing more to help themselves?

Republican Rep. Brian Mast of Florida seems to think so. His proposal: Give all service members leaving the military the option of taking an oath to not commit suicide and also help others at risk of doing so. And while it certainly won't drop veteran suicides to zero, Mast is confident it will help. In fact, he submitted his "Oath of Exit" proposal as a bipartisan amendment to the 2018 National Defense Authorization Act, and on July 13, it passed the House, leaving it to the Senate to determine whether or not it will become law; although, according to Mast's communications director, Brad Stewart, the oath would not be legally binding.

"The idea is that if a service member says they're going to do something, they do it, because they have integrity and compassion for their fellow veterans," Stewart said in an email to Task & Purpose.

Mast is a veteran himself. He served 12 years in the Army, and lost his legs while serving as a bomb tech in Afghanistan in 2010. Years later, in an interview with The New York Times, Mast recalled that while he was recovering from his wounds at Walter Reed Army Medical Center, he told his wife that "he could not accept that perhaps the most meaningful work of his life was behind him." Mast was elected to Florida's 18th Congressional District in 2016, and made addressing "the shameful treatment" veterans receive at the VA a top priority. That effort involves pushing to widen veterans' access to health care in the private sector. "I don't think [the VA] should cease to exist," he told NPR in January. "I think that they should up their game." So it's hardly surprising that while Mast's Oath of Exit encourages veterans struggling with suicidal thoughts to seek help, it makes no mention of the VA.

Here is the oath in its entirety:

"I [name], recognizing that my oath to support and defend the Constitution of the United States against all enemies, foreign and domestic, has involved me and my fellow members in experiences that few persons, other than our peers, can understand, do solemnly swear (or affirm) to continue to be the keeper of my brothers-and-sisters-in-arms and protector of the United States and the Constitution; to preserve the values I have learned; to maintain my body and my mind; and to not bring harm to myself without speaking to my fellow veterans first. I take this oath freely and without purpose of evasion, so help me God."

Mast is certainly not alone in his view that the VA doesn't hold the magic key to ending the veterans' suicide epidemic. Evidence of this mentality is all over the internet, most notably in the plethora of Facebook support groups that have recently sprung up with the professed goal of combating veteran suicide, some of which dispatch members to physically assist others in need of help. Even the leaders of "Marines United," a Facebook group now famous for sparking a military-wide nude photo scandal, claimed that the page was created to help prevent veterans from taking their own lives. One need only Google "22 a day" — a reference to a dated but still widely cited study on veterans suicide — to see that there is an entire industry forming around the notion that those who've served are hardwired for self-destruction. At the moment, we can only guess at whether or not those efforts are alleviating the problem. And while they might be,

it's important to keep in mind that lots of money is being made under the banner of keeping veterans alive.

The media has only fueled this deepening skepticism of the VA among veterans, often painting the agency as an enemy of the very people it's supposed to help, and giving conservative politicians plenty of fodder to lambast the federal agency as an example of big government gone awry.

Mast, it's worth mentioning, is a staunch Republican, and — at risk of sounding like a high school government teacher — I should note that his Oath of Exit is very much in keeping with his party's core principle of self-determination. "Only we can save us from ourselves" is the message it communicates. The taker of the oath isn't vowing to seek out professional help when they're in the throes of a mental-health crisis, but rather his "fellow veterans." This keep-it-in-the-family approach, while grounded in a realistic understanding of how veterans perceive their relationships with other people who have served, risks further alienating those with psychological problems from the government resources in place to assist them. What if a veteran who takes the oath finds his battle buddies unresponsive or unhelpful when he calls upon them in his time of need? He has upheld his end of the bargain, but there is nothing in the oath that obligates the veteran being approached for help to refer their battle buddy to someone actually qualified to assist them, which could prove catastrophic in an emergency.

A recent study published in the Journal of Affective Disorders compared the effectiveness of crisis-response planning — providing suicidal patients with a card "outlining steps for identifying one's personal warning signs, using coping strategies, activating social support, and accessing professional services" — with the effectiveness of a no-suicide contract, which "outlines what not to do in a crisis (i.e., engage in suicidal behavior)." The study concluded that the crisis-response planning approach was more effective than the no-suicide contract model in "preventing suicide attempts, resolving suicide ideation, and reducing inpatient hospitalization among high-risk active duty Soldiers." Likewise, several mental-health professionals I spoke with about the Oath of Exit told me that, while it's possible a veteran may be more inclined than a non-veteran to adhere to an oath, among the general population, no-suicide contracts have yet to yield promising results.

"I don't feel that an oath would make lead to a significant change in suicide rates among veterans," said Dr. Will Siu, a New York-based psychiatrist who often works with patients suffering from PTSD and other trauma-induced mood disorders. "However, I do feel that the idea of building meaningful interpersonal connections between veterans and their communities is worth pursuing going forward as a possible intervention."

Perhaps the oath could at least be a step in the right direction. A 2008 study published in the Archives of Suicide Research found that "gatekeeper training" — teaching people "who work with veterans, families, and communities" to "identify and to refer veterans at risk for suicide" — showed "promise for increasing the capacity of VA staff to work with at risk veterans." According to this model, which was being evaluated by the Department of Defense for use within the military as recently as 2015, gatekeepers don't have to be VA employees. They can be anyone who "is strategically positioned to recognize someone at risk of suicide," to include parents, friends, neighbors, and, presumably, former platoon mates. Perhaps a better version of the Oath of Exit would be one accompanied by an additional pledge to undergo training to learn how to identify warning signs of a suicide crisis and how to properly respond. In other words, a promise to take action.

And then there's the obvious question: Do oaths hold a special meaning for veterans? So special that an oath could prevent a veteran from taking his or her own life, even five, 10, or 30 years after they've hung up the uniform? Mast believes so. "Integrity is more than a word to service members, so if we say we will reach to a brother or sister because we need help, then we will do it," he told Task & Purpose.

But of course service members break oaths. Fort Leavenworth is full of soldiers who victimized the very people they swore to protect. One of the deadliest mass shootings in our country's history was carried out by an Army major — a doctor, at that. People are unpredictable. Our perspectives, morals, and loyalties are constantly in flux. Who we are can change dramatically over time. Change, however, isn't always a bad thing.

What I find most striking about Mast's proposal is how it assumes that veterans' service will remain crucial to their identity over the course of their lives. It also seems to imply that whatever relationships veterans form outside the military do not carry the same weight as the ones they forged in the proverbial trenches. What about wives, children, parents, coworkers, new friends? At some point, you have to move on. Like Mast, you have to resist the idea that the most meaningful period of your life is behind you. You have to apply the same energy, courage, and devotion to adapting back to the civilian world that you did to becoming a soldier — and for the simple fact that you are not in the military anymore.

Conventional wisdom tells us that a person can only lean on past experiences so long. Eventually the legs are going to give out. Mast understands this, which is why, as he told The New York Times, he pursued a career in politics with the hope of finding the same sense of purpose and fulfillment he experienced in uniform. But his oath instructs us to do the opposite: Cling to our military service like a lifeline. That mindset runs counter to that which gave birth to the GI Bill after World War II and helped enable an entire generation of veterans to play an instrumental role in turning the United States into the superpower it is today. Men and women came home from that war and, with some assistance from the government, threw themselves into building the next chapter of their lives and it was great for the whole country.

Of course, there was no shortage of mental-health issues among veterans then. The difference now is that we've come to see those issues as part of an imaginary barrier that exists between those who have and have not served — the so-called "civilian-military divide." And it's this potentially toxic mentality that initiatives like the Oath of Exit are feeding: The military "has involved me and my fellow members in experiences that few persons, other than our peers, can understand," it reads. That might be true; however, in most cases, when people leave the military, they don't take their peers with them. By fixating on the bond between brothers and sisters-in-arms, and the profound importance of the the time they spent together at war, we may be inadvertently discouraging veterans from building meaningful lives and relationships outside the military. Those networks might actually do more to protect them, especially as the years go by.

I think one of the most damaging byproducts of the current obsession with veteran suicide is the idea that you shouldn't let your guard down, that the demons that followed you home from war will keep stalking you until you die. There is, however, another way of thinking about military service: That it makes you a stronger and more capable member of society. This is not to say that mental illness isn't a real and tragic side effect of war, or that veterans kill themselves out of weakness. But we're settling on a one-size-fits-all narrative to explain the veteran experience, and at the risk of imposing stifling limits on how people who have served in the military perceive themselves. What we might be faced with now is a self-fulling prophecy. National awareness of

PTSD has grown significantly since the Vietnam War, yet the veteran suicide rate has gone up. I, for one, am not surprised by these numbers. Maybe that's because I've been conditioned to expect them.

Still, it's hard to imagine that, were it widely implemented, an Oath of Exit would make the veteran suicide problem any worse. As Mast wrote to Task & Purpose, "Anything we can do to prevent one veteran from harming them self is worth it." He's absolutely right. I've lost several friends to suicide. Each time I was left racking my brain, scrambling to identify the signs that would've shown me it was coming had I only paid closer attention. And what I saw, in retrospect, were profoundly lonely people. Suicide is the ultimate rejection of life, but the process of severing ties with the world begins before the shotgun is loaded or the noose is sized. Perhaps, in some cases, all it takes is for someone to reach in and hold tight, before that window shuts completely.

So, yes, a pledge to look out for the people who were with us during some of the most important and formative periods of our lives is a good start. But that's all it is: a start. If veterans are going to play a bigger role in fixing this problem — if we're going to insist that we're more aptly suited for the task than the VA — we need to do better.

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6.1 - Fast Company: This App Connects Veterans In Crisis With Other Veterans Who Are Willing To Talk (24 July, Eillie Anzilotti, 11.8M online visitors/mo; New York, NY)

As a teenager growing up in Wheeling, West Virginia, Justin Miller wanted nothing more than to get out and join the armed forces. He tried a couple times; after the planes struck the World Trade Center on September 11, he met with a recruiter but was turned away after meeting with some personal objections from the recruiter. At that point in his life, he'd already given up his passion for baseball and turned to drugs and alcohol, following in the footsteps of his father, who was himself an addict.

But strangely, it was his father who encouraged Miller to again try to join up, and in 2003, he was successful; it was a different recruiter this time, who understood where Miller was coming from. But his two tours through Iraq shattered him. Miller's battalion faced extraordinary violence. His platoon was tasked with preventing the placement of bombs in the bridges and roads of the al-Dora neighborhood of Baghdad, the al-Qaeda stronghold; they watched as al-Qaeda operatives executed whole families for refusing to obey orders. Both during deployment and after returning home, drug and alcohol abuse and suicides among the soldiers proliferated—a count from the Army found that over 140 soldiers deployed in Miller's battalion in

2008 took their own lives. In 2014, seven years after returning from duty and at 30 years old, Miller was still feeling the aftershocks.

He reached out to Chris Mercado, an Army officer and friend of Miller's who was, at the time, getting a masters degree at Georgetown University's School of Foreign Service, to tell him that he was contemplating suicide. "I spent the better part of six hours that night just listening, as a friend would do," Mercado tells Fast Company. Though Mercado was not a licensed mental health practitioner by any means, his presence on the other end of the phone helped Miller begin to see the other side of his struggles.

That conversation sparked the idea for Objective Zero, a foundation and mobile application launching later this summer that will connect veterans experiencing mental distress with other veterans who can talk them through it.

Every day, around 20 veterans and one active service member take their own lives. There have been previous attempts to curtail this devastating statistic: The Department of Veteran's Affairs offers same-day mental health assistance at over 1,000 points of care and through the Veterans Crisis Line; an app launched in 2012 called POS REP uses GPS data to connect veterans with others nearby to facilitate more face-to-face conversations; the Defense Advanced Research Projects Agency and Dartmouth University launched a data-mining initiative in 2013 to scan veterans' social media accounts for suicidal indicators.

The rate of suicide is trending downwards–the VA's previous count, from 2012, found that 22 veterans took their own lives each day–hence the name Objective Zero. Mercado and Miller's app echoes the sentiment of VA Under Secretary for Health, David J. Shulkin, who said in a statement: "We as a nation must focus on bringing the number of veteran suicides to zero."

Objective Zero grew from Mercado and Miller's conversation into the platform it is through the collaboration of Mercado's Georgetown classmates, who learned about Miller's experience through an article Mercado and Miller published on Medium in 2015. The growing team researched the issue of veteran suicide, pulling data from the VA and designing what the app could look like: It would act as a conversation platform between veterans, but also direct users to other resources and services they could pursue independently.

On the app, a veteran in distress will be able to open the program, select voice, video, or text, and broadcast what Mercado calls a "distress signal" to those veterans signed up as ambassadors. "It's kind of like texting 10 people at the same time, saying you need help," Mercado says. When a veteran uses the app, they can also access the VA's mental health services and look up where to get further treatment; the counselor can also recommend it.

Objective Zero has the backing of Headspace, the popular subscription-based meditation and mindfulness app, which is offering its normally $150 services free-of-charge to veterans registered through Objective Zero. As will Comeback Yoga, a Colorado-based nonprofit that instructs military personnel in yoga specifically to relieve post-traumatic stress; Comeback's videos will be available through the app.

A Kickstarter the Objective Zero team launched in January raised $35,000; other fundraising efforts, through events and social media, have brought in another $50,000 to develop the app. "The structure of the app is borne out of what the data tells us," Mercado says. "What we found is by increasing social connectedness among veterans, providing access to resources, and improving access to care, we can lower suicide rates."

Mercado is clear-eyed about the fact that the app will not be able to solve the problem–veterans are twice as likely to die from accidental opioid overdoses than non-veterans, and as the opioid epidemic continues unabated in the U.S., and while the VA has recognized the link between time in the armed forces, chronic pain, and opioid addiction, and taken steps to reduce the use of opioid painkillers in prescribed treatment regimens, the effects linger. “But just because we can’t help everyone, doesn’t mean we shouldn’t try to help somebody,” he says.

There are currently around 23 million veterans in the U.S.; the Objective Zero team will be coordinating with the VA to help get veterans registered on the app once it’s available later in the summer.

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6.2 - Arizona Daily Star: No barriers: Wilderness treks help disabled Tucson-area vets (24 July, David Wichner, 443k online visitors/mo; Tucson, AZ)

Air Force veteran Daniel Kester of Tucson studied the transition of military veterans into civilian society to earn his Ph.D. in education.

But the retired intelligence specialist still needed help with his own transition issues, as he stepped away from a military career that included combat duties in Iraq and Afghanistan and left him with post-traumatic stress syndrome.

Kester found some of that help in 2015, when he participated in a No Barriers Warriors Veterans Expedition through the Grand Canyon, through a program sponsored regionally by defense contractor Raytheon.

Conducted by No Barriers USA, a nonprofit based in Colorado Springs, the No Barriers Warriors expedition program teaches vets with disabilities to overcome personal barriers through wilderness challenges.

Raytheon, the Tucson region’s biggest employer, is partnering on the No Barriers Warriors expedition program regionally for the fourth year.

This year, the company is sponsoring a dozen wounded warriors from Arizona, New Mexico, Texas and southern California for a 10-day trek through the Wind River Range in Wyoming in August.

Kester, who now works in mission control for the Tucson-based high-altitude balloon startup World View Enterprises, said he gained new confidence and bonded with fellow vets on his 2015 trip.

“It definitely helped,” said Kester, who retired as a senior master sergeant last year after a 20-plus year career including 11 years on active duty and stints in the Air Guard and Air Force Reserve.

“It’s one of those things where you put yourself in a situation that’s out of your comfort zone, that you’re not really sure you’re able to accomplish, but with the help of your support group you’re able to get through. They made it very positive.”

Though unlike military survival school, food was provided, participants had to manage their way through a series of challenges while rough-camping in the wet.

And though the Army vets often jokingly threatened to test Kester’s Navy skills by throwing him out of the raft, Kester and his colleagues made it through, together.

The toughest parts of the trip included helping one participant who had difficulty walking straight because of a traumatic brain injury hike out of the canyon.

“We had to help get him out of the canyon and up Bright Angel Trail, which is a mile straight up,” he recalled. “Some of the trail is as wide as a sidewalk with a 7,000 foot drop, and we’re holding onto each other.”

And in a sense, they are still holding onto each other.

“I’m still in touch with several of the people in the group on Facebook and other places,” Kester said. “They’re great guys and helped me when I’ve had issues afterward, and when they have issues, we call each other and help each other out.”

There are plenty vets who need such help.

About 2.5 million veterans have served in Iraq, Afghanistan and other parts of the world, and the U.S. Department of Veterans Affairs estimates that between 11 to 20 percent of those veterans have been diagnosed with PTSD, a mental-health disorder with symptoms including flashbacks, anger and constant fear of danger.

As of 2015, some 1.8 million veterans who served since the first Gulf War in 1990 were receiving benefits for a service-connected disability, according to the VA.

Raymond Davis of Phoenix, a former Navy hospital corpsman one of three Arizona veterans picked for this year’s No Barriers trip to the Wind River Range, said he hopes to find help dealing with PTSD and a traumatic brain injury he suffered in Iraq in 2006.

“A lot of veterans I know, for whatever reason, just have a hard time blending in with everyday people,” said Davis, 39, who works as an advanced medical support assistant at the Phoenix VA hospital. “I’ve had some issues just adjusting, so for the last few years I’ve just been on a downward spiral of emotions, just finding my place.”

Davis said the trip combines things that have helped him in the past.

“I always find I do better if I spend sometime outdoors or in a physical challenge, or getting together with the people I served with,” he said.

Davis says he’s been through VA counseling and though he doesn’t know his fellow Wind River trekkers he has no doubt they will pull together through the challenges.

"I know other veterans who have been through the same thing, so were not going to give up on each other."

Kester, who spent a year and a half heading Pima Community College's veterans services department, said it's "critically important" that disabled vets seek help.

"One of the things I found in my dissertation is that vets aren't the type of people who ask for help," Kester said. "That's one of the things you have to overcome, you have to be OK with just asking for help. There's a lot of help out their from all sorts of institutions, and especially other veterans who will step up and help out any way they can."

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7. Supply Chain Modernization

8. Other

8.1 - Bloomberg: Trump's Quiet Progress on Veterans Affairs. He doesn't tweet about it much, but reform is moving along (24 July, Mark Whitehouse, 43.7M online visitors/day; New York, NY)

For all the tweeting he does about repealing Obamacare, defeating Islamic State and building a wall along the Mexican border, President Donald Trump has precious little progress to show. By contrast, he has probably achieved the most in an area he mentions rarely: reforming the Department of Veterans Affairs.

This special edition of the Trump Twitter Filter (what's that? see here) steps back to take a look at the president's activity since he took office in January -- to which campaign promises he has paid the most attention, and how much of that attention reflects movement toward the goals he set out (for further explanation, see footnote 1).

Despite the distractions of a developing investigation into his administration's contacts with Russia, Trump hasn't lost sight of the platform on which he was elected. Since Monday, Jan. 23 (his first full weekday in office), about 40 percent of all his tweets have mentioned one or more of the items on his campaign agenda. Here's a chart showing the weekly percentage:

In terms of the sheer number of mentions, three topics stand out: defense, immigration and health care -- a reflection of the president's preoccupation with terrorism, his efforts to impose a travel ban from certain Muslim-majority countries and the protracted wrangling in Congress to repeal and replace Obamacare. He tweeted about defense-related topics 98 times, immigration 92 times and health care 88 times. Here's a chart:

Most of that tweeting, though, has had little to do with actual movement toward Trump's stated goals. It's hard to say whether his actions, on net, have helped or hindered the fight against Islamic State. The travel ban is incomplete and the wall remains a promise. Republicans haven't been able to agree on a viable replacement for Obamacare.

That said, in one area, Veterans Affairs, there actually has been progress. Since the Senate approved his appointment unanimously in February, Secretary David Shulkin has sought to improve accountability at hospitals by publicly posting wait times and care-quality data, and has extended much-needed mental health services to veterans with less-than-honorable discharges. Even Congress has made a contribution, passing a bill to streamline the agency's hiring and firing processes -- legislation that Trump signed and tweeted about three times.

As a result, most of the president's 10 tweets on Veterans Affairs reflected movement toward his goal of reforming the agency. Specifically, they garnered a total of 7.5 movement points, for an effectiveness ratio of 75 percent. Here's how that compares with other agenda items:

Although taking better care of veterans is far from the biggest item on Trump's agenda, it's certainly a goal that most Americans would support. It's also a rare area in which the president's penchant for taking credit appears to be more or less in line with his achievements.

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8.2 - Politico: House Democrats stun GOP by sinking vets, intel bills (24 July, Connor O'Brien, 23.9M online visitors/mo; Arlington, VA)

House Democrats sank two key bills on the House floor Monday, embarrassing Republican leaders who were banking on the noncontroversial legislation sailing through — in a new sign of the opposition's party's frustration with the majority's approach.

Kicking off a busy week in the House, most Democrats and a handful of Republicans joined forces to deny GOP leaders big-enough majorities to pass an annual intelligence policy bill and legislation to restore funding for a key veterans health care program.

Both bills came to the House floor Monday under suspension of the rules, an expedited process that allows for less than an hour of debate and no amendments but also requires a two-thirds majority for passage.

The suspension process is typically used for noncontroversial bills that have broad bipartisan support. One suspension bill failing on the House floor is a rarity, but two back to back is extremely rare.

First, the House voted down the 2018 intelligence authorization bill, which sets policy for intelligence agencies and authorizes funding for classified programs.

Democrats opposed the bill after House Minority Leader Nancy Pelosi argued in a letter to her Caucus on Sunday that the expedited process was inappropriate given the ongoing investigation into Russian election meddling prompted by U.S. intelligence findings — and the failure to establish an independent commission to look into the matter.

"On its merits, I believe the [intelligence policy bill] should and will become law," said Rep. Adam Schiff of California, the ranking Democrat on the House Intelligence Committee. But he added that the bill "should go through regular order so that members may offer amendments."

Next, Democrats united to defeat a $2 billion bill to replenish for six months the emergency Veterans Choice Program, which subsidizes private medical care outside the Veterans Affairs Department for veterans facing lengthy wait times and is set to run dry in August.

Democrats cited opposition from a large group of veterans organizations that called on Congress to reject the bill because it pays for the program through cuts in the VA.

Following the vote, House Veterans' Affairs Chairman Phil Roe (R-Tenn.) fired back at Democrats, contending the bill had bipartisan support ahead of Monday's debate.

"This was a bipartisan agreement, and I'm disappointed the concerns raised on the House floor today were not mentioned during what I thought was an open and honest conversation," Roe said in a statement.

Both bills could return to the House floor later this week. But leadership will likely now send the legislation through the House Rules Committee, which could rule amendments in order but could just as likely allow Republicans to pass the bill as is with a simple majority.

The pair of setbacks also means Republicans will have to hurry to pass the bills. The House leaves for a month-long August recess at the end of this week.

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8.3 - Richmond Times-Dispatch: Editorial: Kudos to Dave Brat for his bill on dog research
(25 July, 1.5M online visitors/mo; Richmond, VA)

Virginia Rep. Dave Brat is something of a lightning rod, and we've not always seen eye-to-eye with him ourselves. But the 7th District congressman deserves a pat on the back and an "Attaboy" for introducing a bill to limit medical testing on dogs at the Department of Veterans Affairs.

The bill was prompted by disturbing reports of animal abuse at McGuire VA Medical Center here in Richmond. A report by the VA's Office of Research Oversight (ORO) says some of the allegations, such as those regarding documentation, appear to be incorrect. But others, including induced heart attacks, the failure to provide post-operative care, the inconsistent provision of painkillers, and "procedures with unrelieved pain and distress" were confirmed.

To its credit, McGuire already has suspended one researcher's authority to work with animals, and it appears to have undertaken numerous corrective steps to address some of the issues raised in the ORO report. But that does not settle the issue. "The reports I read about were almost on the scale of torture," Brat has said, suggesting more humane methods could advance medical science just as well.

And the issue goes beyond McGuire. A December letter from 13 members of Congress, including Virginia Rep. Don Beyer, to the comptroller general says "we have discovered it is impossible to determine what federal animal research programs currently entail, what they cost and if they meet federal standards because of the limited and decentralized information available publicly. Federal agencies are not currently required to publicly report their total use of animal research, do not publish noncompliance reports and generally do not maintain

searchable databases of animal research projects with information about their purpose, methods, results, and cost."

We do not side with those animal-rights extremists who would put an end to all animal research everywhere. But it should always be a last resort, and as limited as possible — with as much care taken as possible to reduce pain and stress. Brat's legislation makes a good first step in that direction.

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8.4 - WRIC (ABC-8, Video): Whistleblower gives inside knowledge of dog experiments at McGuire VA Medical Center (24 July, Kerri O'Brien, 487k online visitors/mo; Richmond, VA)

A whistleblower is sharing inside knowledge about taxpayer funded animal experiments involving dogs at McGuire VA Medical Center in Richmond.

8News first broke the news of dog testing at McGuire back in March. But for the first time, 8News is getting a look at the dogs.

Todd Woessmer, a McGuire employee, took several of the images and described a dog he saw post-surgery in late May as 'very distraught.'

"The one dog had recently had some sort of procedure done where you could see the incisions and the shaved part, and that dog was very distraught," he explained.

The dogs shaved and stitched are locked in cages for most of the day, according to Woessner. He was so disturbed by what he has saw on his service calls to the research lab that he reached out to his union representative.

"To see dogs that distraught, it's hard," he said.

Woessner wasn't the only one.

"Several of the employees had come to me with concerns about the animals conditions," says Jennifer Marshall, President of the American Federation of Government Employees Local 2145, who advised Woessner and others to take photos. "They were seeing them in pain, distress."

Most of the images of the dogs and the operating rooms were captured in late May, but both Woessner and Marshall say the deadly experiments are still going on at McGuire. Woessner says seeing these dogs cut, probed and then confined to a small kennel or laboratory is heartbreaking.

"You can tell they are like scared of you, very nervous, distraught, uncomfortable," Woessner said.

When 8News asked if it seemed like they are in pain, Woessner replied, "Some of them, yes."

Records show the McGuire research is centered around treating heart disease, particularly patients suffering from an irregular heartbeat or diabetes. The experiments currently involve 118 dogs and include surgeries to implant pacemakers, stress tests and induced heart attacks.

Most, if not all of the dogs, are set to die at the end of the project. In some cases, the hearts are harvested. 8News asks Woessner if he has ever seen anything like that.

“Yes, I have seen a bowl with water and a dog heart in it,” he replied.

We’re told since 8News started exposing the experiments, security around the lab has been tightened and the windows covered up.

“They have been all blackened out,” says Woessner.

Woessner, a veteran himself who served in Iraq, has filed complaints with the Department of Veterans Affairs Office of Inspector General and Special Counsel.

“I don’t think it’s the VA’s job to be doing this to dog’s,” he said. “I think they should be focusing on taking care of veterans.”

Marshall agrees. She tells 8News the research labs for the dog testing takes up part of two floors.

“I have nurse practitioners that don’t have an office space,” she said. “I have social workers that are tripping over each over.”

It’s space and taxpayer dollars she believes could be put to better use.

“They could take the entire third floor, which is huge square footage, get research out of there and utilize that for patient care,” Marshall said. “The mission of our medical center is to provide care for veterans.”

In a statement, the VA said, “canine research is essential to developing crucial medical advancements to help veterans and non-veterans alike,” adding that their research has resulted in life-saving innovations like the cardiac pacemaker, the first liver transplant and the nicotine patch.

VA’s animal research program has saved lives in the past and will save lives in the future. It’s important for people to recognize that canine research is essential to developing crucial medical advancements to help Veterans and non-Veterans alike. VA’s research and innovations have resulted in products that are both life-changing and lifesaving, such as development of the cardiac pacemaker, the first liver transplant, the nicotine patch, the discovery of insulin, and most recently the first FDA approved artificial pancreas.

“It is important to note that almost 100 percent of the animals involved in VA research are mice or rats. Studies involving larger animals such as canines are rare exceptions; canines accounted for fewer than 0.05 percent of animals used in VA research in 2016. Those protocols that do involve larger animals are undertaken only when studies of rodents cannot provide the information that is needed—for example, studies of medical devices that are sized for humans, studies of disorders that do not occur in rodents, or studies when the physiology of the dog is much more similar to human physiology (such as in heart studies).

"At VA, we have a duty to do everything in our power to develop new treatments to help restore some of what Veterans have lost on the battlefield. One of the most effective ways for VA to discover new treatments for diseases that affect Veterans and non-Veterans alike is the continuation of responsible animal research. VA's animal research program sets the standard for accountability and transparency both inside and outside the government. We take seriously any reports of not adhering to our strict standards of responsible research, and we immediately review and correct processes when any issues arise. Risk is inherent in cutting-edge research programs of this type, but we welcome scrutiny of our program." – Dr. Michael Fallon, Chief Veterinary Medical Officer, Department of Veterans Affairs

But these insiders call it cruel.

"I can't see how anybody who see those dogs, the look in their eyes, and they don't know what is going on, they're innocent, God's creatures," Woessner added.

8News did reach out to McGuire, but officials declined to go on camera.

The Department of Veterans Affairs office in D.C. issued the following statement:

While there are ethical concerns associated with conducting animal research, they are far outweighed by ethical concerns associated with not doing animal research. The broad consensus of medical and scientific experts in the United States and around the world that animal research is necessary. That's why VA will continue conducting animal research like someone's life depends on it – because it does."

Earlier this month, Virginia Congressman Dave Brat called the experiments, "on the scale of torture." He introduced the PUPPERS ACT, a bill that would limit the use of dog's in animal testing.

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8.5 - Roll Call: House Democrats Tank Two Suspension Bills. Pelosi: Bill not problematic, suspension is (24 July, Lindsey McPherson, 431k online visitors/mo; Washington, DC)

House Republicans hoping to quickly clear some must-pass items from their to-do list before August recess brought up two bills Monday under a fast-track procedure only to have Democrats shoot them down.

Both an intelligence reauthorization bill and legislation renewing funding for a veterans' health program were brought to the House floor under suspension of the rules, a process that requires two-thirds support for passage and bypasses. Both failed.

When a bill goes to the rules committee it can be amended and provides for more thorough debate on the measure. Two GOP aides said Monday they expect the suspension bills to come up again this week under a rule, which would only require a simple majority vote for passage.

Democrats objected to the intelligence reauthorization because it was not open for amendment. It failed 241-163, meaning it would have passed if had been brought up under a rule. All but 10 of the “no” votes came from Democrats.

House Minority Leader Nancy Pelosi wrote a letter to colleagues Sunday saying it is “unacceptable” that the bill would not be fully open for debate when critical intelligence decisions are being made and investigations remain ongoing into Russia’s interference in the 2016 election.

“Although the underlying bill is not problematic, taking it up under suspension is,” the California Democrat said. “This bill which authorizes tens of billions of dollars for the U.S. Intelligence Community should be considered under regular order and a rule.”

The House Liberty Caucus, a small group of Republicans led by Michigan Rep. Justin Amash, also objected to the fast-track process on the intelligence measure; several members of the caucus voted against it.

Immediately after the intelligence reauthorization failed, the House also defeated a measure to add $2 billion in funding to the Veterans Choice Program, which provides a route to private care for certain veterans having difficulty getting medical care at traditional Department of Veterans Affairs facilities.

Absent congressional action, the program is expected to run out of money in mid-August; the bill was expected to extend funding for roughly six months. The measure failed 219-186, with 182 of the “no” votes coming from Democrats. If the 219 “yes” votes hold, the measure would be able to pass under a rule.

House Veterans Affairs Committee Chairman Phil Roe in a statement said Republicans and Democrats agreed on the parameters of the stopgap measure during a meeting last week so he was “disappointed” to hear Democrats raise concerns Monday about the lack of additional resources the bill provides.

“I will continue to fight tirelessly to ensure the Choice Fund does not run out of money so veterans can continue to access care,” the Tennessee Republican said.

Veterans Affairs ranking member Tim Walz said on the floor Monday he agrees that not passing additional funding for the program before the recess is unacceptable. “But not getting a bill that the senate can agree on and the president can sign is also not acceptable,” the Minnesota Democrat said.

Both measures could hit the floor again this week after Rules Committee Action.

House Rules Committee Chairman Pete Sessions confirmed he’s expecting both measures to go before his panel this week.

Kellie Mejdrich contributed to this report.

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Veterans Affairs Media Summary and News Clips

26 July 2017

1. Top Stories

1.1 - The New York Times: Future Unclear for Veterans Choice Program After House Bill Falters (25 July, Nicholas Fandos, 29.9M online visitors/mo; New York, NY)
Congressional lawmakers struggled on Tuesday to reach an agreement to prop up a popular multibillion-dollar health care program that allows veterans to see a private doctor at government expense. This was supposed to be a relatively easy task, meant to buy lawmakers time as they debated the future of the program.

Hyperlink to Above

1.2 - NPR (All Things Considered, Audio): Study: CTE Found In Nearly All Donated NFL Player Brains (25 July, Tom Goldman, 22M online visitors/mo; Washington, DC)
As the country starts to get back into its most popular professional team sport, there is a reminder of how dangerous football can be. An updated study published Tuesday by the Journal of the American Medical Association on football players and the degenerative brain disease chronic traumatic encephalopathy reveals a striking result among NFL players.

Hyperlink to Above

1.3 - Military.com: Struggle in Congress to Revive VA Choice Program Extension (25 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)
The House and Senate scrambled Tuesday to come up with a bill that could pass bipartisan muster on extending the Veterans Choice Program on private health care before it goes broke next month.

Hyperlink to Above

1.4 - The Washington Times (AP): New Hampshire veterans hospital to host town hall meeting (25 July, 10.8M online visitors/mo; Washington, DC)
The interim director of the Manchester VA hospital is holding a town hall meeting to hear from veterans amid an investigation into allegations of substandard conditions and treatment. Veterans Affairs Secretary David Shulkin recently removed the top two officials at the Manchester VA Medical Center and ordered a review of it after the Boston Globe reported on a whistleblower complaint filed by physicians.

Hyperlink to Above

1.5 - The Boston Globe: VA secretary expands probe of embattled Manchester, N.H., hospital (26 July, Andrea Estes, 8.8M online visitors/mo; Dorchester, MA)
The top Veterans Affairs official on Tuesday expanded the agency's investigation of the Manchester VA Medical Center, ordering the VA's inspector general to launch its own "separate, wholly independent review" of conditions at New Hampshire's only hospital for veterans.

Hyperlink to Above

1.6 - The Tennessean (USA Today Network, Video): Wait times at VA hospitals could jump after failed House vote (25 July, Jake Lowary, 2.1M online visitors/day; Nashville, TN)
A failed vote in the House on Monday caused lawmakers to warn that wait times at VA medical centers around the country could return to months-long levels. The House failed to get two-

thirds of the required votes needed to get legislation passed that would have funneled $2 billion of existing funds out of other programs and into the Veterans Choice program.

Hyperlink to Above

1.7 - Military Times: Trump promises huge increase in private sector care for veterans (26 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
President Donald Trump on Tuesday evening promised to triple the number of veterans "seeing the doctor of their choice" in coming months as part of an ongoing, ambitious reform plan at the Department of Veterans Affairs. The comments, which came at a veterans rally in Ohio, are likely to again stoke concerns among administration critics of large-scale privatization of VA responsibilities.

Hyperlink to Above

1.8 - The American Prospect: Trump's Budget Would Eliminate Agency Tasked with Ending Homelessness (25 July, Barbara Esuoso, 239k online visitors/mo; Washington, DC)
Included in President Donald Trump's proposed $6 billion cut to the Department of Housing and Urban Development is the elimination of a small but vital program that has been a crucial force in driving down the U.S. homeless population. The United States Interagency Council on Homelessness (USICH) has a scheduled sunset date of October 2017 and, for the first time since the Clinton administration, it may not be reauthorized.

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1.9 - The Mike Gallagher Show (SRN, Audio): VA Secretary Dr. David Shulkin .@SecShulkin and Mike discuss how to stop veteran suicides (25 July, 600 online visitors/day; Irving, TX)
In this seven-minute interview, Secretary David Shulkin speaks with Mike Gallagher about veteran suicide and the importance of not privatizing VA.

Hyperlink to Above

1.10 - Rose Unplugged (Audio): Rose speaks with Secretary David Shulkin (25 July, Pittsburgh, PA)
In this eight-minute interview, Secretary David Shulkin speaks with Rose Tennett about the Office of Accountability and Whistleblower Protection, modernizing IT, President Trump's commitment to improving VA, the unanimous House vote to expand the GI Bill, and increasing Choice.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - The Washington Post: New GI Bill unanimously passes House, heads to Senate (25 July, T. Rees Shapiro, 43.9M online visitors/mo; Washington, DC)
The House voted unanimously late Monday to approve a new GI Bill that would expand access to higher education for veterans, those wounded on the battlefield and the surviving family members of troops killed in combat. The new bill, called the Harry W. Colmery Veterans

Educational Assistance Act of 2017, received broad bipartisan support and was passed 405 to 0, with 28 House members not voting.

Hyperlink to Above

2.2 - The Hill: Trump team has a chance to improve toxic VA culture (25 July, Rory E. Riley-Topping, 11.8M online visitors/mo; Washington, DC)
Don Draper, the smooth-talking advertising executive on AMC's Mad Men, once famously said that, "If you don't like what people are saying, change the conversation." Another Donald, who happens to share much in common with the 1960's ad mogul and also happens to be our current president, could stand to learn from his fictional namesake.

Hyperlink to Above

2.3 - Stars and Stripes: Let GI Bill meet 21st-century academic needs (25 July, Rep. Kevin McCarthy (R-Calif.) and Rep. Phil Roe (R-Tenn.), 1.5M online visitors/mo; Washington, DC)
App developer, robotics technician, digital animator and advanced manufacturer — what do all of these careers have in common? They didn't exist 73 years ago when the GI Bill was signed into law. When our fighting forces shipped out to the Pacific and to the battlefields of Europe, near a fourth of Americans were farmers. Today, that number is around 0.01 percent.

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2.4 - The Vindicator: Trump rubs shoulders, lauds veterans during Struthers stop (26 July, Sarah Lehr, 193k online visitors/mo; Youngstown, OH)
President Donald Trump stopped by Struthers to rub shoulders with a small group of veterans before his big rally at the Covelli Centre in Youngstown. He spoke to an audience of about 150 at Struthers AMVETS Post 44, 305 Elm St., arriving at 6:26 p.m. and accompanied by first lady Melania Trump.

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2.5 - Communities Digital News: Why is VA whistleblower retaliation continuing despite new protections? (25 July, Michael Volpe, 156k online visitors/mo; Washington, DC)
A suburban Chicago Veteran Administration hospital has retaliated against an employee who reported unsafe drug handling to the Occupation Safety and Health Administration (OSHA). Heather Camren is a pharmacist at the Hines VA Medical Center and she's sharing her story exclusively with CDN. Within the last two years, the Hines VA determined that a drug named Avastin needed to be handled more safely, specifically with technicians wearing with goggles and a hood.

Hyperlink to Above

2.6 - The Pavlovic Today (Video): Remarks By President Trump Saluting American Heroes (25 July, Washington, DC)
Read the full remarks by President Trump saluting American Veterans […] Now, I went all over Ohio, but I went all over almost every state, and the veterans were a very, very big topic for me. You know that. And I think what we're doing, it's never been done before. We just had a bill — the VA Accountability bill. They've been trying to get it for many, many decades.

Hyperlink to Above

3. Access to Healthcare

3.1 - The Huffington Post: Shortchanging Gulf Vets (25 July, Edward Flattau, 23M online visitors/mo; New York, NY)
The federal government has been using the delayed onset of undiagnosed illnesses in Gulf War veterans to cast doubt on some battlefield cause and effect justifications for benefit claims. It is reminiscent of the government in the 1990s' trying to cut costs by initially rejecting Vietnam veterans' illness claims. Those vets sought compensation for sicknesses alleged to have resulted from exposure years earlier to the toxic battlefield defoliant, Agent Orange.

Hyperlink to Above

3.2 - The Washington Times: House GOP leaders go back to drawing board on VA 'choice' measure (25 July, Dave Boyer, 10.8M online visitors/mo; Washington, DC)
House Republican leaders were working Tuesday on a plan B to fund the popular "Veterans Choice" health care plan after the full House rejected a bill Monday night. House Veterans Affairs' Committee Chairman David P. Roe, Tennessee Republican, is talking with senators and Democratic lawmakers "about the path forward," said committee spokeswoman Tiffany Haverly.

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3.3 - The Washington Times (AP): Family: Man in Missouri interstate shootout 'tortured soul' (25 July, 10.8M online visitors/mo; Washington, DC)
Kershaw sought help for depression at John Cochran Veterans Administration Medical Center in St. Louis, according to his aunt, Debra Collins. She said Kershaw seemed better in recent weeks and had decided to stop taking antidepressant medication. "He would not have hurt anybody," Collins said. "Something made him crack. … He was a tortured soul."

Hyperlink to Above

3.4 - Washington Examiner: Congress and its $2 billion management failure (25 July, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)
Once upon a time, a federal agency had a problem. But in an unpredictable plot twist, the agency told Congress it didn't need any new money to solve that problem. A few weeks later, lawmakers ignored the agency and tried to give it $2 billion anyway. The end.

Hyperlink to Above

3.5 - Military Times: PTSD disability claims by vets tripled in the last decade (25 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
More than one in five veterans receiving federal disability payouts suffers from post-traumatic stress disorder, a figure that has spiked in the last decade. Veterans Affairs officials told lawmakers Tuesday that the number of disability cases related to PTSD has nearly tripled in that time, from around 345,000 cases in fiscal 2008 to more than 940,000 cases today.

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3.6 - Healthcare IT News: House passes VA medical scribes bill to reduce wait times, improve care (25 July, Jessica Davis, 438k online visitors/mo; Chicago, IL)

The U.S. House of Representatives passed a bill Monday that would provide medical scribes to 10 Department of Veterans Affairs medical centers for the next two years. The pilot program, proposed by Reps. Phil Roe, MD, R-Tennessee, and Greg Walden, R-Oregon, is designed to help unburden VA doctors to increase the number of patients seen.

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3.7 - Union Leader: Lawyer, doctor: Boston VA should also be investigated (25 July, Mark Hayward, 312k online visitors/mo; Manchester, NH)
The Boston VA Healthcare system, especially the neurosurgery unit, deserves the public scrutiny and inspection visits that the Manchester VA Medical Center is undergoing, according to a lawyer representing whistleblower-doctors at the Manchester VA.

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3.8 - The Vindicator: Vet who killed himself at Warren VA clinic had severe PTSD, wife says (25 July, Ed Runyan, 193k online visitors/mo; Youngstown, OH)
The wife of the military veteran who killed himself Friday inside the U.S. Veterans Affairs Outpatient Clinic on Tod Avenue says he suffered for years with a severe case of post-traumatic stress disorder. “He wrote that the demons in his head would not give him peace,” she said Tuesday of a suicide note he wrote two years ago.

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3.9 - KCEN (NBC-9, Video): Waco VA responds to Gulf War illness claims (25 July, Jasmin Caldwell, 191k online visitors/mo; Eddy, TX)
According to a recent mystatesman.com article, the Waco VA has denied 92 percent of claims related to Gulf War illness. Channel 6 investigated the incident Monday. The VA estimates 44 percent of veterans who served in the Persian Gulf War in 1990-91 have medical issues. In order to qualify for compensation, the veterans must have a diagnosable condition or an undiagnosed illness such as abnormal weight loss, fatigue, psychological problems, etc.

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3.10 - Alaska Public Media (Audio): Top VA official in Alaska talks privatization, staffing challenges (25 July, Zachariah Hughes, 78k online visitors/day; Anchorage, AK)
Amid this summer’s push by the Veterans Administration in Alaska to hold town hall meetings across the state, the state’s VA Healthcare Director, Dr. Timothy Ballard, was a guest on Alaska Public Media’s Talk of Alaska on Tuesday.

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3.11 - WRBL (CBS-3, Video): Retired veterans vouch for closer VA facilities, better access to medical care (25 July, Joey Ripley, 75k online visitors/mo; Columbus, GA)
A group of retired veterans is taking their fight from the battlefield to the medical field. The local chapter of the Retired Enlisted Association, or TREA, hope to expand the number of facilities, services, and resources available for veterans in the Chattahoochee Valley.

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3.12 - WKBN (CBS-27, Video): President hints at possible new VA facility during Struthers stop. Trump spoke to veterans at AMVETS Post 44 as part of an invitation-only event prior to his Youngstown rally (25 July, Dan Marcel, 9k online visitors/day; Youngstown, OH)
Prior to his rally at Covelli Centre Tuesday night, President Donald Trump spoke at AMVETS Post 44 in Struthers. He said he is committed to helping veterans and — while not getting into specifics — hinted that a new VA healthcare facility could be coming to the area. “In my administration, we will always protect those who protect us,” he said.

Hyperlink to Above

3.13 - NH1 News (TV-1): Manchester VA Medical Center to host town hall following poor care allegations (25 July, Concord, NH)
The Manchester Veterans Affairs Medical Center is holding a veteran town hall and listening session following allegations of poor conditions and patient care. The session will be held at Manchester Community College on Wednesday at 6 p.m. to hear concerns from veterans and interested stakeholders and to provide an update on progress at the medical center.

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization – No Coverage

8. Other

8.1 - The Washington Post (Video): The latest brain study examined 111 former NFL players. Only one didn’t have CTE (25 July, Rick Maese, 43.9M online visitors/mo; Washington, DC)
Researchers studying the link between football and chronic traumatic encephalopathy found that 99 percent of the brains donated by families of former NFL players showed signs of the neurodegenerative disease, according to a new study published Tuesday.

Hyperlink to Above

8.2 - The Washington Times (AP): Congressman diagnosed with early-stage prostate cancer (25 July, 10.8M online visitors/mo; Washington, DC)
U.S. Rep. Phil Roe’s office says he has been diagnosed with early-stage prostate cancer and will undergo treatment next month in Tennessee. Roe’s website said the cancer was discovered after a routine physical and that his prognosis is excellent. He will be treated in East Tennessee during the August district work period, and treatment isn’t expected to conflict with his legislative schedule.

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8.3 - Military Times: House Veteran Affairs chairman diagnosed with prostate cancer (25 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
The chairman of the House Veterans' Affairs Committee announced Tuesday that he has been diagnosed with early-stage prostate cancer, but does not expect it to interfere with his legislative schedule. In a statement, staffers said Rep. Phil Roe, R-Tenn., received the news following a recent routine physical and will undergo treatment in Tennessee during the August work period.

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8.4 - KARE (NBC-11): KARE 11 Investigates finalist in National News and Documentary Emmy Awards (25 July, 1.5M online visitors/mo; Minneapolis, MN)
Minnesota's Own KARE 11, the NBC affiliate in Minneapolis-St. Paul, MN, has been nominated for the National News & Documentary Emmy, in the regional investigative category. The honor was announced Tuesday by The National Academy of Television Arts & Sciences.

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1. Top Stories

1.1 - The New York Times: Future Unclear for Veterans Choice Program After House Bill Falters (25 July, Nicholas Fandos, 29.9M online visitors/mo; New York, NY)

WASHINGTON — Congressional lawmakers struggled on Tuesday to reach an agreement to prop up a popular multibillion-dollar health care program that allows veterans to see a private doctor at government expense.

This was supposed to be a relatively easy task, meant to buy lawmakers time as they debated the future of the program. As recently as last week, Republican leaders were considering using a bill temporarily funding the Veterans Choice Program as a vehicle to raise the debt ceiling, a perennially bitter pill for Republicans.

Instead, House Republicans put forward a plan that would pay for the visits by diverting funds from elsewhere in the department and would not allocate additional funds for in-house care. In doing so, they galvanized enough opposition among Democrats and a raft of veterans groups fearful of creeping privatization that the bill unexpectedly failed Monday night to clear the necessary threshold on the House floor.

The defeat left House leaders scrambling for an alternative, with only a handful of legislative days left before the chamber is scheduled to begin its extended summer recess. Money for the Veterans Choice Program is expected to run out early next month.

Lawmakers in the Senate, where legislation would need to pick up some Democratic support to come to a vote, never appeared likely to take up the House measure. Behind the scenes, leaders of the veterans committees in both chambers had opened negotiations to find a compromise that could pass muster among their members, as well as among the veterans groups. (The Senate has said it will stick around for the first two weeks of August.)

Created in the aftermath of a 2014 scandal over the manipulation of patient wait times at Veterans Affairs Department facilities, the Choice program was intended to give veterans facing long wait times for care an option to see private doctors in their communities. It came with additional time and money for the department to retool. Three years later, both parties and most veterans groups are in agreement that the program has done some good but needs major repairs.

The present funding crisis largely stems from the program's rapid growth in popularity and miscalculations by the department of how quickly the program would run out of money.

As patient visits through the program have increased — they were up more than 30 percent in the first quarter of the 2017 fiscal year — resources have been depleted more quickly than expected, catching lawmakers off guard.

The veterans groups opposing the House legislation — including Disabled American Veterans, Iraq and Afghanistan Veterans of America, Veterans of Foreign Wars and Vietnam Veterans of America — wield considerable influence in Washington, and their opposition is taken seriously on Capitol Hill.

They sent a stern letter to lawmakers on Saturday objecting to the bill's terms and spent the weekend lobbying congressional staff members. They say the plan, which provides $2 billion to

cover Choice program expenses for six months without adding any funds to departmental programs, would push veterans out of the latter without addressing the systemic problems that prompted the creation of the program in the first place.

“You just can’t give money to send people out of the system while neglecting to put money into the system to fix the capacity problem that is there,” said Garry Augustine, the Washington director for Disabled American Veterans. “We believe that is a slippery slope to dismantling the V.A.”

To be sure, the opposition from veterans groups was not unanimous. Several large groups declined to stake out a position, and at least one, the Concerned Veterans for America, embraced the plan. This small conservative advocacy organization linked to the free-market activist billionaires Charles G. and David H. Koch has long made it its mission to offer more private sector choices for veterans’ health care.

During a debate preceding the vote on Monday afternoon, Representative Phil Roe, Republican of Tennessee and the chairman of the House Veterans Affairs Committee, said he valued the veterans groups’ feedback but disagreed that the short-term measure would push the department toward privatization. He also said he did not agree that departmental programs were lacking for funds. A spokesman for Mr. Roe, Tiffany Haverly, said he was committed to finding a solution to ensure veterans did not lose access to care through the program.

Mr. Roe and Republican leaders had been confident enough in the bill’s chances that they chose to pass it under an expedited process — usually reserved for uncontroversial measures like post office namings — that requires a two-thirds majority. It backfired after Democrats began to slip away in recent days.

The committee’s top Democrat, Representative Tim Walz of Minnesota, had implored House leaders to delay the vote to give both chambers time to strike a deal and took issue with how the $2 billion extension was funded. Rather than require that the extension funds be offset, he said, Congress should grant the funding on an emergency basis.

Such changes, along with funds for in-house care, are now likely to get fuller consideration among Senate leaders who face a more moderate Republican caucus and the task of winning over some Democrats. A spokeswoman for Senator Johnny Isakson, Republican of Georgia and the Senate committee’s chairman, declined on Monday to comment on the negotiations.

The standoff could be a bad omen for lawmakers who are in the early stages of a major rewriting of the Choice program and several other programs that currently pay for veterans’ care outside of Veterans Affairs facilities. It is also likely an indication of where lawmakers, who are in broad agreement about the need for such care, may clash as they proceed: where to spend new money and how to pay for the programs.

Democrats and many of the veterans groups generally want to see more money allocated to the department to strengthen in-house care on top of money for modest increases for the Veterans Choice Program. They are also suspicious that Republicans, empowered by their control of Congress and the White House, will try to tip the scales toward privatization. Republican lawmakers deny that, though they tend to prefer an expansion of community care and are averse to additional dollars for the Department of Veterans Affairs.

Still, for now, the acrimony has been the exception to the rule for the veterans affairs committees, which have enjoyed a run of bipartisan productivity in recent months. Even as the parties split Monday on Choice program funding, the House voted overwhelmingly in favor of a new G.I. bill that would expand education benefits for veterans by lifting a 15-year limit on their use, restore benefits to those who attended now-defunct for-profit schools and extend them to groups who were previously excluded. Similar legislation under consideration in the Senate is expected to win passage — easily.

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1.2 - NPR (All Things Considered, Audio): Study: CTE Found In Nearly All Donated NFL Player Brains (25 July, Tom Goldman, 22M online visitors/mo; Washington, DC)

As the country starts to get back into its most popular professional team sport, there is a reminder of how dangerous football can be.

An updated study published Tuesday by the Journal of the American Medical Association on football players and the degenerative brain disease chronic traumatic encephalopathy reveals a striking result among NFL players.

The study examined the brains of deceased former football players (CTE can only be diagnosed after death) and found that 110 out of 111 brains of those who played in the NFL had CTE.

CTE has been linked to repeated blows to the head — the 2015 movie Concussion chronicled the discovery of CTE's connection to football.

In the study, researchers examined the brains of 202 deceased former football players at all levels. Nearly 88 percent of all the brains, 177, had CTE. Three of 14 who had played only in high school had CTE, 48 of 53 college players, 9 of 14 semiprofessional players, and 7 of 8 Canadian Football League players. CTE was not found in the brains of two who played football before high school.

According to the study's senior author, Dr. Ann McKee, "this is by far the largest [study] of individuals who developed CTE that has ever been described. And it only includes individuals who are exposed to head trauma by participation in football."

A CTE study several years ago by McKee and her colleagues included football players and athletes from other collision sports such as hockey, soccer and rugby. It also examined the brains of military veterans who had suffered head injuries.

The study released Tuesday is the continuation of a study that began eight years ago. In 2015, McKee and fellow researchers at the Department of Veterans Affairs and Boston University published study results revealing 87 of 91 former NFL players had CTE.

McKee is chief of neuropathology at VA Boston Healthcare System and director of the CTE Center at the BU School of Medicine. Speaking about the new numbers, she says it's "startling to be able to gather 177 examples of CTE" in a relatively short period of time (the past eight years).

"While we still don't know what the incidence is in the general population or in the general population of football players," she says, "the fact that we were able to gather this many cases [in that time frame] says this disease is much more common than we previously realized."

Caveats and cautions

All the brains studied were donated, she says. "Families don't donate brains of their loved ones unless they're concerned about the person. So all the players in this study, on some level, were symptomatic. That leaves you with a very skewed population."

Still, McKee is adamant about one point.

"We're seeing this [CTE] in a very large number that participated in football for many years. So while we don't know the exact risk and we don't know the exact number, we know this is a problem in football."

Longtime concussion expert Dr. Munro Cullum says the study is helpful for several reasons. "It obviously adds to the cases in the literature," he says. "It has expanded the age range [of those with CTE] beyond just retired NFL players. And [researchers] did find increasing CTE pathology in the cases [of players] who were older. That's all useful information."

But Cullum, a neuropsychologist with the O'Donnell Brain Institute at University of Texas Southwestern Medical Center who has studied concussions at all levels of sport for nearly three decades, says it's still too soon to definitively declare CTE a problem in football.

"It seems to be, perhaps, more common in people who play football," he says, "but we don't know why. We actually don't know what the causative factors are or the risk factors [for CTE]. There still are probably yet to be discovered genetic and environmental factors that could be contributing as well."

Cullum notes all the attention is on football right now.

"It depends on where you're shining the light," he says. "We have to be very careful. If all I study is condition x or y, and I find that in the sample that I'm sent, what about the 99 percent of all the other samples?"

A desire for more research

Cullum and McKee agree on one thing: There has to be additional studies and more money for research.

"We need a very well-constructed longitudinal study," says McKee, "looking at young individuals playing these sports. We need to follow them for decades. We need to take measurements throughout their lives and playing careers so we can begin to detect when things start to go wrong. If we can detect early changes, that's when we could really make a difference."

McKee says researchers need tens of millions of dollars, even $100 million, to conduct the necessary research.

"We need a lot of funding," she says, noting that the researchers are working with a grant from the National Institute of Neurological Disorders and Stroke that ends in December. "It's always tricky for us to get funding."

She has submitted applications for funding into next year, she says, but she is not sure they will be granted. "There's so much discussion of this disease not existing that funding agencies are reluctant to consider this a real neuro-degenerative disease.

"But I think we've proven beyond a doubt this is."

And the attention should extend beyond football, McKee adds. "I think any sports organization that has participants that are exposed to head trauma needs to endorse this research and support it."

The organization on the CTE hot seat, the NFL, says it has done so.

In a statement provided to NPR, the NFL said it values what McKee is doing and is committed to supporting CTE research:

"We appreciate the work done by Dr. McKee and her colleagues for the value it adds in the ongoing quest for a better understanding of CTE. Case studies such as those compiled in this updated paper are important to further advancing the science and progress related to head trauma. The medical and scientific communities will benefit from this publication and the NFL will continue to work with a wide range of experts to improve the health of current and former NFL athletes. As noted by the authors, there are still many unanswered questions relating to the cause, incidence and prevalence of long-term effects of head trauma such as CTE. The NFL is committed to supporting scientific research into CTE and advancing progress in the prevention and treatment of head injuries."

The statement continues, "In 2016, the NFL pledged $100 million in support for independent medical research and engineering advancements in neuroscience related topics. This is in addition to the $100 million that the NFL and its partners are already spending on medical and neuroscience research."

But McKee is skeptical of the NFL's promises to fund research. "I will be extremely surprised if any of the 100 or 200 million comes my way," she said in response to the league's statement. "The NFL directs funding only to research they approve of."

The NFL has funded a portion of her past research, but in McKee's view, there will be "no continued NFL support" because "the results are considered too damaging."

Despite the NFL's statement supporting McKee, the league wasn't always a willing partner of CTE research. Many accused the NFL of denying, or even covering up, the link between football-related head injury and brain disease. As part of a massive concussion lawsuit settlement with thousands of former NFL players, reached in 2013, the league didn't have to acknowledge any wrongdoing.

But the NFL has responded to the concussion issue, instituting new policies and enforcing existing rules to better protect players.

The moves to protect football players are important, says Cullum, despite the uncertainties still surrounding CTE and concussions.

"Obviously any brain injury is not good," he says. "But right now, we don't know how many concussions are too many or for whom."

McKee anticipates her study will become part of the ongoing discussion about football's future and whether young people should play the game.

"I'm worried about these numbers steering the conversation in that these numbers are of a very biased brain donation research," she says. "But the fact that we found [CTE in 177 players] is cause for concern."

"While I'm not willing to say football is doomed and I also am unwilling to make a decision [on a young person playing football] for other individuals ... I think there's a risk to playing football," she adds.

McKee says she does suspect the "longer and higher" the level a player goes, the more likely it is that player gets CTE, but reiterates that more research is needed "to really come up with the answers."

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1.3 - Military.com: Struggle in Congress to Revive VA Choice Program Extension (25 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)

The House and Senate scrambled Tuesday to come up with a bill that could pass bipartisan muster on extending the Veterans Choice Program on private health care before it goes broke next month.

Rep. Phil Roe, R-Tenn., chairman of the House Veterans Affairs Committee, is "actively talking with his Senate and minority counterparts about the path forward" following the stunning defeat on the House floor Monday night of the $2 billion Choice extension bill he sponsored, according to an HVAC spokeswoman.

"He is committed to getting this done so veterans can have the certainty and access to care they've earned and deserve," the spokeswoman said.

In a statement following defeat of the bill, Roe suggested he had been blindsided by Democrats. "Last week, during a bipartisan member meeting, members of both parties came together and agreed to fund the Choice program for six months while Congress worked on other reforms," he said.

"This was a bipartisan agreement, and I'm disappointed the concerns raised on the House floor today were not mentioned during what I thought was an open and honest conversation," he said.

Congress is up against two deadlines in finding an alternative. The House is expected to go on August recess next week, and funding for Choice allowing veterans to seek federally paid health care in the private sector could run out as early as Aug. 7, according to Roe.

Without an extension, thousands of veterans would be cut off from referrals to private care and third-party administrators would go unpaid.

Roe said the proposed $2 billion Choice extension "would have ensured the Choice program remained funded for the next 6 months -- solving our most pressing issue and preventing yet another access crisis like the one that led to the creation of Choice three years ago."

He referred to the wait-times scandals at the Phoenix VA in 2014 that led to enactment of the Veterans Choice Program, making veterans who live more than 40 miles from a VA facility or have to wait more than 30 days for an appointment eligible for private or community care.

The program has become a victim of its own popularity. It was originally set to expire in August 2017, but VA Secretary Dr. David Shulkin initially thought there would be enough money left over from the $10 billion authorized to keep it going into fiscal 2018. By then, Congress would have had time to make needed reforms and extend the program.

However, demand for Choice among veterans, which was up by 30 percent for the first six months of 2017, exhausted the funding.

Roe's extension bill was brought to the House floor for a quick vote under a suspension of the rules normally reserved for non-controversial legislation such as the naming of Post Offices. The suspension required a two-thirds vote for approval, but the bill fell short on a vote of 219-186.

Lobbying against the bill by eight Veterans Service Organizations (VSOs) was a main factor in its defeat and demonstrated their political clout.

"I appreciate and understand that some Veterans Service Organizations raised concerns with this legislation to fund Choice, and my door is always open to hear their concerns and ideas to make VA work for veterans," Roe said in his statement.

The bill was opposed by the Veterans of Foreign Wars, AMVETS, Disabled American Veterans, Iraq and Afghanistan Veterans of America, Military Officers Association of America, Military Order of the Purple Heart, Vietnam Veterans of America and Wounded Warrior Project.

The VSOs saw the House bill as an aggressive move to favor private care over improvements to the VA health care system, and they objected to the diversion of funds from other VA programs to pay for the proposed $2 billion extension.

The bill would have extended pension reductions for Medicaid-eligible veterans in nursing facilities and continued collecting fees on housing loans guaranteed by the VA. The cuts were put in place in 2014 and were set to last until Sept. 30, 2024. The bill would have moved the end-date to 2027.

In a joint statement following defeat of the House bill, the eight VSOs said there is now an opportunity for "the House and Senate to work together in a bipartisan, bicameral manner to rapidly reach agreement to continue funding the Choice program uninterrupted in the short term -- without forcing veterans themselves to pay for it."

"We thank all those members who voted to reject this unacceptable legislation and call on them and all members of the House and Senate to work together, and with us, to quickly find a reasonable solution that we can all support."

Rep. Tim Walz, D-Minn., the ranking member on HVAC, said, "The House majority did not build the necessary consensus among Democrats, Republicans, and our nation's well-respected veterans service organizations, who almost unanimously opposed this legislation, to pass the bill."

Rep. Annie Kuster, D-New Hampshire, voted against the bill, though New Hampshire lacks a full-service VA hospital and veterans there are more reliant on private care. She said, "Unfortunately, the legislation considered this evening would not have improved the Veterans Health Administration at a time when we need to be bolstering support for our veterans."

On the Senate side, Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, has been working to reach a compromise. His office and that of SVAC did not immediately respond to requests for comment.

Sen. Jon Tester, D-Mont., the ranking member on SVAC, introduced a bill earlier this month that would provide equal levels of extra funding for Choice and VA programs.

Currently, more than 30 percent of VA appointments are in the private sector, up from fewer than 20 percent in 2014, as the VA's more than 1,200 health facilities struggle to meet growing demands for medical care.

If funding for the Choice program runs out, veterans will wait longer for appointments and won't be able to return to their private-sector providers for care, Dr. Poonam Alaigh, acting VA undersecretary for health, told the House Veterans Affairs Committee in June.

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1.4 - The Washington Times (AP): New Hampshire veterans hospital to host town hall meeting (25 July, 10.8M online visitors/mo; Washington, DC)

MANCHESTER, N.H. - The interim director of the Manchester VA hospital is holding a town hall meeting to hear from veterans amid an investigation into allegations of substandard conditions and treatment.

Veterans Affairs Secretary David Shulkin recently removed the top two officials at the Manchester VA Medical Center and ordered a review of it after the Boston Globe reported on a whistleblower complaint filed by physicians.

Alfred Montoya, medical director at the White River Junction, Vermont, VA hospital, was named interim director. He’s hosting a meeting on Wednesday night at Manchester Community College.

The VA says Montoya is working with Catholic Medical Center to explore expanding access to health care, is overseeing efforts to deal with flooding caused by a burst pipe and has begun taking steps to restore confidence in the hospital.

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1.5 - The Boston Globe: VA secretary expands probe of embattled Manchester, N.H., hospital (26 July, Andrea Estes, 8.8M online visitors/mo; Dorchester, MA)

The top Veterans Affairs official on Tuesday expanded the agency's investigation of the Manchester VA Medical Center, ordering the VA's inspector general to launch its own "separate, wholly independent review" of conditions at New Hampshire's only hospital for veterans.

Secretary of Veterans Affairs David J. Shulkin also agreed to meet the state's congressional delegation at the hospital Aug. 4, where he will brief them on any preliminary findings of investigations that have been going on since the Globe reported earlier this month that 11 members of the medical staff have alleged there is substandard care at the hospital.

"I've been clear that our review of the allegations in the article will be comprehensive, transparent and brand-new," Shulkin said in a statement, noting that he has directed one of his undersecretaries to personally lead the review.

Shulkin has taken a series of steps since the Globe detailed the whistle-blowers' concerns, which ranged from flies in an operating room to veterans permanently disabled due to neglect.

He removed the two top administrators and sent two teams to conduct their own investigations. Shulkin also agreed to name a panel of medical experts who will review the final reports.

But the whistle-blowers on Tuesday expressed skepticism that the various investigations would be thorough, since one of the two teams — from the VA's Office of the Medical Inspector — exonerated the hospital in an internal report in June. Despite widespread complaints from doctors, including the hospital's chief of medicine and chief of surgery, the Office of the Medical Inspector found "no substantial or specific danger to public health."

The whistle-blowers also said they had previously filed complaints with the VA's inspector general that went nowhere.

"We've been in contact with the inspector general's office many times," said Dr. Stewart Levenson, the hospital's chief of medicine, who is leaving the post this month. "I sent a complaint to [the inspector general[and they never even answered it. This is beginning to look like the prelude to a coverup."

The whistle-blowers also say they want to meet with Shulkin so they can air their concerns directly.

"I'm happy that Dr. Shulkin is coming to New Hampshire," said Andrea Amodeo-Vickery, the lawyer for the whistle-blowers. "But he has not included in his announcement that he intends to meet in person with the whistle-blowers . . . The whistle-blowers would like to speak to him, doctor to doctor, about the issues they have found at the Manchester Veterans Medical Center."

The controversy began more than a year ago when eight doctors and three other medical staff members reported problems to a federal whistle-blower agency, the Office of Special Counsel.

The independent agency zeroed in on three allegations: that there were flies in an operating room, that a doctor cut and pasted patient medical records without updating patients' conditions, and that scores of Manchester patients were suffering from debilitating spinal problems that might have been prevented.

Earlier this year, the Office of Special Counsel found a "substantial likelihood" the allegations were true and ordered the VA's Office of the Medical Inspector to launch an investigation, which began in January.

The Office of the Medical Inspector investigators, in their June report, did find that Manchester staff had made mistakes in patient care, but did not find that patients were harmed as a result.

Shulkin agreed to meet with the New Hampshire elected officials after Senators Jeanne Shaheen and Maggie Hassan as well as US Representatives Carol Shea-Porter and Ann Kuster wrote to him July 21, asking him to accompany them on a site visit "as soon as possible to examine these issues."

They also sent 11 questions and asked for prompt responses "given the seriousness of these allegations."

They also asked what Shulkin was doing to "ensure the quality and continuity of care" for Manchester patients while the investigations are ongoing. And they asked for progress reports every two weeks.

In a written statement, Manchester VA spokeswoman Kristin Pressly said, "We fully support those actions [by Shulkin] and will work to facilitate and expedite them."

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1.6 - The Tennessean (USA Today Network, Video): Wait times at VA hospitals could jump after failed House vote (25 July, Jake Lowary, 2.1M online visitors/day; Nashville, TN)

A failed vote in the House on Monday caused lawmakers to warn that wait times at VA medical centers around the country could return to months-long levels.

The House failed to get two-thirds of the required votes needed to get legislation passed that would have funneled $2 billion of existing funds out of other programs and into the Veterans Choice program.

The Choice program has been heralded by administration officials as a way for VA to reduce wait times by allowing eligible veterans to seek care outside of the VA system. But House members on both sides of the aisle have acknowledged the program is flawed and needs reform.

The two-thirds vote was necessary to suspend parliamentary rules to conduct business on the legislation. That effort failed, 219-186, 71 votes short, ending discussion on the legislation.

Staff members of Tennessee Rep. Scott Desjarlais' office said Tuesday another vote in regular order could take place as soon as this week, which would only require a simple majority.

Congress often suspends its rules to debate legislation that is viewed as non-controversial. To do so, a two-thirds majority vote is needed. Putting the legislation on a regular calendar would only require a simple majority.

Republican and Democratic leaders had agreed on a plan last week and led some lawmakers to believe the bill to be non-controversial.

U.S. Rep. Phil Roe, R-Tenn., the chair of the House Veterans Affairs Committee, said during committee hearings and work sessions that he and ranking Democrat Rep. Tim Walz of Minnesota had come to an agreement to fund the program for six months, but that agreement fell through.

"This was a bipartisan agreement, and I'm disappointed the concerns raised on the House floor (Monday) were not mentioned during what I thought was an open and honest conversation," he said in a statement.

Major veterans organizations including the Veterans for Foreign Wars, AMVETS, Vietnam Veterans for America and others were against the move, saying it threatened other benefits to veterans.

"As we have repeatedly told House leaders in person this week, and in a jointly-signed letter on June 28, we oppose legislation that includes funding only for the "choice" program which provides additional community care options, but makes no investment in VA and uses "savings" from other veterans benefits or services to "pay" for the "choice" program," the statement said.

The conservative veterans organization Concerned Veterans for America supported the temporary funding.

The program has been referred to as a way to enable veterans who live outside urban areas or far from VA medical centers to access care through private providers.

When conceived, the program was given a sunset this year, which will now take effect.

VA Secretary David Shulkin and President Donald Trump have both signaled support for the program and the future direction of the troubled federal agency.

Shulkin told members during a round of testimony earlier this summer that allowing the program to sunset would be a "disaster" for veterans, and push wait times to those seen before a scandal in Phoenix came to light in April 2014.

Earlier this year, Trump signed legislation authorizing Shulkin to exhaust remaining funds to keep the program afloat while lawmakers worked out a solution.

But less than three years into existence, the program is now broke. Shulkin has told Congress in recent weeks the Choice program would run out of money by mid-August, when Congress is in recess.

Because of the failed vote, veterans who were using the Choice program to access care away from VA facilities will have to return to getting that care at VA medical centers, a scenario that VA leaders warned would cause a spike in wait times similar to those seen in Phoenix, where veterans would wait months — and in some cases die — before getting care.

Roe also noted in his statement that third-party administrators could see layoffs as well.

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1.7 - Military Times: Trump promises huge increase in private sector care for veterans (26 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — President Donald Trump on Tuesday evening promised to triple the number of veterans "seeing the doctor of their choice" in coming months as part of an ongoing, ambitious reform plan at the Department of Veterans Affairs.

The comments, which came at a veterans rally in Ohio, are likely to again stoke concerns among administration critics of large-scale privatization of VA responsibilities.

At the start of the year, almost a third of all veterans' medical appointments scheduled through the department were with doctors working outside the VA system, in private clinics. White House officials have previously promised an overhaul of those outside care programs in coming months, with an eye towards sending even more patients to community physicians.

VA Secretary David Shulkin has repeatedly pushed back against concerns that those moves amount to a dismantling of the department, and promising lawmakers repeatedly that both he and Trump aren't working on a large-scale shift of taxpayer funds outside the government health care system.

But Trump on Tuesday told the assembled crowd crowd that since he took office in January, "we have nearly doubled the number of veterans given approvals to see the doctor of their choice." He added that "we're going to be tripling up very shortly."

The comments appear to refer to the VA's controversial Choice program, authorized by Congress in the wake of the 2014 department wait time scandal. Usage of that program has risen dramatically since Shulkin and Trump took office.

In an editorial in USA Today this week, Shulkin said that outside care programs for the first half of 2017 VA was up 26 percent over the same period last year. That totals more than 18 million veterans medical appointments being paid for outside of VA facilities.

But it falls well short of Trump's "doubling" boast. So does the proposed fiscal 2018 budget, which calls for a 9 percent boost in outside care funding, totaling almost $1 billion.

In his Tuesday remarks, Trump also claimed credit for modernizing VA medical records — "the system is fixed, finally, after all of these years" — even though Shulkin in June announced only the start of a multi-year process to integrate those records with Defense Department files.

And Trump praised the assembled veterans for their military sacrifices but added, "we haven't had enough victory, but we're having it now. We're seeing it."

It's unclear what military victories Trump may have been referencing with the remarks. U.S. forces and coalition allies in the Middle East have made significant advances against Islamic State group forces in recent months, but many of those campaigns were begun under the previous administration.

The speech did highlight several other military and veterans accomplishments that were more clear.

They included the passage of sweeping new accountability legislation governing VA employees, new same-day mental health services at every VA medical center, and new public wait-times data for every VA health facility.

"You've put America first every day of your lives," Trump told the crowd. "And now we have a VA that will truly put our veterans first."

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1.8 - The American Prospect: Trump's Budget Would Eliminate Agency Tasked with Ending Homelessness (25 July, Barbara Esuoso, 239k online visitors/mo; Washington, DC)

Included in President Donald Trump's proposed $6 billion cut to the Department of Housing and Urban Development is the elimination of a small but vital program that has been a crucial force in driving down the U.S. homeless population.

The United States Interagency Council on Homelessness (USICH) has a scheduled sunset date of October 2017 and, for the first time since the Clinton administration, it may not be reauthorized.

First created in 1987, USICH's 19 government member agencies coordinate 23 federal programs to combat homelessness. With an operating budget of $3.5 million a year, the program collaborates with both federal and local government and the private sector to help provide the nation's homeless with food, shelter, health care, and jobs.

In 2010, the program launched "Opening Doors," a comprehensive plan that focuses on leadership, collaboration, and civic engagement; access to stable and affordable housing; economic security; health and stability; and the homelessness crisis response system.

Five years after the plan was launched, nationwide homelessness had decreased by 14 percent, or 87,000 individuals (some 550,000 people in the United States do not have a home as of 2016). Homelessness among veterans decreased by 47 percent, chronic homelessness by 27 percent, and family homelessness by 23 percent.

The Urban Institute interviewed more than 50 national and local homelessness advocates, most of whom attributed the progress to USICH. Urban Institute research associate Sarah Gillespie told the Prospect that referred to USICH's Opening Doors plan as a "leader" in the fight to end homelessness.

"It can be hard coordinating with 19 federal agencies," Gillespie says. "USICH helps the federal government speak as one voice, navigate as a bureaucracy, ... marshall resources together, and make sure that everyone is on the same page."

Before Opening Doors, there was little understanding of how many veterans were homeless because the Department of Veteran Affairs only counted veterans who used VA services. Opening Doors worked with the VA and HUD to create a more accurate count, and worked with federal partners to develop a set of benchmark criteria for ending veteran homelessness. Today, 47 cities and counties and three states have announced they have met those criteria.

Advocates also credit USICH with changing federal homelessness policy to a focus on housing first, Gillespie says. Previously, the federal government provided sobering services, and required similar preconditions before providing housing.

"Even though people will try to keep working to end homelessness," Gillespie says," no one could fill the role that USICH plays."

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1.9 - The Mike Gallagher Show (SRN, Audio): VA Secretary Dr. David Shulkin .@SecShulkin and Mike discuss how to stop veteran suicides (25 July, 600 online visitors/day; Irving, TX)

In this seven-minute interview, Secretary David Shulkin speaks with Mike Gallagher about veteran suicide and the importance of not privatizing VA.

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1.10 - Rose Unplugged (Audio): Rose speaks with Secretary David Shulkin (25 July, Pittsburgh, PA)

In this eight-minute interview, Secretary David Shulkin speaks with Rose Tennett about the Office of Accountability and Whistleblower Protection, modernizing IT, President Trump's commitment to improving VA, the unanimous House vote to expand the GI Bill, and increasing Choice.

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2. Veteran and Employee Experience

2.1 - The Washington Post: New GI Bill unanimously passes House, heads to Senate (25 July, T. Rees Shapiro, 43.9M online visitors/mo; Washington, DC)

The House voted unanimously late Monday to approve a new GI Bill that would expand access to higher education for veterans, those wounded on the battlefield and the surviving family members of troops killed in combat.

The new bill, called the Harry W. Colmery Veterans Educational Assistance Act of 2017, received broad bipartisan support and was passed 405 to 0, with 28 House members not voting.

The measure will significantly expand access to education for veterans who become eligible for benefits after 2018.

The legislation would remove a 15-year cap to “use or lose” tuition assistance and instead allow veterans to access the educational benefit at any time for life.

The bill would also open up qualifications for tuition assistance to more reservists who deploy on active duty, to Purple Heart recipients no matter the amount of time they served and also to surviving family members of veterans who die in the line of duty.

Additionally, the legislation would restore benefits to veterans who lost credits after sudden school closures, such as students affected by the closure of ITT Technical Institute and Corinthian Colleges.

After passing the House, the bill moves to the Senate, which will conduct a hearing on the matter Wednesday.

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2.2 - The Hill: Trump team has a chance to improve toxic VA culture (25 July, Rory E. Riley-Topping, 11.8M online visitors/mo; Washington, DC)

Don Draper, the smooth-talking advertising executive on AMC’s Mad Men, once famously said that, “If you don’t like what people are saying, change the conversation.”

Another Donald, who happens to share much in common with the 1960’s ad mogul and also happens to be our current president, could stand to learn from his fictional namesake.

Beyond the recent shuffling of its communications team staff, the Trump administration needs to change the conversation about what, if anything, it is doing to make America great again.

Luckily, POTUS’s daughter-in-law Lara has just helped highlight a distinct new opportunity for the Trump administration to do just that.

Last week, Lara, a longtime beagle rescuer and dog advocate, met with Rep. Dave Brat (R-Va.) to discuss his new bipartisan Puppers Act, which would defund painful and unnecessary experiments on beagles and other dogs by the Department of Veterans Affairs (VA) that have been widely panned by Republicans and Democrats.

The Puppers Act, which Rep. Dina Titus (D-Nev.) helped introduce, presents a unique chance to unite Americans of all political persuasions on a trifecta of bipartisan issues – veterans, dogs, and government accountability — which are all included in this single piece of legislation.

In fact, at a recent Congressional briefing announcing the legislation, Rep. Titus referred to the bill as one of the few truly promising bipartisan pieces of legislation currently before Congress.

Of course, other recent bipartisan action in Congress includes the Veterans Affairs Accountability and Whistleblower Protection Act of 2017, making the Puppers Act a natural extension of the Trump administration's most significant piece of legislative success thus far.

The Puppers Act is the result of months of exposés and investigations documenting egregious abuses, wasteful spending, and oversight failures at the VA's dog labs.

Unbeknownst to most of us, for decades, the VA Medical Center in Los Angeles has been breeding Dobermans to have narcolepsy and was about to undertake a new project to inject 18 of them with methamphetamine and kill them. Thankfully, recent complaints filed by the White Coat Waste Project, a government watchdog group leading the effort to end taxpayer-funded dog experiments, and pressure from Congress, prompted the VA to announce an end to the bizarre and wasteful project.

On the east coast, a VA Office of Research Oversight investigation recently found widespread problems in dog labs at the Hunter Holmes McGuire Medical Center in Richmond, where hound-mix puppies are given heart attacks by injecting latex into their coronary arteries and forced to run on treadmills.

In a 40-plus page report, VA found that McGuire failed to track how many dogs were used and how they died, approved painful procedures without justification, had an inadequate whistleblower policy, and other disturbing breakdowns. The previously undetected abuses also followed a complaint filed with the VA by the White Coat Waste Project.

As if these problems in Richmond weren't bad enough, Todd Woessmer, another VA whistleblower has now come forward with photos of dogs with extensive lacerations, and other evidence of abuse at the McGuire VA Hospital's dog research lab.

Woessner, an Iraq war veteran himself, shared his concern that cruel experiments on dogs are not what the VA should be spending its valuable resources on, and thus lends credence to Trump's 2018 budget proposal suggestion that money currently allocated toward VA's research budget could be better spent elsewhere.

Specifically, Woessner stated "I don't think it's the VA's job to be doing this to dogs . . . I think they should be focusing on taking care of veterans."

In conjunction with the whistleblower's statements, Jennifer Marshall, a union representative at the McGuire VA hospital expressed support for the intent of the Puppers Act, noting that the VA's dog research lab is massive, and that space and resources could be more efficiently utilized for much-needed patient care.

Yesterday in the Richmond Times-Dispatch, one soldier praised Rep. Brat's efforts and echoed some of the same concerns:

Every minute and penny the VA squanders on torturing puppies in outdated and wasteful experiments — and on trying to defend them — means less help that can be provided to veterans and wounded warriors who are suffering and dying because they can't receive basic care and services from the agency.

Thus, signing the Puppers Act into law would show that the Trump administration is serious about improving the toxic culture at VA, protecting whistleblowers, increasing accountability at the agency, and stopping waste, fraud and abuse throughout the government.

The Puppers Act also presents an opportunity for the Trump administration to change the conversation about the first family's role in its political affairs, too.

Lara Trump's advocacy for dogs used in taxpayer-funded experiments is a refreshing reprieve from the recent conversations about other members of the Trump family, including Donald Trump Jr.'s meeting with a Russian lawyer and Jared Kushner's compliance with security clearance paperwork.

Prior to his entry into politics, the Trump brand was associated with success. If Trump wants to change the conversation about recent controversies, swift passage of the Puppers Act is most certainly a way to do just that, and to make America great for animals, too.

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2.3 - Stars and Stripes: Let GI Bill meet 21st-century academic needs (25 July, Rep. Kevin McCarthy (R-Calif.) and Rep. Phil Roe (R-Tenn.), 1.5M online visitors/mo; Washington, DC)

App developer, robotics technician, digital animator and advanced manufacturer — what do all of these careers have in common? They didn't exist 73 years ago when the GI Bill was signed into law. When our fighting forces shipped out to the Pacific and to the battlefields of Europe, near a fourth of Americans were farmers. Today, that number is around 0.01 percent.

Our economy has undergone radical transformations. With the rise of everything from driverless cars to robotics to artificial intelligence, more changes are to come. It makes you wonder what jobs will exist in 73 years that we don't have or can't imagine today. In fact, research shows that 65 percent of children in elementary school will hold jobs that haven't yet been created.

We should not view these inevitable changes with the fear of so many of the forecasters in the media, but rather take action to use these changes to our advantage. When our military came home from World War II, they became the most economically successful generation in history in large part because they received education with their GI Bill benefits. This next generation of veterans has the potential to re-create that success if we reform the GI Bill to fit our changing times.

After all, veterans have the raw potential for success. They have the work ethic, intelligence, ability to thrive under pressure, and sense of duty necessary for any job. What they need when they come home is the type of education that will help them get and master tomorrow's careers.

The House's reforms to the GI Bill will set our veterans up for success in two main ways: We give veterans the opportunity to use their education benefits throughout their lives instead of

within 15 years of their service, and we will allow veterans to use their benefits for nontraditional education models so they can get needed jobs quickly.

Extending education benefits beyond 15 years is a practical necessity. When new industries emerge and we rely on American workers to fill those jobs, it shouldn't matter if a veteran is five, 15 or 30 years out of the service. If you haven't used your benefits yet, you should be able to get an education at any point in your life. After all, the typical worker will change careers throughout his or her life. When old industries pass and new industries emerge, or when a better job is just a few technical courses away, all veterans should have access to education to get those jobs.

For the same reasons, we shouldn't restrict what type of education our veterans can receive. Increasingly, a traditional four-year bachelor's degree doesn't always prepare students for the jobs in need. By 2024, the tech industry alone is expected to add almost 500,000 jobs, and many tech employers are looking for candidates who have a particular skill set that students don't learn in traditional settings.

Consequently, industry employers have turned to nontraditional technology programs that offer nano degrees and coding experience to find candidates with the skills they need.

Yet currently, veterans are unable to apply their GI education benefits to these courses. That's why within this GI Bill we have a piece of legislation called the VET TEC Act that creates a pilot program for veterans to enroll in nontraditional technology courses and programs that are geared to getting a job after completion. This provision also provides the VA the necessary flexibility to approve these education programs, while also guarding against abuses so our veterans aren't taken advantage of.

Our country faces a future of many great changes and potential rewards if we make the right decisions. We know our greatest asset is our people, and our veterans are the best of the best. With benefits when they need it for education they can use immediately, our veterans will move from the world's greatest fighting force to the world's greatest workforce.

Rep. Kevin McCarthy, R-Calif., is House majority leader, and Rep. Phil Roe, R-Tenn., is chairman of the House Committee on Veterans' Affairs.

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2.4 - The Vindicator: Trump rubs shoulders, lauds veterans during Struthers stop (26 July, Sarah Lehr, 193k online visitors/mo; Youngstown, OH)

STRUTHERS - President Donald Trump stopped by Struthers to rub shoulders with a small group of veterans before his big rally at the Covelli Centre in Youngstown.

He spoke to an audience of about 150 at Struthers AMVETS Post 44, 305 Elm St., arriving at 6:26 p.m. and accompanied by first lady Melania Trump.

The 14-minute speech lauded the Veterans Affairs Outpatient Clinic in Youngstown and highlighted the federal Accountability and Whistleblower Act. The law, signed by Trump last month, aims to protect whistle-blowers within the VA and to make it easier for the department to fire bad employees.

Trump referred to the week's theme of a "A Salute to American Heroes" in relation to his campaign promise to reform the VA.

"We've begun to process ... seamlessly transferring veterans' records," Trump said. "Horrible situation, where you couldn't get your medical records. And now it's so easy and so good and the system is fixed, finally, after all of these years."

Trump singled out a particular audience member – Robert M. Bishop of Austintown – for recognition. Bishop is a survivor of the 1941 attack on Pearl Harbor.

Trump mentioned Bishop's 74th wedding anniversary this year and said to laughs and cheers, "And, Bob, if your party gets a little bit cheap with the money, I'll pay for it."

Trump also got laughs when he referred to Secretary of the Interior Ryan Zinke and quipped, "Secretary of the interior controls about – what? – 22 percent of the United States, so when somebody says they're big landlords, they're actually very small compared to him."

Zinke, Secretary of Energy Rick Perry and Veterans Affairs Secretary David Shulkin all gave introductions before Trump's remarks.

Trump took familiar swipes at the North American Free Trade Agreement, which he characterized as a "disaster for Youngstown."

Additionally, the president recounted his victory in Ohio last November, and referred to his gains among voters in the historically Democratic Mahoning Valley. He implied – incorrectly – that he won Youngstown.

"It's great to be back in Youngstown," Trump said. "Democrats, they win in Youngstown – but not this time."

Hillary Clinton beat Trump in every Youngstown precinct, though her margin of victory in Mahoning County was a narrow one of less than 3 percentage points. Barack Obama had won Mahoning County in the previous election by more than 30 percentage points.

Trump is more popular in Struthers, however, than in Youngstown. Struthers has a population of about 10,000 and is 92 percent white. Youngstown has a population of about 64,000 and is 47 percent white.

Clinton won nine out of 12 Struthers precincts, and her margin of victory throughout the suburb was a modest 6.2 percent.

That's significant in Struthers, a Democratic stronghold, where it's rare for Republican candidates to run for mayor or city council.

Struthers Mayor Terry Stocker, a Democrat, had a spot standing on the dais behind Trump. Stocker's safety-service director, Ed Wildes, was in the audience, wearing a "Make America Great Again" hat.

Frank Micchia of Canfield, an Army veteran and Trump supporter, was pleased with the tone of the president's speech.

“I think he kept it about veterans, which was what it was supposed to be,” Micchia said. “He didn’t politicize it.”

American Legion member Everett Oliver of Lowellville was more measured. Oliver said he voted for Trump in the general election, but not in the primary.

“I’d say I was moderately impressed,” Oliver said. “I believed about half of what I heard. Bottom line: He’s my president and I respect him, but he’s still a politician.”

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2.5 - Communities Digital News: Why is VA whistleblower retaliation continuing despite new protections? (25 July, Michael Volpe, 156k online visitors/mo; Washington, DC)

A suburban Chicago Veteran Administration hospital has retaliated against an employee who reported unsafe drug handling to the Occupation Safety and Health Administration (OSHA).

Heather Camren is a pharmacist at the Hines VA Medical Center and she’s sharing her story exclusively with CDN.

Within the last two years, the Hines VA determined that a drug named Avastin needed to be handled more safely, specifically with technicians wearing with goggles and a hood. But when the hospital inquired, they were told that the whole room would need to be converted making it cost prohibitive.

Avastin, an eye cancer drug, is an “antineoplastic agent,” according to Camren, and dangerous to pregnant women if prepared improperly.

When the hospital refused to do anything else to prepare it more safely, the pharmacists complained. Camren said she went up the chain of command, as prescribed, looking for relief.

She even proposed a solution which was simple and would cost nothing, handle Avastin in another room in the hospital where they have the required mask and hood available.

But the hospital responded citing an October 2011 note from something called the PBM (Pharmacy Benefits Management) National Bulletin. According to Camren:

“The new procedure states that the Eye Clinic Ophthalmologist would be preparing the Avastin. Not in a hood but on a countertop and the only PPE (Personal Protective Equipment) would be either sterile gloves or nitrile gloves.”

The PBM bulletin is an internal VA guide for pharmacists, but even the PBM itself notes it’s a guide, warning against outdated material:

“Alerts are based on the clinical evidence available at the time of publication. Recommendations are intended to assist practitioners in providing consistent, safe, high quality, and cost effective drug therapy. They are not intended to interfere with clinical judgment. When using dated material, the clinician should consider new clinical information, as available and applicable.”

“I contacted Genentech (the manufacturer of Avastin) to see what the appropriate PPE (Personal Protective Equipment) should be.” Camren said of what she did next. “Based on their response and their Safety Data Sheet for Avastin the appropriate PPE would be to prepare the Avastin in a properly working/ventilated hood or while using a respirator, safety glasses, and neoprene, nitrile or butyl rubber gloves.

“I contacted OSHA to let them know about the new procedure for preparing Avastin for the Eye Clinic and voiced my concerns. OSHA then informed that hospital that the information that they provided to OSHA (on April 27th) was not adequate to close the case. The case was then escalated to the Hospital Director.”

Once OSHA got involved, the regulator kept citing the hospital.

“On Tuesday May 2, 2017, the safety office received notification that the Edward Hines Jr. letter 578/001S of April 27, 2017, did not provide adequate enough information to close the notice of alleged safety and health hazards at the worksite,” in a letter from the VA to OSHA.

Camren then filed paperwork with the Office of Special Counsel, which deals with whistleblowers throughout the government, on May 5, 2017; by doing so, she was supposed to receive added layers of protection from retaliation. Instead, the retaliation started soon after.

Shortly thereafter, Camren was an investigated for alleged workplace harassment, a charge similar to what the Memphis VA did to Sean Higgins.

Germaine Clarno is the local union President of the American Federation of Government Employees (AFGE), and a frequent hospital whistleblower; she blew the whistle on that hospital’s secret waitlist, among a series of disclosures- most recently, she helped bring to light unsanitary conditions in the hospital’s kitchen.

The kitchen had mice, a hole in the wall, a cockroach infestation and regularly expired food according to photos.

She’s not surprised that the charges against Higgins and Camren are so similar because she believes there is an unwritten sort of textbook for whistleblower retaliation in the VA.

Whistleblowers are often tarred with the label of disruptive or harassing, Clarno stated.

Most recently, the hospital has proposed suspending Camren for fourteen days- the hospital sent a proposal to Clarno on July 14, 2017.

This case, especially when viewed along with the Higgins case, suggest the new VA bill which was passed to add protections for whistleblowers has been largely feckless.

Clarno said she’s seen no new help for VA whistleblowers since its passage.

The bill created a new office to handle whistleblower complaints but no staff has been hired yet, Clarno stated.

Rich Fox, public affairs officer for the Hines VA, declined comment citing internal personnel issues.

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2.6 - The Pavlovic Today (Video): Remarks By President Trump Saluting American Heroes (25 July, Washington, DC)

Read the full remarks by President Trump saluting American Veterans.

[…]

THE PRESIDENT: Thank you. And I'm going to be speaking about you in a couple of minutes. You are something. You are brave and strong, and we're going to be talking about you. And that's why we're here, to talk about you. So thank you very much.

And thank you, Secretary Shulkin, for the introduction — a special guy. And he's doing a tremendous job in leadership of the VA. He's working every day to keep our promise to take care of our great veterans.

Now, I went all over Ohio, but I went all over almost every state, and the veterans were a very, very big topic for me. You know that. And I think what we're doing, it's never been done before. We just had a bill — the VA Accountability bill. They've been trying to get it for many, many decades. They were unable to get it, and we got it. That means people are accountable. (Applause.) That means people are accountable for taking care of our vets. And if they don't care proper care, we hold them accountable. So I think it's just great.

So, Secretary, thank you very much. I appreciate it.

I also want to recognize two veterans here with us who now serve the American people as members of our Cabinet — Secretary Zinke and Secretary Perry. And we're going to be a net exporter of energy very shortly. Where is our Perry? Come here. (Applause.)

[…]

To all the veterans with us this evening, we're here to honor you, to celebrate your service, and to thank you for your sacrifice. A grateful nation salutes you. And that's from the bottom of the President's heart — a truly grateful nation salutes you.

All week at the White House, we are celebrating American heroes. And nothing fills our hearts with more pride than to be with those who risked everything to protect our citizens and preserve our way of life.

This evening, we're joined by veterans from every major engagement since World War II. You have crossed oceans, trekked deserts, scaled mountains, and cut your way through jungles to secure our nation and defend our people. And nobody — throughout history, nobody has done it better than you.

You gave all that you have for our country and for victory. We love victory, don't we? (Applause.) We haven't had enough victory, but we're having it now. We're seeing it. We're

having it now. You carried out your duty with honor, courage and devotion. And with your sacrifice, you earned our freedom.

In my administration, we will always protect those who protect us. Believe me, we will protect you because you have protected us.

AUDIENCE MEMBER: Thank you, sir.

THE PRESIDENT: Thank you, sir. Thank you very much. I tell you, thank you very much. That includes reforming the Department of Veterans Affairs — where David is doing such an incredible job — so we can serve you as faithfully as you served our nation.

Since my first day in office, we've taken one action after another to make sure that our veterans get the care they so richly deserve. We've begun to process a — seamlessly transferring veterans' medical records. Horrible situation. You couldn't get your medical records. And now it's so easy and so good. And the system is fixed, finally, after all of these years. (Applause.)

We've published wait times at every VA facility. I used to go around and talk about the veterans and they'd stand on line for nine days, seven days, four days — that was a good one — fifteen days. People that could have been given a prescription and been better right away end up dying waiting on line. That's not happening anymore.

And we have choice. If that happens, you're going to go out to the doctor. We're going to have choice, David. And it seems so obvious to me. Even before I really got into the nitty-gritty of the VA, it just seemed like — why would this great veteran, who protected us, stand on line for days and days and days and wait for a simple solution where it became a big problem because of those time delays.

And we are now doing choice. And you go out and you take care of it with a great doctor. Hopefully, you have a great doctor. If he's not so good, you get another one, right? (Laughter.)

We've delivered same-day mental health services at every VA medical center. And so many of the veterans would come up to me during the campaign, and they really stressed how important the mental health aspect of what we're doing is.

We have nearly doubled the number of veterans given approvals to see the doctor of their choice. So not only is it choice, but we've doubled up and now we're going to be tripling up very shortly.

And, so importantly, I have signed new historic legislation to ensure that every single federal VA worker has to do what they have to do. They're going to be held accountable. (Applause.)

The pushback on that bill was unbelievable. I said to myself, oh, that should be easy. And then I looked at 40 years of turmoil trying to get it through. And we won't attack any particular group, but you understand why it was not easy to get through. Because some people didn't want that. They wanted it to be that certain workers could do a horrible job. And most of the workers are great. And the doctors — a lot of the doctors in the VA are phenomenal talents — phenomenal. But now we're going to be able to get to those doctors.

You've put America first every day of your lives, and now we have a VA that will truly put our veterans first — veterans. Your stories are America's stories, and your names are the names of true American heroes.

I'd like to honor one such hero who is with us tonight: Robert M. Bishop. (Applause.) He looks good.

[…]

To every veteran here this evening, your courage is the strength of our nation, and your patriotism is the beating heart of our shared destiny. Your stories will inspire generations of Americans to fight and to win for our country and for our great, beautiful American flag that we all honor.

May God bless you. May God bless our veterans. And may God bless the United States of America. And thank you very much, it's such an honor to be with you again. You are special people in a special state. Thank you. Thank you. (Applause.)

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3. Access to Healthcare

3.1 - The Huffington Post: Shortchanging Gulf Vets (25 July, Edward Flattau, 23M online visitors/mo; New York, NY)

The federal government has been using the delayed onset of undiagnosed illnesses in Gulf War veterans to cast doubt on some battlefield cause and effect justifications for benefit claims.

It is reminiscent of the government in the 1990s' trying to cut costs by initially rejecting Vietnam veterans' illness claims. Those vets sought compensation for sicknesses alleged to have resulted from exposure years earlier to the toxic battlefield defoliant, Agent Orange. Department of Veterans Affairs (VA) officials were slow to recognize any connection between servicemen's exposure to the herbicide and the subsequent emergence of a broad array of diseases ranging from cancers to respiratory ailments.

It took years of legal wrangling and intensive lobbying to get the VA to certify the linkage between these diseases and Agent Orange exposure on the battlefield, as well as award the appropriate monthly benefits. Even then, the VA resisted paying compensation retroactively until forced to acquiesce under public pressure.

The VA recently was denying more than 80 percent of Gulf War soldiers' claims for compensation of illnesses attributed to exposure to toxic substances during military service.

There is still some reluctance in the VA to recognize toxins in the battlefield environment as latent catalysts for a wide variety of physical maladies later in life. In denying Gulf War veterans' claims, VA officials even accused some former servicemen of exaggerating or falsifying their symptoms. Skepticism was raised about soldiers' delayed disease linkage to lethal pesticides, oil fumes, and other chemical agents encountered in the Iraqi desert as well as other battlefield venues.

Another rationale used by VA medical examiners to deny claims was to treat some of the Gulf War Soldiers belated symptoms (e.g. memory loss, joint pain, skin rashes) as psychological manifestations rather than physical ones. That led to prescribing anti-depressants rather than awarding monthly monetary payments.

Chronic aches and pains that surface years after military deployment are admittedly hard to trace directly to battlefield exposure. Nonetheless, those who risk making the ultimate sacrifice for their country deserve the benefit of the doubt. A moral imperative dictates acceptance of a connection.

Under mounting public pressure, the VA is working to correct its uneven treatment of many Gulf War veterans. Let's hope delayed outbreaks of environmentally-caused disease are finally given their due and trigger monetary support for vets as a routine matter.

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3.2 - The Washington Times: House GOP leaders go back to drawing board on VA 'choice' measure (25 July, Dave Boyer, 10.8M online visitors/mo; Washington, DC)

House Republican leaders were working Tuesday on a plan B to fund the popular "Veterans Choice" health care plan after the full House rejected a bill Monday night.

House Veterans Affairs' Committee Chairman David P. Roe, Tennessee Republican, is talking with senators and Democratic lawmakers "about the path forward," said committee spokeswoman Tiffany Haverly.

"He is committed to getting this done so veterans can have the certainty and access to care they've earned and deserve," she said.

Other Republican aides said they expect the House to vote again on the measure by the end of the week.

President Trump, visiting an AMVETS post Tuesday night in Youngstown, Ohio, told veterans that his administration has improved health care in the VA system.

"The system has been fixed," Mr. Trump said.

The House failed to pass a measure Monday night that would have shifted about $2 billion in the Department of Veterans Affairs budget to fund the "Choice" program, which is projected to run out of money in mid-August. The program allows veterans who live more than 40 miles from the nearest VA hospital or can't get an appointment in the VA system for more than 30 days to seek care from a private doctor at government expense.

The measure was supported by a majority of 219 to 186, but under the rules invoked by Republican leaders, a two-thirds majority was needed to advance the measure. Democrats and veterans groups came out against it.

Mr. Roe said it was a needed solution to the problem.

"We know that veteran demand for care through Choice has never been higher and, consequently, the remaining money in the Veterans Choice Program will run out in mid-August, a few short weeks from now," he said. "We cannot allow that to happen."

One option now would be to bring up the measure under different rules for a simple majority vote, but Republican leaders were still discussing how to proceed before the House departs for its traditional August recess.

A majority of veterans' groups say the bill would have diverted money within the VA system without addressing other needed reforms at the agency.

Created as a response to the 2014 scandal over the falsifying of patient wait times at VA facilities, the Choice program was designed to give veterans an option to see private doctors in their communities. Both parties and most veterans groups agree that the program has helped veterans but needs fixes.

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3.3 - The Washington Times (AP): Family: Man in Missouri interstate shootout 'tortured soul' (25 July, 10.8M online visitors/mo; Washington, DC)

ST. LOUIS - A man who died after a police shootout along a Missouri interstate this week was a "tortured soul" who finally cracked, relatives said.

Jerrod Kershaw, 31, died Monday after exchanging gunfire with police on Interstate 55 in Jefferson County, about 35 miles south of St. Louis.

His aunt and grandmother told the St. Louis Post-Dispatch (http://bit.ly/2tX4sTm) that Kershaw hadn't been the same since returning from Iraq, where he served in the U.S. Army for most of 2010. They said he suffered from depression, nearly died this year from complications from a severely abscessed tooth, and was recently diagnosed with diabetes.

Kershaw sought help for depression at John Cochran Veterans Administration Medical Center in St. Louis, according to his aunt, Debra Collins. She said Kershaw seemed better in recent weeks and had decided to stop taking antidepressant medication.

"He would not have hurt anybody," Collins said. "Something made him crack. … He was a tortured soul."

Investigators said Monday that Kershaw crashed a car in St. Louis County, then carjacked a vehicle from a Good Samaritan who stopped to help. Kershaw then fled down I-55, triggering a police chase.

Around the same time, Kershaw's mother called police to say her son was heading to a nearby city to kill a relative and himself. Then another caller reported that Kershaw had threatened to kill co-workers in Pacific, the St. Louis suburb where he worked and lived, according to Jefferson County Sheriff Dave Marshak.

Officers were able to stop Kershaw's vehicle. He shot at police, and officers returned fire, investigators said. No officers or bystanders were hurt.

Kershaw was later found dead in the car. Authorities haven't said how Kershaw died, but said he was wearing a bulletproof vest and was armed with several guns.

Missouri's online court reporting system doesn't show any criminal record for Kershaw. Marshak said his department had "multiple dealings" with Kershaw in the past, but he didn't elaborate.

Kershaw's grandmother, Dorothy Vilmer, said Kershaw had "been through hell for quite a while now."

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3.4 - Washington Examiner: Congress and its $2 billion management failure (25 July, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)

Once upon a time, a federal agency had a problem.

But in an unpredictable plot twist, the agency told Congress it didn't need any new money to solve that problem.

A few weeks later, lawmakers ignored the agency and tried to give it $2 billion anyway.

The end.

This fable actually played itself out over the last few weeks, and it stands as just the latest example of waste through the failure of Congress to aggressively manage federal agencies.

The agency is the Department of Veterans Affairs. In June, VA Secretary David Shulkin warned that the Veterans Choice Program, which lets veterans access healthcare outside the VA system, was going to run out of money soon.

But instead of asking for more money, Shulkin said the VA had all the money it needed and asked that Congress authorize the VA to move existing funds around.

You don't hear that one every day, and senators had to go over it a few times to be sure they were hearing him right.

"I guess ... my takeaway is assuming that your budget numbers are right ... there is no emergency is what you're telling us, that Choice will continue between now and the end of the fiscal year without additional input of money as long as there can be a transfer of, I suppose it's discretionary spending into the mandatory account," Sen. Jerry Moran, R-Kan., asked Shulkin.

"Yeah," Shulkin said.

"So the emergency is not more money," Moran double-checked.

"Right," Shulkin confirmed.

That was in June, when Congress maybe had time to figure out how to shuffle VA money around. But a month later and with money for the Choice program running low, Shulkin wrote to the House and said that now it was time to appropriate more money to keep the program running past August.

"Veterans need Congress to fund the Choice Program immediately with $2.1 billion to ensure sufficient funding is in place," Shulkin wrote.

It's not entirely clear how the VA went from having enough money to needing $2.1 billion in the space of a month. But according to people close to the issue, one huge factor was that Congress never developed a way to implement Shulkin's original idea.

There are no signs any bill was being developed after Shulkin asked for the power to shift funds around at the VA. Several aides had no answer Monday when asked if anyone even tried.

Instead, with just a few weeks left before Choice Program funding would run out and with Congress not exactly rushing to find other answers, the House called up a new bill on Monday giving the VA $2 billion in new funds.

What started as a money management problem suddenly became a giant new appropriation. The bill failed Monday night because Republicans tried to take a shortcut that required help from Democrats in the final vote, but they could try again and get it through the House with a simple majority vote as early as this week.

Everyone knows crisis management is the most expensive kind of management you can buy. But waiting until the last minute and writing a big check seems to be the preferred approach in Congress.

Which brings to mind another fable, one we haven't heard in a while:

Once upon a time, both the House and the Senate considered all 12 annual spending bills individually, which gave lawmakers a chance to manage federal agencies instead of jamming it all together in an omnibus spending bill...

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3.5 - Military Times: PTSD disability claims by vets tripled in the last decade (25 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — More than one in five veterans receiving federal disability payouts suffers from post-traumatic stress disorder, a figure that has spiked in the last decade.

Veterans Affairs officials told lawmakers Tuesday that the number of disability cases related to PTSD has nearly tripled in that time, from around 345,000 cases in fiscal 2008 to more than 940,000 cases today.

Service-connected PTSD payouts now make up 22 percent of all veterans receiving

compensation benefits from the department. That includes all age groups, not just veterans from the recent wars.

But lawmakers still worry that current VA rules may still be excluding thousands more veterans eligible for the disability payouts, which are tied to injuries suffered during military service.

“One-size fits all does not work when it comes to PTSD,” said Rep. Mike Bost, R-Ill. and chairman of the House Veterans’ Affairs subcommittee on disability assistance.

“When you’re dealing with a human mind damaged by some really bad circumstances, we have to do everything we can. I know we’re trying, but we hear concerns from constituents on a regular basis.”

The statistics came as part of a committee hearing looking at whether department health officials are handling PTSD claims effectively.

Ronald Burke, assistant deputy undersecretary at the Veterans Benefits Administration, said much of the spike in these claims stems from decisions in 2010 to relax eligibility and evidentiary rules for PTSD diagnoses.

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3.6 - Healthcare IT News: House passes VA medical scribes bill to reduce wait times, improve care (25 July, Jessica Davis, 438k online visitors/mo; Chicago, IL)

The U.S. House of Representatives passed a bill Monday that would provide medical scribes to 10 Department of Veterans Affairs medical centers for the next two years.

The pilot program, proposed by Reps. Phil Roe, MD, R-Tennessee, and Greg Walden, R-Oregon, is designed to help unburden VA doctors to increase the number of patients seen.

The VA has been working on modernizing its medical program, after the massive wait time scandal in 2014. The pilot seeks to reduce wait times for patients. The VA released an online wait time tool in April to work toward the same goal.

“This legislation sets up a pilot program to try something that has worked successfully in the private sector -- having scribes work side-by-side with doctors, so that doctors can focus on the patient and scribes can focus on the paperwork,” said Walden in a statement.

Under the bill, the VA is required to provide the medical scribes to at least four rural medical centers, at least four to urban areas and two for medical centers with a need for increased access or efficiency. These will be determined by VA Secretary David Shulkin, MD.

Shulkin will hire 20 new VA-term employees as medical scribes, while looking for vendor contracts to employ 20 additional scribes. The bill requires 30 percent of the scribes to be assigned to emergency care, while 70 percent will be assigned to specialty care in areas with the greatest patient wait times or lowest efficiency ratings.

The VA will need to provide Congress with a separate analysis on the results of the pilot program, including provider efficiency, patient satisfaction, wait times, how many patients were seen daily and how long it takes to hire and train medical scribes.

The bill passed the House with a bipartisan vote and now heads to the Senate.

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3.7 - Union Leader: Lawyer, doctor: Boston VA should also be investigated (25 July, Mark Hayward, 312k online visitors/mo; Manchester, NH)

The Boston VA Healthcare system, especially the neurosurgery unit, deserves the public scrutiny and inspection visits that the Manchester VA Medical Center is undergoing, according to a lawyer representing whistleblower-doctors at the Manchester VA.

In interviews, Manchester attorney Andrea Amodeo-Vickery and an outgoing Manchester VA doctor said the Boston VA neurosurgical unit is to blame for patient paralysis and other spinal conditions suffered by New Hampshire VA patients.

They paint a picture of dysfunction between the sprawling, three-hospital system in Boston and the much smaller Manchester operation.

In interviews, they said the two Boston VA neurosurgeons are overworked. And important patient consultations are left to nurse practitioners or physician assistants, who often succeeded in dissuading patients from beneficial surgery.

Then when New Hampshire veterans return to the Granite State, they struggle with the red tape of the Veterans Choice program, and their condition worsens.

“The neurosurgery department is overwhelmed. No way can two (surgeons) handle six New England states. They’re making concessions that aren’t good,” Amodeo-Vickery said this week. “We want to change the system.”

The Boston VA said its two neurosurgeons perform about 300 surgeries a year, and disputed the criticisms of the Manchester whistleblowers. The rate of neurosurgical complications at VA Boston does not exceed expected rates, and VA tracks complications through a monitoring system, said Boston VA spokesman Pallas Wahl.

Last week, VA Secretary Davis Shulkin suspended the top two officials at the Manchester VA and reopened an investigation of the medical center, after allegations by whistleblower doctors were detailed by the Boston Globe Spotlight team.

In a statement issued Tuesday, Shulkin said he will brief New Hampshire’s Congressional delegation on the inspectors’ preliminary findings on Aug. 4 at the VA.

Tonight, the VA will host a public town hall at the Manchester Community College at 6 p.m.

Acute care surgeries do not take place at the Manchester VA. New Hampshire VA patients must travel to Boston or White River Junction, Vt., for much of their specialty care and surgeries.

In a Sept. 6 letter to Sen. Jeanne Shaheen, Amodeo-Vickery said neurosurgery units at VA hospitals in Boston and West Haven, Conn., referred New Hampshire patients for therapy when surgery was required. And some patients were seen by a chiropractic resident, rather than a neurosurgeon.

One patient with spinal stenosis, which is a narrowing of the spinal canal, drove his own vehicle to the Manchester VA. He was transferred to Boston VA for surgery, lost control of his limbs and was forced to use a motorized wheelchair, Amodeo-Vickery wrote. He died from complications.

Amodeo-Vickery wrote that approximately 70 Manchester patients suffered from paralysis because of clinical neglect and the “lack of effective neurosurgical intervention.”

Below is a September letter from Manchester attorney Andrea Amodeo-Vickery to Sen. Jeanne Shaheen:

Wahl said the Boston VA reviews all adverse events. “There is a predictable complication rate to all surgical procedures, and our rate in neurosurgery is not greater than expected,” she wrote.

The Boston VA system sees about 750,000 outpatients a year; 20,000 from New Hampshire, the organization said.

One of the whistleblowers, Manchester VA Dr. Stewart Levenson, faulted the Globe for downplaying problems at the Boston VA. He said middle-level practitioners at the neurosurgery unit were skilled at getting patients to decide against surgery.

“They’re so slippery. They know every dodge there is,” said Levenson, who is retiring on Friday.

Levenson said that three years ago, he and Dr. William “Ed” Kois, head of the spinal cord clinic at the Manchester VA, invited the two Boston VA neurosurgeons to Manchester to discuss their concerns.

“We thought we reached an agreement how to see our patients,” he said. “That was shown to be a waste of time.”

Once sent back to New Hampshire, VA patients had to deal with Veterans Choice, which many physicians refuse to participate in because of billing problems and red tape. Another private sector alternative — fee care — was ruled out by Manchester VA officials for budgetary reasons, Amodeo-Vickery wrote.

Meanwhile, Levenson said a priority system at the Boston VA requires that a New Hampshire patient be seen by a specialist within 30 days. If not, their case goes back to New Hampshire.

“I would say all our (New Hampshire) patients are second-class citizens because these rules are they (Boston VA hospital) treat their patients preferentially,” Levenson said.

Wahl said no such rules exist, and half the Boston VA patients live outside the Boston area. “We prioritize patients for treatment based on medical need,” she said.

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3.8 - The Vindicator: Vet who killed himself at Warren VA clinic had severe PTSD, wife says (25 July, Ed Runyan, 193k online visitors/mo; Youngstown, OH)

WARREN - The wife of the military veteran who killed himself Friday inside the U.S. Veterans Affairs Outpatient Clinic on Tod Avenue says he suffered for years with a severe case of post-traumatic stress disorder.

“He wrote that the demons in his head would not give him peace,” she said Tuesday of a suicide note he wrote two years ago.

But the note also expressed in clear terms how much he loved his family.

“He poured out love for his wife and children,” she said. “Seeing that letter hurt me so much two years ago, but it helped me this weekend because of knowing the strength of his love and devotion without question,” she said.

“His family supported him throughout his turmoil,” she added.

The 53-year-old Vienna man was a 23-year veteran of the Air Force Reserves, having been honored 31 times with medals, including the Meritorious Service Medal and Air Force Commendation Medal.

On Friday, he shot himself to death while at the clinic for an appointment. No one else was injured.

When asked for more details regarding the incident, a spokeswoman for the Louis Stokes Cleveland VA Medical Center said additional details were being withheld for privacy reasons. A Warren police detective said Monday he had just been assigned to the case and didn’t have more details.

The Vindicator is withholding the veteran’s name.

Herm Breuer, director of the Trumbull County Veterans Service Commission, said he knew the veteran.

Breuer said veterans “are extremely proud people who find it difficult to process their pain. They find it difficult to reach out and ask for help. It’s an unfortunate circumstance here where you have a veteran who did reach out for help, was getting the help he needed, but unfortunately all of the help in the world wasn’t enough for this gentleman.”

Breuer said PTSD is a “reaction to a stressful incident. The majority of veterans who experience PTSD can experience it in a number of ways,” including withdrawal, he said.

Warren police said the outpatient clinic does not use metal detectors to screen for weapons, but it does have security guards, and weapons are prohibited at all federal facilities.

“Anyone entering a federal facility is subject to search. If there is suspicion that someone on our property has a weapon or unauthorized substance, local and VA police are contacted to respond,” said Kristen Parker, chief of external affairs at the Stokes center.

After an Iraq War veteran shot and killed a psychologist inside an El Paso, Texas, VA clinic in 2015, the VA's police force renewed what the Washington Post called its long-running calls for increased resources.

Among the resources were metal detectors.

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3.9 - KCEN (NBC-9, Video): Waco VA responds to Gulf War illness claims (25 July, Jasmin Caldwell, 191k online visitors/mo; Eddy, TX)

WACO - According to a recent mystatesman.com article, the Waco VA has denied 92 percent of claims related to Gulf War illness.

Channel 6 investigated the incident Monday.

The VA estimates 44 percent of veterans who served in the Persian Gulf War in 1990-91 have medical issues. In order to qualify for compensation, the veterans must have a diagnosable condition or an undiagnosed illness such as abnormal weight loss, fatigue, psychological problems, etc.

Dave Demorrow, a U.S. Army veteran with over 20 years of service, told Channel 6 he was just denied a claim Monday morning by the Waco VA even though his medical records prove he was diagnosed with post traumatic stress disorder (PTSD).

"Just in the last week or so, I have been told I have never been in combat," Demorrow said. "I'm still on active duty as of this morning. It's nuts. I have all this paper work proving I was in Desert Storm and what they keep coming back with is maybe, no you weren't so we're not going to give you any compensation for it."

Demarrow said he has experienced shortness of breath and fevers of unknown origin.

"Whenever the weather changes, I get sick and cough up blood," he added.

Steve Hernandez with Veterans One Stop in Waco said these findings are alarming.

"It may be a challenge to go back to your military service because those diseases didn't manifest in a period that the VA or the government recognizes that possibly should be service connected and that's why you have to challenge your claim there too," Hernandez said.

Demorrow said he is not upset with the VA, but wishes they could better communicate.

A report from the U.S. Government Accountability Office found that the problems with how the VA handles Gulf War benefits stems from poorly trained examiners and inconsistent methods of handling claims.

Channel 6 contacted the Waco Veterans Affairs Office for comment, and the organization said released this statement Tuesday:

The Department of Veterans Affairs (VA) is committed to providing all eligible Veterans, Service members, and Survivors, with their earned care and benefits. VA Disability Compensation is a tax-free monetary benefit that is paid to Veterans with disabilities that are the result of a disease or injury that was incurred or aggravated during active military service. In making decisions on claims, VA staff members carefully and compassionately consider all available supporting evidence for each claim. The VA staff members comply with all applicable laws, while also providing the benefit of the doubt to the claimant, when the supporting evidence for a claim is relatively equally balanced with the requirements of the law.

During the past year alone, more than $3.65 billion in VA disability benefits payments were issued to Veterans living in the area served by the VA Regional Office in Waco. This is a 61.5 percent increase over the $2.26 billion per year in VA disability benefits payments that were issued to Veterans in the same area, just five years ago.VA medical centers have trained medical examiners. In addition, all VA medical examiners who conduct examinations for Gulf War Illnesses are now receiving a mandatory training course for the examinations.If VA has not been able to grant some or all of the VA benefits that a Veteran has requested, VA will notify the Veteran of his rights to appeal the decision. The Veteran can submit a VA Form 21-0958, Notice of Disagreement, to begin the appeal process. Then, VA will either grant the Veteran's claim, or send the Veteran a Statement of the Case. If the Veteran wants to continue the appeal to the Board of Veterans' Appeals, he or she can submit a VA Form 9, Appeal to Board of Veterans' Appeals.

Meanwhile, researchers at the Center of Excellence in Waco said they are working on two studies in effort to treat Gulf War Illness. In the studies, the researchers use medications which focus on chronic pain.

"The other one is a really cool neat study, using Resveratrol, which is extract from red wine, that is shown to help people, but this is a concentrated form of that and it can counteract the cognitive effect and fatigue effect of gulf war illness," Dr. Michael Russell, Director of Center of Excellence, said.

There is not a known treatment for Gulf War Illness, but the Center of Excellence hopes the medications can provide some relief for suffering veterans.

The Center of Excellence encourages veterans to participate in the free study.

For more information about the Center of Excellence, call (254)297-3954.

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3.10 - Alaska Public Media (Audio): Top VA official in Alaska talks privatization, staffing challenges (25 July, Zachariah Hughes, 78k online visitors/day; Anchorage, AK)

Amid this summer's push by the Veterans Administration in Alaska to hold town hall meetings across the state, the state's VA Healthcare Director, Dr. Timothy Ballard, was a guest on Alaska Public Media's Talk of Alaska on Tuesday.

During an hour of questions from host Lori Townsend and state-wide callers, Ballard offered an update on the organization's progress and remaining challenges in connecting veterans to benefits. That included addressing worries over privatization, an issue Ballard said affects Alaska uniquely relative to the rest of the country.

"Privatization for us really doesn't look any different," Ballard said. "It's still referring a lot of specialty care to the providers in the state that have it. For those things we can't get in the state, we look for partnering with other opportunities — whether it's in the Lower 48 or not.

"Regardless of what happens in the VA throughout the entire country, I think our system is going to look pretty much the same as it has for the past decade," Ballard continued, "Because of the fact that we just provide the basics of out-patient services and refer out a lot of the rest."

The VA is the biggest healthcare provider in the country, and has about 36,000 members enrolled in Alaska out of the state's roughly 77,000 veterans, according to figures cited by Ballard.

Since a series of reforms were hastily implemented under the Choice Act in 2014, Alaska has struggled to quickly connect veterans with healthcare providers outside the VA system. For example, staff in Alaska are now charged with handling about 1,000 medical referrals a week, according to Ballard. Though the organization is working on was to cut down the time it takes processing those referrals from a few weeks to a single day, the fundamental challenge is the larger issue of chronic under-staffing.

"We are trying to hire more staff," Ballard explained. "We have a fixed budget, and so I'm trying to create money somewhere else in our system to buy more staff."

The Alaska VA's budget is designed to fund 550 staff positions, but according to Ballard, the real need is for between 650 and 700.

There have been measurable gains in hiring more medical professionals since Ballard's tenure started a little over a year ago, including getting a physician at the Mat-Su clinic for the first time in five years.

"But it is very slow going, and we're trying to make an effort in regards to more access," Ballard added.

The VA system in Alaska is still struggling to find solutions to many of the same problems the state faces with healthcare overall, such as insufficient access to mental health and substance abuse treatment, as well as the costs of care.

Officials are holding a listening session Tuesday night in Wasilla, and two more in Juneau and Kenai during August. There is also a healthcare and benefits clinic planned for this Saturday at the VA's Muldoon facility in Anchorage alongside a motorcycle rally.

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3.11 - WRBL (CBS-3, Video): Retired veterans vouch for closer VA facilities, better access to medical care (25 July, Joey Ripley, 75k online visitors/mo; Columbus, GA)

A group of retired veterans is taking their fight from the battlefield to the medical field. The local chapter of the Retired Enlisted Association, or TREA, hope to expand the number of facilities, services, and resources available for veterans in the Chattahoochee Valley.

The nonprofit military veterans organization's latest fight doesn't call for conventional weapons. Instead, the group is petitioning lawmakers to take a closer look at better access to VA benefits. American veterans put their lives on the line for freedom. However, many feel forgotten when they return home from combat.

"It ain't that we want this," Sgt. 1st Class Michael Burks said. "We need this. The aging and the elderly and the homeless veterans all need this hospital."

Several members of TREA are calling for a new VA hospital, emergency room and nursing home. Burks, as chapter president, is leading the charge when it comes to bringing a VA hospital to the Fountain City. Currently, the VA has a clinic on 13th Ave. in Columbus. However, long wait times and a lack of emergency services have forced some veterans to drive all the way to Montgomery or Tuskegee.Burks says some local hospitals are apt to charge double what the VA would for medical care.

"They had the dollars to build a new Martin Army Hospital, and they had the money to put millions of dollars on the river rafting," Burks said. "So you're telling me we can't get a VA hospital here and you care about the veterans? There's something wrong with that picture."

Burks says positive feedback fuels the fight for better access to health care and other benefits for veterans.

"For the services that we render, this gentleman should have never been homeless," Columbus city councilor Jerry "Pops" Barnes, himself a veteran, said. "There should have been facilities here to look out for his every need."

Fellow councilor Evelyn "Mimi" Woodson says the city and other entities have tried to improve conditions for veterans in Columbus. But she believes it will take a unified effort and more time to make a positive change.

News 3 spoke with the VA in Tuskegee. They tell WRBL they are planning to build a new 55,000 sq. ft. facility by 2021. However, it's unclear whether this facility would serve as a hospital or make emergency services available.

Meanwhile, TREA has reached out to Rep. Calvin Smyre (D-Columbus), Sen. Ed Harbison (D-Columbus), and Georgia Gov. Nathan Deal. The group plans to host a rally in the coming months.

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3.12 - WKBN (CBS-27, Video): President hints at possible new VA facility during Struthers stop. Trump spoke to veterans at AMVETS Post 44 as part of an invitation-only event prior to his Youngstown rally (25 July, Dan Marcel, 9k online visitors/day; Youngstown, OH)

STRUTHERS, Ohio – Prior to his rally at Covelli Centre Tuesday night, President Donald Trump spoke at AMVETS Post 44 in Struthers.

He said he is committed to helping veterans and — while not getting into specifics — hinted that a new VA healthcare facility could be coming to the area.

“In my administration, we will always protect those who protect us,” he said.

Trump spoke to 150 veterans and their families as part of an invitation-only event. Many more wanted to get in, but couldn’t.

The stop is part of American Heroes Week, recognizing those who put their lives on the line to protect Americans every day.

“A day that I won’t forget for a long time,” said Post Commander Jan Brown.

Trump recognized 97-year-old Robert Bishop, an Ohio veteran who served in World War II during the bombing of Pearl Harbor. He was presented with a certificate recognizing his service.

“I’m overwhelmed,” Bishop said. “I never expected anything like this. And of course he called me a hero. I’m not a hero. I just did my job.”

Trump was joined by Secretary David Shulkin, Department of Veterans Affairs; Secretary Ryan Zinke, Department of Interior and Secretary Rick Perry, Department of Energy. First Lady Melania Trump and White House political aide Omarosa Manigault are also traveling with Trump.

The intimate gathering included a number of local veterans’ organizations.

Trump talked about the new VA accountability law, as well as his administrations goal to improve the health care for veterans.

“That means people are accountable for taking care of our vets,” Trump said. “And if people are not taking care, we hold them accountable.”

Meanwhile outside the Post, neighbors crowded around the cordoned off police tape or stood outside their homes, hoping to snap a picture of the president.

“It’s a once in a lifetime thing,” a neighbor said. “For this area, this area needs some revitalization to get everybody worked up.”

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3.13 - NH1 News (TV-1): Manchester VA Medical Center to host town hall following poor care allegations (25 July, Concord, NH)

MANCHESTER — The Manchester Veterans Affairs Medical Center is holding a veteran town hall and listening session following allegations of poor conditions and patient care.

The session will be held at Manchester Community College on Wednesday at 6 p.m. to hear concerns from veterans and interested stakeholders and to provide an update on progress at the medical center.

The Veterans Affairs Office announced a review of the Manchester VAMC July 16 after Boston Globe's Spotlight Team published an article that made claims of patients and doctors who described the alleged issues within the hospital, including an operating room abandoned because of flies and patients struggling to get any care.

The department removed the director and chief of staff at the facility, pending the outcome of the review, and named Alfred Montoya, the director of the VAMC in White River Junction, Vermont, as acting director.

Under Montoya's leadership, Manchester VAMC began working with Catholic Medical Center to identify opportunities to expand local health care access, secured resources to support ongoing operations required as a result of a severe flood experienced at the medical center, and began providing transparent and ongoing communications to all Veterans, stakeholders and staff related to medical center activities, the Manchester VAMC said.

"These are serious allegations, and we want our veterans and our staff to have confidence in the care we're providing. I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations," said David J. Shulkin, M.D., U.S. Secretary of Veterans Affairs.

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8.1 - The Washington Post (Video): The latest brain study examined 111 former NFL players. Only one didn't have CTE (25 July, Rick Maese, 43.9M online visitors/mo; Washington, DC)

Researchers studying the link between football and chronic traumatic encephalopathy found that 99 percent of the brains donated by families of former NFL players showed signs of the neurodegenerative disease, according to a new study published Tuesday.

In all, researchers from Boston University School of Medicine and the VA Boston Healthcare System examined 202 brains that belonged to men who played football at all levels and were later donated for research. They found CTE in 177 of them — 87 percent.

While they found evidence of the disease across all levels of play, the highest percentage was found among those who competed at the highest level; all but one of the 111 brains belonging to ex-NFL players were diagnosed post-mortem with CTE.

“Obviously, this doesn’t represent the prevalence in the general population, but the fact that we’ve been able to gather this high a number of cases in such a short period of time says that this disease is not uncommon,” said neuropathologist Ann McKee, the researcher credited with some of the most high-profile CTE diagnoses. “In fact, I think it’s much more common than we currently realize. And more importantly, this is a problem in football that we need to address and we need to address now in order to bring some hope and optimism to football players.”

The study drew the immediate attention of lawmakers on Capitol Hill who have been monitoring the issue.

“The time for denying facts and looking the other way is over,” Congresswoman Jan Schakowsky (D-Ill.) said in a release. “We must now actively seek out ways to protect the health and [well-being] of players from Pop Warner to the NFL and every league in between.”

In addition, four Democrats on the House Energy and Commerce committee called the study “a heartbreaking reminder that we must continue the fight to protect current, former, and future NFL players from CTE.”

“We know that there is a direct relationship between football and CTE, and we cannot afford to wait to take substantive action to protect players of all ages from the risks of head trauma in contact sports,” read a statement, signed by Schakowsky, Rep. Frank Pallone, Jr. (D-N.J.), Rep. Gene Green (D-Tex.) and Rep. Diana DeGette (D-Colo.). “This study also demonstrates the importance of continued scientific research on CTE, which is why we must continue to support the important work carried out by the National Institutes of Health (NIH) in this area, including on the relationship between this degenerative brain disease and contact sports.”

McKee cautions that the study, which was published Tuesday in the Journal of the American Medical Association, has some limitations and doesn’t attempt to pinpoint a CTE rate. The brains studied were mostly donated by concerned families, which means they weren’t random and not necessarily representative of all men who have played football.

“A family is much more likely to donate if they’re concerned about their loved one — if they’re exhibiting symptoms or signs that are concerning them, or if they died accidentally or especially if they committed suicide,” she said. “It skews for accidental deaths, suicide and individuals with disabling or discomforting symptoms.”

While the study isn’t focused on causality, McKee says it provides “overwhelming circumstantial evidence that CTE is linked to football.”

The NFL pledged $100 million for concussion-related research last September — $60 million on technological development, with an emphasis on improving helmets, and $40 million earmarked for medical research — and in a statement a league spokesman expressed appreciation for the latest study.

“The medical and scientific communities will benefit from this publication, and the NFL will continue to work with a wide range of experts to improve the health of current and former NFL athletes,” NFL spokesman Brian McCarthy said. “As noted by the authors, there are still many unanswered questions relating to the cause, incidence and prevalence of long-term effects of head trauma such as CTE. The NFL is committed to supporting scientific research into CTE and advancing progress in the prevention and treatment of head injuries.”

The study marks the largest CTE case series ever published. The research was drawn from a brain bank established and maintained by the VA Boston Healthcare System, Boston University School of Medicine and the Concussion Legacy Foundation.

The 177 brains found to have CTE belonged to former players who had an average of 15 years of football experience. In addition to the NFL diagnoses, the group included three of 14 who played at the high school level, 48 of 53 who played in college, nine of 14 who competed semiprofessionally and seven of eight who played in the Canadian Football League.

“To me, it’s very concerning that we have college-level players who have severe CTE who did not go on to play professionally,” McKee said. “That means they most likely retired before the age of 25 and we still are seeing in some of those individuals very severe repercussions.”

The researchers distinguished between mild and severe cases of CTE, finding the majority of former college (56 percent), semipro (56 percent) and professional (86 percent) players to have exhibited severe pathology.

The impact of concussions and head trauma meted out on the football field has been an active area of study in recent years. And while much of the research has highlighted the potential long-term dangers posed by football, JAMA Neurology published a study this month that showed not all former players suffer from cognitive impairment.

Researchers at the University of Pennsylvania looked at Wisconsin men who graduated high school in 1957, comparing those who played football in school and those who didn’t. The men were assessed for depression and cognitive impairment later in life — in their 60s and 70s — and the research found similar outcomes for those who played high school football and those who didn’t.

That study also had its limitations, and the authors noted that the game 60 years ago is different in many ways from the present-day high school football experience, from playing style to equipment to the rule book.

The Boston University study doesn’t necessarily reflect the same era of football. According to the researchers, the vast majority of the brains studied belonged to players who played in the 1960s or later. In addition to examining the brains, researchers interviewed family members and loved ones of the deceased former players and found that behavioral and mood symptoms were common with those who suffered from CTE, including impulsivity, signs of depression, anxiety, hopelessness and violent tendencies.

While the disease can currently only be diagnosed post-mortem, the researchers urge for a wide-ranging longitudinal study to better understand the impact head trauma has on football players across all levels.

In the meantime, the brain bank has about 425 donated brains at its disposal, including those from men and women who played a variety of sports, as well as military veterans, with many more pledged.

“It’s not an inert study,” McKee said. “This is a very large resource that will advance research in many directions. . . . The whole point is to advance and accelerate our knowledge of CTE in order to aid the living people who are at risk for it or who have it.”

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8.2 - The Washington Times (AP): Congressman diagnosed with early-stage prostate cancer (25 July, 10.8M online visitors/mo; Washington, DC)

JOHNSON CITY, Tenn. - U.S. Rep. Phil Roe’s office says he has been diagnosed with early-stage prostate cancer and will undergo treatment next month in Tennessee.

Roe’s website said the cancer was discovered after a routine physical and that his prognosis is excellent. He will be treated in East Tennessee during the August district work period, and treatment isn’t expected to conflict with his legislative schedule.

The statement said no updates or comments would be provided until treatment is completed. His offices in Kingsport, Morristown and Washington will remain open as usual.

Roe, a Republican and retired physician who represents Tennessee’s 1st Congressional District, is serving his fifth term in Congress. He is chairman of the House Committee on Veterans’ Affairs and is on the House Education and Workforce Committee.

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8.3 - Military Times: House Veteran Affairs chairman diagnosed with prostate cancer (25 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — The chairman of the House Veterans’ Affairs Committee announced Tuesday that he has been diagnosed with early-stage prostate cancer, but does not expect it to interfere with his legislative schedule.

In a statement, staffers said Rep. Phil Roe, R-Tenn., received the news following a recent routine physical and will undergo treatment in Tennessee during the August work period.

“The prognosis is excellent, and treatment is not expected to interfere with his scheduled legislative duties,” the statement said. “Congressman Roe thanks East Tennesseans for the privilege of serving them and looks forward to continuing to represent them.”

Roe, 72, has served on the committee since entering Congress in 2009. He took over as chairman at the start of this year.

He served two years in the Army in the early 1970s with the 2nd Infantry Division, 2nd Medical Battalion. That included a deployment to South Korea for medical missions at an evacuation hospital there.

Following that, he spent 31 years working as an obstetrics and gynecology specialist in Tennessee, boasting that he delivered “close to 5,000 babies.” That work also included training at the VA hospital in Memphis and working in consultation with VA physicians for some of his private practice patients.

Roe announcement comes just less than a week after Senate Armed Services Committee Chairman John McCain, R-Ariz., announced he had been diagnosed with an aggressive form of brain cancer. His prognosis has been less certain, but he returned to Capitol Hill for votes on Tuesday.

The House Veterans’ Affairs Committee has laid out an ambitious agenda for the year, already tackling a host of veterans health care and education reforms. Roe has drawn praise from colleagues from both sides of the aisle for his leadership on the committee thus far, along with praise from the White House.

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8.4 - KARE (NBC-11): KARE 11 Investigates finalist in National News and Documentary Emmy Awards (25 July, 1.5M online visitors/mo; Minneapolis, MN)

Minnesota’s Own KARE 11, the NBC affiliate in Minneapolis-St. Paul, MN, has been nominated for the National News & Documentary Emmy, in the regional investigative category. The honor was announced Tuesday by The National Academy of Television Arts & Sciences.

KARE 11’s investigation, led by Steven Eckert, A.J. Lagoe and Gary Knox, revealed the Department of Veterans Affairs used unqualified medical personnel for examinations and denied benefits for traumatic brain injuries (TBI) at the Minneapolis VA Medical Center. Following this report, a federal investigation was opened on similar issues at other VA facilities across the country and found nearly 25,000 veterans nationwide received improper examinations for TBI.

Additionally, Congress held a hearing on the issue and the VA is now ensuring that qualified doctors are examining veterans for TBI. VA officials also disclosed half of the Minnesota veterans who were originally denied TBI benefits have now confirmed, after re-examination, that they did suffer a traumatic brain injury. Re-testing is underway for former service members nationwide thanks to KARE 11 Investigates reports.

“We are humbled and proud that KARE 11 Investigates has been recognized as a National Regional Emmy finalist,” said News Director Jane Helmke. “Though the real honor is the positive impact and action our team’s work has had on the lives of veterans in Minnesota and across the nation.”

KARE 11’s ongoing Investigative series on behalf of veterans has already garnered other prestigious National recognition including the George Polk Award and the IRE (Investigative Reporters and Editors) Award.

Watch 'Invisible Wounds' here.

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

26 July 2017

1. Top Stories

1.1 - The New York Times: Future Unclear for Veterans Choice Program After House Bill Falters (25 July, Nicholas Fandos, 29.9M online visitors/mo; New York, NY)
Congressional lawmakers struggled on Tuesday to reach an agreement to prop up a popular multibillion-dollar health care program that allows veterans to see a private doctor at government expense. This was supposed to be a relatively easy task, meant to buy lawmakers time as they debated the future of the program.

Hyperlink to Above

1.2 - NPR (All Things Considered, Audio): Study: CTE Found In Nearly All Donated NFL Player Brains (25 July, Tom Goldman, 22M online visitors/mo; Washington, DC)
As the country starts to get back into its most popular professional team sport, there is a reminder of how dangerous football can be. An updated study published Tuesday by the Journal of the American Medical Association on football players and the degenerative brain disease chronic traumatic encephalopathy reveals a striking result among NFL players.

Hyperlink to Above

1.3 - Military.com: Struggle in Congress to Revive VA Choice Program Extension (25 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)
The House and Senate scrambled Tuesday to come up with a bill that could pass bipartisan muster on extending the Veterans Choice Program on private health care before it goes broke next month.

Hyperlink to Above

1.4 - The Washington Times (AP): New Hampshire veterans hospital to host town hall meeting (25 July, 10.8M online visitors/mo; Washington, DC)
The interim director of the Manchester VA hospital is holding a town hall meeting to hear from veterans amid an investigation into allegations of substandard conditions and treatment. Veterans Affairs Secretary David Shulkin recently removed the top two officials at the Manchester VA Medical Center and ordered a review of it after the Boston Globe reported on a whistleblower complaint filed by physicians.

Hyperlink to Above

1.5 - The Boston Globe: VA secretary expands probe of embattled Manchester, N.H., hospital (26 July, Andrea Estes, 8.8M online visitors/mo; Dorchester, MA)
The top Veterans Affairs official on Tuesday expanded the agency's investigation of the Manchester VA Medical Center, ordering the VA's inspector general to launch its own "separate, wholly independent review" of conditions at New Hampshire's only hospital for veterans.

Hyperlink to Above

1.6 - The Tennessean (USA Today Network, Video): Wait times at VA hospitals could jump after failed House vote (25 July, Jake Lowary, 2.1M online visitors/day; Nashville, TN)
A failed vote in the House on Monday caused lawmakers to warn that wait times at VA medical centers around the country could return to months-long levels. The House failed to get two-

thirds of the required votes needed to get legislation passed that would have funneled $2 billion of existing funds out of other programs and into the Veterans Choice program.

Hyperlink to Above

1.7 - Military Times: Trump promises huge increase in private sector care for veterans (26 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
President Donald Trump on Tuesday evening promised to triple the number of veterans "seeing the doctor of their choice" in coming months as part of an ongoing, ambitious reform plan at the Department of Veterans Affairs. The comments, which came at a veterans rally in Ohio, are likely to again stoke concerns among administration critics of large-scale privatization of VA responsibilities.

Hyperlink to Above

1.8 - The American Prospect: Trump's Budget Would Eliminate Agency Tasked with Ending Homelessness (25 July, Barbara Esuoso, 239k online visitors/mo; Washington, DC)
Included in President Donald Trump's proposed $6 billion cut to the Department of Housing and Urban Development is the elimination of a small but vital program that has been a crucial force in driving down the U.S. homeless population. The United States Interagency Council on Homelessness (USICH) has a scheduled sunset date of October 2017 and, for the first time since the Clinton administration, it may not be reauthorized.

Hyperlink to Above

1.9 - The Mike Gallagher Show (SRN, Audio): VA Secretary Dr. David Shulkin .@SecShulkin and Mike discuss how to stop veteran suicides (25 July, 600 online visitors/day; Irving, TX)
In this seven-minute interview, Secretary David Shulkin speaks with Mike Gallagher about veteran suicide and the importance of not privatizing VA.

Hyperlink to Above

1.10 - Rose Unplugged (Audio): Rose speaks with Secretary David Shulkin (25 July, Pittsburgh, PA)
In this eight-minute interview, Secretary David Shulkin speaks with Rose Tennett about the Office of Accountability and Whistleblower Protection, modernizing IT, President Trump's commitment to improving VA, the unanimous House vote to expand the GI Bill, and increasing Choice.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - The Washington Post: New GI Bill unanimously passes House, heads to Senate (25 July, T. Rees Shapiro, 43.9M online visitors/mo; Washington, DC)
The House voted unanimously late Monday to approve a new GI Bill that would expand access to higher education for veterans, those wounded on the battlefield and the surviving family members of troops killed in combat. The new bill, called the Harry W. Colmery Veterans

Educational Assistance Act of 2017, received broad bipartisan support and was passed 405 to 0, with 28 House members not voting.

Hyperlink to Above

2.2 - The Hill: Trump team has a chance to improve toxic VA culture (25 July, Rory E. Riley-Topping, 11.8M online visitors/mo; Washington, DC)
Don Draper, the smooth-talking advertising executive on AMC's Mad Men, once famously said that, "If you don't like what people are saying, change the conversation." Another Donald, who happens to share much in common with the 1960's ad mogul and also happens to be our current president, could stand to learn from his fictional namesake.

Hyperlink to Above

2.3 - Stars and Stripes: Let GI Bill meet 21st-century academic needs (25 July, Rep. Kevin McCarthy (R-Calif.) and Rep. Phil Roe (R-Tenn.), 1.5M online visitors/mo; Washington, DC)
App developer, robotics technician, digital animator and advanced manufacturer — what do all of these careers have in common? They didn't exist 73 years ago when the GI Bill was signed into law. When our fighting forces shipped out to the Pacific and to the battlefields of Europe, near a fourth of Americans were farmers. Today, that number is around 0.01 percent.

Hyperlink to Above

2.4 - The Vindicator: Trump rubs shoulders, lauds veterans during Struthers stop (26 July, Sarah Lehr, 193k online visitors/mo; Youngstown, OH)
President Donald Trump stopped by Struthers to rub shoulders with a small group of veterans before his big rally at the Covelli Centre in Youngstown. He spoke to an audience of about 150 at Struthers AMVETS Post 44, 305 Elm St., arriving at 6:26 p.m. and accompanied by first lady Melania Trump.

Hyperlink to Above

2.5 - Communities Digital News: Why is VA whistleblower retaliation continuing despite new protections? (25 July, Michael Volpe, 156k online visitors/mo; Washington, DC)
A suburban Chicago Veteran Administration hospital has retaliated against an employee who reported unsafe drug handling to the Occupation Safety and Health Administration (OSHA). Heather Camren is a pharmacist at the Hines VA Medical Center and she's sharing her story exclusively with CDN. Within the last two years, the Hines VA determined that a drug named Avastin needed to be handled more safely, specifically with technicians wearing with goggles and a hood.

Hyperlink to Above

2.6 - The Pavlovic Today (Video): Remarks By President Trump Saluting American Heroes (25 July, Washington, DC)
Read the full remarks by President Trump saluting American Veterans […] Now, I went all over Ohio, but I went all over almost every state, and the veterans were a very, very big topic for me. You know that. And I think what we're doing, it's never been done before. We just had a bill — the VA Accountability bill. They've been trying to get it for many, many decades.

Hyperlink to Above

3. Access to Healthcare

3.1 - The Huffington Post: Shortchanging Gulf Vets (25 July, Edward Flattau, 23M online visitors/mo; New York, NY)
The federal government has been using the delayed onset of undiagnosed illnesses in Gulf War veterans to cast doubt on some battlefield cause and effect justifications for benefit claims. It is reminiscent of the government in the 1990s' trying to cut costs by initially rejecting Vietnam veterans' illness claims. Those vets sought compensation for sicknesses alleged to have resulted from exposure years earlier to the toxic battlefield defoliant, Agent Orange.

Hyperlink to Above

3.2 - The Washington Times: House GOP leaders go back to drawing board on VA 'choice' measure (25 July, Dave Boyer, 10.8M online visitors/mo; Washington, DC)
House Republican leaders were working Tuesday on a plan B to fund the popular "Veterans Choice" health care plan after the full House rejected a bill Monday night. House Veterans Affairs' Committee Chairman David P. Roe, Tennessee Republican, is talking with senators and Democratic lawmakers "about the path forward," said committee spokeswoman Tiffany Haverly.

Hyperlink to Above

3.3 - The Washington Times (AP): Family: Man in Missouri interstate shootout 'tortured soul' (25 July, 10.8M online visitors/mo; Washington, DC)
Kershaw sought help for depression at John Cochran Veterans Administration Medical Center in St. Louis, according to his aunt, Debra Collins. She said Kershaw seemed better in recent weeks and had decided to stop taking antidepressant medication. "He would not have hurt anybody," Collins said. "Something made him crack. … He was a tortured soul."

Hyperlink to Above

3.4 - Washington Examiner: Congress and its $2 billion management failure (25 July, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)
Once upon a time, a federal agency had a problem. But in an unpredictable plot twist, the agency told Congress it didn't need any new money to solve that problem. A few weeks later, lawmakers ignored the agency and tried to give it $2 billion anyway. The end.

Hyperlink to Above

3.5 - Military Times: PTSD disability claims by vets tripled in the last decade (25 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
More than one in five veterans receiving federal disability payouts suffers from post-traumatic stress disorder, a figure that has spiked in the last decade. Veterans Affairs officials told lawmakers Tuesday that the number of disability cases related to PTSD has nearly tripled in that time, from around 345,000 cases in fiscal 2008 to more than 940,000 cases today.

Hyperlink to Above

3.6 - Healthcare IT News: House passes VA medical scribes bill to reduce wait times, improve care (25 July, Jessica Davis, 438k online visitors/mo; Chicago, IL)

The U.S. House of Representatives passed a bill Monday that would provide medical scribes to 10 Department of Veterans Affairs medical centers for the next two years. The pilot program, proposed by Reps. Phil Roe, MD, R-Tennessee, and Greg Walden, R-Oregon, is designed to help unburden VA doctors to increase the number of patients seen.

Hyperlink to Above

3.7 - Union Leader: Lawyer, doctor: Boston VA should also be investigated (25 July, Mark Hayward, 312k online visitors/mo; Manchester, NH)
The Boston VA Healthcare system, especially the neurosurgery unit, deserves the public scrutiny and inspection visits that the Manchester VA Medical Center is undergoing, according to a lawyer representing whistleblower-doctors at the Manchester VA.

Hyperlink to Above

3.8 - The Vindicator: Vet who killed himself at Warren VA clinic had severe PTSD, wife says (25 July, Ed Runyan, 193k online visitors/mo; Youngstown, OH)
The wife of the military veteran who killed himself Friday inside the U.S. Veterans Affairs Outpatient Clinic on Tod Avenue says he suffered for years with a severe case of post-traumatic stress disorder. “He wrote that the demons in his head would not give him peace,” she said Tuesday of a suicide note he wrote two years ago.

Hyperlink to Above

3.9 - KCEN (NBC-9, Video): Waco VA responds to Gulf War illness claims (25 July, Jasmin Caldwell, 191k online visitors/mo; Eddy, TX)
According to a recent mystatesman.com article, the Waco VA has denied 92 percent of claims related to Gulf War illness. Channel 6 investigated the incident Monday. The VA estimates 44 percent of veterans who served in the Persian Gulf War in 1990-91 have medical issues. In order to qualify for compensation, the veterans must have a diagnosable condition or an undiagnosed illness such as abnormal weight loss, fatigue, psychological problems, etc.

Hyperlink to Above

3.10 - Alaska Public Media (Audio): Top VA official in Alaska talks privatization, staffing challenges (25 July, Zachariah Hughes, 78k online visitors/day; Anchorage, AK)
Amid this summer’s push by the Veterans Administration in Alaska to hold town hall meetings across the state, the state’s VA Healthcare Director, Dr. Timothy Ballard, was a guest on Alaska Public Media’s Talk of Alaska on Tuesday.

Hyperlink to Above

3.11 - WRBL (CBS-3, Video): Retired veterans vouch for closer VA facilities, better access to medical care (25 July, Joey Ripley, 75k online visitors/mo; Columbus, GA)
A group of retired veterans is taking their fight from the battlefield to the medical field. The local chapter of the Retired Enlisted Association, or TREA, hope to expand the number of facilities, services, and resources available for veterans in the Chattahoochee Valley.

Hyperlink to Above

3.12 - WKBN (CBS-27, Video): President hints at possible new VA facility during Struthers stop. Trump spoke to veterans at AMVETS Post 44 as part of an invitation-only event prior to his Youngstown rally (25 July, Dan Marcel, 9k online visitors/day; Youngstown, OH)
Prior to his rally at Covelli Centre Tuesday night, President Donald Trump spoke at AMVETS Post 44 in Struthers. He said he is committed to helping veterans and — while not getting into specifics — hinted that a new VA healthcare facility could be coming to the area. “In my administration, we will always protect those who protect us,” he said.

Hyperlink to Above

3.13 - NH1 News (TV-1): Manchester VA Medical Center to host town hall following poor care allegations (25 July, Concord, NH)
The Manchester Veterans Affairs Medical Center is holding a veteran town hall and listening session following allegations of poor conditions and patient care. The session will be held at Manchester Community College on Wednesday at 6 p.m. to hear concerns from veterans and interested stakeholders and to provide an update on progress at the medical center.

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization – No Coverage

8. Other

8.1 - The Washington Post (Video): The latest brain study examined 111 former NFL players. Only one didn’t have CTE (25 July, Rick Maese, 43.9M online visitors/mo; Washington, DC)
Researchers studying the link between football and chronic traumatic encephalopathy found that 99 percent of the brains donated by families of former NFL players showed signs of the neurodegenerative disease, according to a new study published Tuesday.

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8.2 - The Washington Times (AP): Congressman diagnosed with early-stage prostate cancer (25 July, 10.8M online visitors/mo; Washington, DC)
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1. Top Stories

1.1 - The New York Times: Future Unclear for Veterans Choice Program After House Bill Falters (25 July, Nicholas Fandos, 29.9M online visitors/mo; New York, NY)

WASHINGTON — Congressional lawmakers struggled on Tuesday to reach an agreement to prop up a popular multibillion-dollar health care program that allows veterans to see a private doctor at government expense.

This was supposed to be a relatively easy task, meant to buy lawmakers time as they debated the future of the program. As recently as last week, Republican leaders were considering using a bill temporarily funding the Veterans Choice Program as a vehicle to raise the debt ceiling, a perennially bitter pill for Republicans.

Instead, House Republicans put forward a plan that would pay for the visits by diverting funds from elsewhere in the department and would not allocate additional funds for in-house care. In doing so, they galvanized enough opposition among Democrats and a raft of veterans groups fearful of creeping privatization that the bill unexpectedly failed Monday night to clear the necessary threshold on the House floor.

The defeat left House leaders scrambling for an alternative, with only a handful of legislative days left before the chamber is scheduled to begin its extended summer recess. Money for the Veterans Choice Program is expected to run out early next month.

Lawmakers in the Senate, where legislation would need to pick up some Democratic support to come to a vote, never appeared likely to take up the House measure. Behind the scenes, leaders of the veterans committees in both chambers had opened negotiations to find a compromise that could pass muster among their members, as well as among the veterans groups. (The Senate has said it will stick around for the first two weeks of August.)

Created in the aftermath of a 2014 scandal over the manipulation of patient wait times at Veterans Affairs Department facilities, the Choice program was intended to give veterans facing long wait times for care an option to see private doctors in their communities. It came with additional time and money for the department to retool. Three years later, both parties and most veterans groups are in agreement that the program has done some good but needs major repairs.

The present funding crisis largely stems from the program's rapid growth in popularity and miscalculations by the department of how quickly the program would run out of money.

As patient visits through the program have increased — they were up more than 30 percent in the first quarter of the 2017 fiscal year — resources have been depleted more quickly than expected, catching lawmakers off guard.

The veterans groups opposing the House legislation — including Disabled American Veterans, Iraq and Afghanistan Veterans of America, Veterans of Foreign Wars and Vietnam Veterans of America — wield considerable influence in Washington, and their opposition is taken seriously on Capitol Hill.

They sent a stern letter to lawmakers on Saturday objecting to the bill's terms and spent the weekend lobbying congressional staff members. They say the plan, which provides $2 billion to

cover Choice program expenses for six months without adding any funds to departmental programs, would push veterans out of the latter without addressing the systemic problems that prompted the creation of the program in the first place.

“You just can’t give money to send people out of the system while neglecting to put money into the system to fix the capacity problem that is there,” said Garry Augustine, the Washington director for Disabled American Veterans. “We believe that is a slippery slope to dismantling the V.A.”

To be sure, the opposition from veterans groups was not unanimous. Several large groups declined to stake out a position, and at least one, the Concerned Veterans for America, embraced the plan. This small conservative advocacy organization linked to the free-market activist billionaires Charles G. and David H. Koch has long made it its mission to offer more private sector choices for veterans’ health care.

During a debate preceding the vote on Monday afternoon, Representative Phil Roe, Republican of Tennessee and the chairman of the House Veterans Affairs Committee, said he valued the veterans groups’ feedback but disagreed that the short-term measure would push the department toward privatization. He also said he did not agree that departmental programs were lacking for funds. A spokesman for Mr. Roe, Tiffany Haverly, said he was committed to finding a solution to ensure veterans did not lose access to care through the program.

Mr. Roe and Republican leaders had been confident enough in the bill’s chances that they chose to pass it under an expedited process — usually reserved for uncontroversial measures like post office namings — that requires a two-thirds majority. It backfired after Democrats began to slip away in recent days.

The committee’s top Democrat, Representative Tim Walz of Minnesota, had implored House leaders to delay the vote to give both chambers time to strike a deal and took issue with how the $2 billion extension was funded. Rather than require that the extension funds be offset, he said, Congress should grant the funding on an emergency basis.

Such changes, along with funds for in-house care, are now likely to get fuller consideration among Senate leaders who face a more moderate Republican caucus and the task of winning over some Democrats. A spokeswoman for Senator Johnny Isakson, Republican of Georgia and the Senate committee’s chairman, declined on Monday to comment on the negotiations.

The standoff could be a bad omen for lawmakers who are in the early stages of a major rewriting of the Choice program and several other programs that currently pay for veterans’ care outside of Veterans Affairs facilities. It is also likely an indication of where lawmakers, who are in broad agreement about the need for such care, may clash as they proceed: where to spend new money and how to pay for the programs.

Democrats and many of the veterans groups generally want to see more money allocated to the department to strengthen in-house care on top of money for modest increases for the Veterans Choice Program. They are also suspicious that Republicans, empowered by their control of Congress and the White House, will try to tip the scales toward privatization. Republican lawmakers deny that, though they tend to prefer an expansion of community care and are averse to additional dollars for the Department of Veterans Affairs.

Still, for now, the acrimony has been the exception to the rule for the veterans affairs committees, which have enjoyed a run of bipartisan productivity in recent months. Even as the parties split Monday on Choice program funding, the House voted overwhelmingly in favor of a new G.I. bill that would expand education benefits for veterans by lifting a 15-year limit on their use, restore benefits to those who attended now-defunct for-profit schools and extend them to groups who were previously excluded. Similar legislation under consideration in the Senate is expected to win passage — easily.

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1.2 - NPR (All Things Considered, Audio): Study: CTE Found In Nearly All Donated NFL Player Brains (25 July, Tom Goldman, 22M online visitors/mo; Washington, DC)

As the country starts to get back into its most popular professional team sport, there is a reminder of how dangerous football can be.

An updated study published Tuesday by the Journal of the American Medical Association on football players and the degenerative brain disease chronic traumatic encephalopathy reveals a striking result among NFL players.

The study examined the brains of deceased former football players (CTE can only be diagnosed after death) and found that 110 out of 111 brains of those who played in the NFL had CTE.

CTE has been linked to repeated blows to the head — the 2015 movie Concussion chronicled the discovery of CTE's connection to football.

In the study, researchers examined the brains of 202 deceased former football players at all levels. Nearly 88 percent of all the brains, 177, had CTE. Three of 14 who had played only in high school had CTE, 48 of 53 college players, 9 of 14 semiprofessional players, and 7 of 8 Canadian Football League players. CTE was not found in the brains of two who played football before high school.

According to the study's senior author, Dr. Ann McKee, "this is by far the largest [study] of individuals who developed CTE that has ever been described. And it only includes individuals who are exposed to head trauma by participation in football."

A CTE study several years ago by McKee and her colleagues included football players and athletes from other collision sports such as hockey, soccer and rugby. It also examined the brains of military veterans who had suffered head injuries.

The study released Tuesday is the continuation of a study that began eight years ago. In 2015, McKee and fellow researchers at the Department of Veterans Affairs and Boston University published study results revealing 87 of 91 former NFL players had CTE.

McKee is chief of neuropathology at VA Boston Healthcare System and director of the CTE Center at the BU School of Medicine. Speaking about the new numbers, she says it's "startling to be able to gather 177 examples of CTE" in a relatively short period of time (the past eight years).

"While we still don't know what the incidence is in the general population or in the general population of football players," she says, "the fact that we were able to gather this many cases [in that time frame] says this disease is much more common than we previously realized."

Caveats and cautions

All the brains studied were donated, she says. "Families don't donate brains of their loved ones unless they're concerned about the person. So all the players in this study, on some level, were symptomatic. That leaves you with a very skewed population."

Still, McKee is adamant about one point.

"We're seeing this [CTE] in a very large number that participated in football for many years. So while we don't know the exact risk and we don't know the exact number, we know this is a problem in football."

Longtime concussion expert Dr. Munro Cullum says the study is helpful for several reasons. "It obviously adds to the cases in the literature," he says. "It has expanded the age range [of those with CTE] beyond just retired NFL players. And [researchers] did find increasing CTE pathology in the cases [of players] who were older. That's all useful information."

But Cullum, a neuropsychologist with the O'Donnell Brain Institute at University of Texas Southwestern Medical Center who has studied concussions at all levels of sport for nearly three decades, says it's still too soon to definitively declare CTE a problem in football.

"It seems to be, perhaps, more common in people who play football," he says, "but we don't know why. We actually don't know what the causative factors are or the risk factors [for CTE]. There still are probably yet to be discovered genetic and environmental factors that could be contributing as well."

Cullum notes all the attention is on football right now.

"It depends on where you're shining the light," he says. "We have to be very careful. If all I study is condition x or y, and I find that in the sample that I'm sent, what about the 99 percent of all the other samples?"

A desire for more research

Cullum and McKee agree on one thing: There has to be additional studies and more money for research.

"We need a very well-constructed longitudinal study," says McKee, "looking at young individuals playing these sports. We need to follow them for decades. We need to take measurements throughout their lives and playing careers so we can begin to detect when things start to go wrong. If we can detect early changes, that's when we could really make a difference."

McKee says researchers need tens of millions of dollars, even $100 million, to conduct the necessary research.

"We need a lot of funding," she says, noting that the researchers are working with a grant from the National Institute of Neurological Disorders and Stroke that ends in December. "It's always tricky for us to get funding."

She has submitted applications for funding into next year, she says, but she is not sure they will be granted. "There's so much discussion of this disease not existing that funding agencies are reluctant to consider this a real neuro-degenerative disease.

"But I think we've proven beyond a doubt this is."

And the attention should extend beyond football, McKee adds. "I think any sports organization that has participants that are exposed to head trauma needs to endorse this research and support it."

The organization on the CTE hot seat, the NFL, says it has done so.

In a statement provided to NPR, the NFL said it values what McKee is doing and is committed to supporting CTE research:

"We appreciate the work done by Dr. McKee and her colleagues for the value it adds in the ongoing quest for a better understanding of CTE. Case studies such as those compiled in this updated paper are important to further advancing the science and progress related to head trauma. The medical and scientific communities will benefit from this publication and the NFL will continue to work with a wide range of experts to improve the health of current and former NFL athletes. As noted by the authors, there are still many unanswered questions relating to the cause, incidence and prevalence of long-term effects of head trauma such as CTE. The NFL is committed to supporting scientific research into CTE and advancing progress in the prevention and treatment of head injuries."

The statement continues, "In 2016, the NFL pledged $100 million in support for independent medical research and engineering advancements in neuroscience related topics. This is in addition to the $100 million that the NFL and its partners are already spending on medical and neuroscience research."

But McKee is skeptical of the NFL's promises to fund research. "I will be extremely surprised if any of the 100 or 200 million comes my way," she said in response to the league's statement. "The NFL directs funding only to research they approve of."

The NFL has funded a portion of her past research, but in McKee's view, there will be "no continued NFL support" because "the results are considered too damaging."

Despite the NFL's statement supporting McKee, the league wasn't always a willing partner of CTE research. Many accused the NFL of denying, or even covering up, the link between football-related head injury and brain disease. As part of a massive concussion lawsuit settlement with thousands of former NFL players, reached in 2013, the league didn't have to acknowledge any wrongdoing.

But the NFL has responded to the concussion issue, instituting new policies and enforcing existing rules to better protect players.

The moves to protect football players are important, says Cullum, despite the uncertainties still surrounding CTE and concussions.

"Obviously any brain injury is not good," he says. "But right now, we don't know how many concussions are too many or for whom."

McKee anticipates her study will become part of the ongoing discussion about football's future and whether young people should play the game.

"I'm worried about these numbers steering the conversation in that these numbers are of a very biased brain donation research," she says. "But the fact that we found [CTE in 177 players] is cause for concern."

"While I'm not willing to say football is doomed and I also am unwilling to make a decision [on a young person playing football] for other individuals ... I think there's a risk to playing football," she adds.

McKee says she does suspect the "longer and higher" the level a player goes, the more likely it is that player gets CTE, but reiterates that more research is needed "to really come up with the answers."

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1.3 - Military.com: Struggle in Congress to Revive VA Choice Program Extension (25 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)

The House and Senate scrambled Tuesday to come up with a bill that could pass bipartisan muster on extending the Veterans Choice Program on private health care before it goes broke next month.

Rep. Phil Roe, R-Tenn., chairman of the House Veterans Affairs Committee, is "actively talking with his Senate and minority counterparts about the path forward" following the stunning defeat on the House floor Monday night of the $2 billion Choice extension bill he sponsored, according to an HVAC spokeswoman.

"He is committed to getting this done so veterans can have the certainty and access to care they've earned and deserve," the spokeswoman said.

In a statement following defeat of the bill, Roe suggested he had been blindsided by Democrats. "Last week, during a bipartisan member meeting, members of both parties came together and agreed to fund the Choice program for six months while Congress worked on other reforms," he said.

"This was a bipartisan agreement, and I'm disappointed the concerns raised on the House floor today were not mentioned during what I thought was an open and honest conversation," he said.

Congress is up against two deadlines in finding an alternative. The House is expected to go on August recess next week, and funding for Choice allowing veterans to seek federally paid health care in the private sector could run out as early as Aug. 7, according to Roe.

Without an extension, thousands of veterans would be cut off from referrals to private care and third-party administrators would go unpaid.

Roe said the proposed $2 billion Choice extension "would have ensured the Choice program remained funded for the next 6 months -- solving our most pressing issue and preventing yet another access crisis like the one that led to the creation of Choice three years ago."

He referred to the wait-times scandals at the Phoenix VA in 2014 that led to enactment of the Veterans Choice Program, making veterans who live more than 40 miles from a VA facility or have to wait more than 30 days for an appointment eligible for private or community care.

The program has become a victim of its own popularity. It was originally set to expire in August 2017, but VA Secretary Dr. David Shulkin initially thought there would be enough money left over from the $10 billion authorized to keep it going into fiscal 2018. By then, Congress would have had time to make needed reforms and extend the program.

However, demand for Choice among veterans, which was up by 30 percent for the first six months of 2017, exhausted the funding.

Roe's extension bill was brought to the House floor for a quick vote under a suspension of the rules normally reserved for non-controversial legislation such as the naming of Post Offices. The suspension required a two-thirds vote for approval, but the bill fell short on a vote of 219-186.

Lobbying against the bill by eight Veterans Service Organizations (VSOs) was a main factor in its defeat and demonstrated their political clout.

"I appreciate and understand that some Veterans Service Organizations raised concerns with this legislation to fund Choice, and my door is always open to hear their concerns and ideas to make VA work for veterans," Roe said in his statement.

The bill was opposed by the Veterans of Foreign Wars, AMVETS, Disabled American Veterans, Iraq and Afghanistan Veterans of America, Military Officers Association of America, Military Order of the Purple Heart, Vietnam Veterans of America and Wounded Warrior Project.

The VSOs saw the House bill as an aggressive move to favor private care over improvements to the VA health care system, and they objected to the diversion of funds from other VA programs to pay for the proposed $2 billion extension.

The bill would have extended pension reductions for Medicaid-eligible veterans in nursing facilities and continued collecting fees on housing loans guaranteed by the VA. The cuts were put in place in 2014 and were set to last until Sept. 30, 2024. The bill would have moved the end-date to 2027.

In a joint statement following defeat of the House bill, the eight VSOs said there is now an opportunity for "the House and Senate to work together in a bipartisan, bicameral manner to rapidly reach agreement to continue funding the Choice program uninterrupted in the short term -- without forcing veterans themselves to pay for it."

"We thank all those members who voted to reject this unacceptable legislation and call on them and all members of the House and Senate to work together, and with us, to quickly find a reasonable solution that we can all support."

Rep. Tim Walz, D-Minn., the ranking member on HVAC, said, "The House majority did not build the necessary consensus among Democrats, Republicans, and our nation's well-respected veterans service organizations, who almost unanimously opposed this legislation, to pass the bill."

Rep. Annie Kuster, D-New Hampshire, voted against the bill, though New Hampshire lacks a full-service VA hospital and veterans there are more reliant on private care. She said, "Unfortunately, the legislation considered this evening would not have improved the Veterans Health Administration at a time when we need to be bolstering support for our veterans."

On the Senate side, Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, has been working to reach a compromise. His office and that of SVAC did not immediately respond to requests for comment.

Sen. Jon Tester, D-Mont., the ranking member on SVAC, introduced a bill earlier this month that would provide equal levels of extra funding for Choice and VA programs.

Currently, more than 30 percent of VA appointments are in the private sector, up from fewer than 20 percent in 2014, as the VA's more than 1,200 health facilities struggle to meet growing demands for medical care.

If funding for the Choice program runs out, veterans will wait longer for appointments and won't be able to return to their private-sector providers for care, Dr. Poonam Alaigh, acting VA undersecretary for health, told the House Veterans Affairs Committee in June.

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1.4 - The Washington Times (AP): New Hampshire veterans hospital to host town hall meeting (25 July, 10.8M online visitors/mo; Washington, DC)

MANCHESTER, N.H. - The interim director of the Manchester VA hospital is holding a town hall meeting to hear from veterans amid an investigation into allegations of substandard conditions and treatment.

Veterans Affairs Secretary David Shulkin recently removed the top two officials at the Manchester VA Medical Center and ordered a review of it after the Boston Globe reported on a whistleblower complaint filed by physicians.

Alfred Montoya, medical director at the White River Junction, Vermont, VA hospital, was named interim director. He’s hosting a meeting on Wednesday night at Manchester Community College.

The VA says Montoya is working with Catholic Medical Center to explore expanding access to health care, is overseeing efforts to deal with flooding caused by a burst pipe and has begun taking steps to restore confidence in the hospital.

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1.5 - The Boston Globe: VA secretary expands probe of embattled Manchester, N.H., hospital (26 July, Andrea Estes, 8.8M online visitors/mo; Dorchester, MA)

The top Veterans Affairs official on Tuesday expanded the agency's investigation of the Manchester VA Medical Center, ordering the VA's inspector general to launch its own "separate, wholly independent review" of conditions at New Hampshire's only hospital for veterans.

Secretary of Veterans Affairs David J. Shulkin also agreed to meet the state's congressional delegation at the hospital Aug. 4, where he will brief them on any preliminary findings of investigations that have been going on since the Globe reported earlier this month that 11 members of the medical staff have alleged there is substandard care at the hospital.

"I've been clear that our review of the allegations in the article will be comprehensive, transparent and brand-new," Shulkin said in a statement, noting that he has directed one of his undersecretaries to personally lead the review.

Shulkin has taken a series of steps since the Globe detailed the whistle-blowers' concerns, which ranged from flies in an operating room to veterans permanently disabled due to neglect.

He removed the two top administrators and sent two teams to conduct their own investigations. Shulkin also agreed to name a panel of medical experts who will review the final reports.

But the whistle-blowers on Tuesday expressed skepticism that the various investigations would be thorough, since one of the two teams — from the VA's Office of the Medical Inspector — exonerated the hospital in an internal report in June. Despite widespread complaints from doctors, including the hospital's chief of medicine and chief of surgery, the Office of the Medical Inspector found "no substantial or specific danger to public health."

The whistle-blowers also said they had previously filed complaints with the VA's inspector general that went nowhere.

"We've been in contact with the inspector general's office many times," said Dr. Stewart Levenson, the hospital's chief of medicine, who is leaving the post this month. "I sent a complaint to [the inspector general[and they never even answered it. This is beginning to look like the prelude to a coverup."

The whistle-blowers also say they want to meet with Shulkin so they can air their concerns directly.

"I'm happy that Dr. Shulkin is coming to New Hampshire," said Andrea Amodeo-Vickery, the lawyer for the whistle-blowers. "But he has not included in his announcement that he intends to meet in person with the whistle-blowers . . . The whistle-blowers would like to speak to him, doctor to doctor, about the issues they have found at the Manchester Veterans Medical Center."

The controversy began more than a year ago when eight doctors and three other medical staff members reported problems to a federal whistle-blower agency, the Office of Special Counsel.

The independent agency zeroed in on three allegations: that there were flies in an operating room, that a doctor cut and pasted patient medical records without updating patients' conditions, and that scores of Manchester patients were suffering from debilitating spinal problems that might have been prevented.

Earlier this year, the Office of Special Counsel found a "substantial likelihood" the allegations were true and ordered the VA's Office of the Medical Inspector to launch an investigation, which began in January.

The Office of the Medical Inspector investigators, in their June report, did find that Manchester staff had made mistakes in patient care, but did not find that patients were harmed as a result.

Shulkin agreed to meet with the New Hampshire elected officials after Senators Jeanne Shaheen and Maggie Hassan as well as US Representatives Carol Shea-Porter and Ann Kuster wrote to him July 21, asking him to accompany them on a site visit "as soon as possible to examine these issues."

They also sent 11 questions and asked for prompt responses "given the seriousness of these allegations."

They also asked what Shulkin was doing to "ensure the quality and continuity of care" for Manchester patients while the investigations are ongoing. And they asked for progress reports every two weeks.

In a written statement, Manchester VA spokeswoman Kristin Pressly said, "We fully support those actions [by Shulkin] and will work to facilitate and expedite them."

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1.6 - The Tennessean (USA Today Network, Video): Wait times at VA hospitals could jump after failed House vote (25 July, Jake Lowary, 2.1M online visitors/day; Nashville, TN)

A failed vote in the House on Monday caused lawmakers to warn that wait times at VA medical centers around the country could return to months-long levels.

The House failed to get two-thirds of the required votes needed to get legislation passed that would have funneled $2 billion of existing funds out of other programs and into the Veterans Choice program.

The Choice program has been heralded by administration officials as a way for VA to reduce wait times by allowing eligible veterans to seek care outside of the VA system. But House members on both sides of the aisle have acknowledged the program is flawed and needs reform.

The two-thirds vote was necessary to suspend parliamentary rules to conduct business on the legislation. That effort failed, 219-186, 71 votes short, ending discussion on the legislation.

Staff members of Tennessee Rep. Scott Desjarlais' office said Tuesday another vote in regular order could take place as soon as this week, which would only require a simple majority.

Congress often suspends its rules to debate legislation that is viewed as non-controversial. To do so, a two-thirds majority vote is needed. Putting the legislation on a regular calendar would only require a simple majority.

Republican and Democratic leaders had agreed on a plan last week and led some lawmakers to believe the bill to be non-controversial.

U.S. Rep. Phil Roe, R-Tenn., the chair of the House Veterans Affairs Committee, said during committee hearings and work sessions that he and ranking Democrat Rep. Tim Walz of Minnesota had come to an agreement to fund the program for six months, but that agreement fell through.

"This was a bipartisan agreement, and I'm disappointed the concerns raised on the House floor (Monday) were not mentioned during what I thought was an open and honest conversation," he said in a statement.

Major veterans organizations including the Veterans for Foreign Wars, AMVETS, Vietnam Veterans for America and others were against the move, saying it threatened other benefits to veterans.

"As we have repeatedly told House leaders in person this week, and in a jointly-signed letter on June 28, we oppose legislation that includes funding only for the "choice" program which provides additional community care options, but makes no investment in VA and uses "savings" from other veterans benefits or services to "pay" for the "choice" program," the statement said.

The conservative veterans organization Concerned Veterans for America supported the temporary funding.

The program has been referred to as a way to enable veterans who live outside urban areas or far from VA medical centers to access care through private providers.

When conceived, the program was given a sunset this year, which will now take effect.

VA Secretary David Shulkin and President Donald Trump have both signaled support for the program and the future direction of the troubled federal agency.

Shulkin told members during a round of testimony earlier this summer that allowing the program to sunset would be a "disaster" for veterans, and push wait times to those seen before a scandal in Phoenix came to light in April 2014.

Earlier this year, Trump signed legislation authorizing Shulkin to exhaust remaining funds to keep the program afloat while lawmakers worked out a solution.

But less than three years into existence, the program is now broke. Shulkin has told Congress in recent weeks the Choice program would run out of money by mid-August, when Congress is in recess.

Because of the failed vote, veterans who were using the Choice program to access care away from VA facilities will have to return to getting that care at VA medical centers, a scenario that VA leaders warned would cause a spike in wait times similar to those seen in Phoenix, where veterans would wait months — and in some cases die — before getting care.

Roe also noted in his statement that third-party administrators could see layoffs as well.

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1.7 - Military Times: Trump promises huge increase in private sector care for veterans (26 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — President Donald Trump on Tuesday evening promised to triple the number of veterans "seeing the doctor of their choice" in coming months as part of an ongoing, ambitious reform plan at the Department of Veterans Affairs.

The comments, which came at a veterans rally in Ohio, are likely to again stoke concerns among administration critics of large-scale privatization of VA responsibilities.

At the start of the year, almost a third of all veterans' medical appointments scheduled through the department were with doctors working outside the VA system, in private clinics. White House officials have previously promised an overhaul of those outside care programs in coming months, with an eye towards sending even more patients to community physicians.

VA Secretary David Shulkin has repeatedly pushed back against concerns that those moves amount to a dismantling of the department, and promising lawmakers repeatedly that both he and Trump aren't working on a large-scale shift of taxpayer funds outside the government health care system.

But Trump on Tuesday told the assembled crowd crowd that since he took office in January, "we have nearly doubled the number of veterans given approvals to see the doctor of their choice." He added that "we're going to be tripling up very shortly."

The comments appear to refer to the VA's controversial Choice program, authorized by Congress in the wake of the 2014 department wait time scandal. Usage of that program has risen dramatically since Shulkin and Trump took office.

In an editorial in USA Today this week, Shulkin said that outside care programs for the first half of 2017 VA was up 26 percent over the same period last year. That totals more than 18 million veterans medical appointments being paid for outside of VA facilities.

But it falls well short of Trump's "doubling" boast. So does the proposed fiscal 2018 budget, which calls for a 9 percent boost in outside care funding, totaling almost $1 billion.

In his Tuesday remarks, Trump also claimed credit for modernizing VA medical records — "the system is fixed, finally, after all of these years" — even though Shulkin in June announced only the start of a multi-year process to integrate those records with Defense Department files.

And Trump praised the assembled veterans for their military sacrifices but added, "we haven't had enough victory, but we're having it now. We're seeing it."

It's unclear what military victories Trump may have been referencing with the remarks. U.S. forces and coalition allies in the Middle East have made significant advances against Islamic State group forces in recent months, but many of those campaigns were begun under the previous administration.

The speech did highlight several other military and veterans accomplishments that were more clear.

They included the passage of sweeping new accountability legislation governing VA employees, new same-day mental health services at every VA medical center, and new public wait-times data for every VA health facility.

"You've put America first every day of your lives," Trump told the crowd. "And now we have a VA that will truly put our veterans first."

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1.8 - The American Prospect: Trump's Budget Would Eliminate Agency Tasked with Ending Homelessness (25 July, Barbara Esuoso, 239k online visitors/mo; Washington, DC)

Included in President Donald Trump's proposed $6 billion cut to the Department of Housing and Urban Development is the elimination of a small but vital program that has been a crucial force in driving down the U.S. homeless population.

The United States Interagency Council on Homelessness (USICH) has a scheduled sunset date of October 2017 and, for the first time since the Clinton administration, it may not be reauthorized.

First created in 1987, USICH's 19 government member agencies coordinate 23 federal programs to combat homelessness. With an operating budget of $3.5 million a year, the program collaborates with both federal and local government and the private sector to help provide the nation's homeless with food, shelter, health care, and jobs.

In 2010, the program launched "Opening Doors," a comprehensive plan that focuses on leadership, collaboration, and civic engagement; access to stable and affordable housing; economic security; health and stability; and the homelessness crisis response system.

Five years after the plan was launched, nationwide homelessness had decreased by 14 percent, or 87,000 individuals (some 550,000 people in the United States do not have a home as of 2016). Homelessness among veterans decreased by 47 percent, chronic homelessness by 27 percent, and family homelessness by 23 percent.

The Urban Institute interviewed more than 50 national and local homelessness advocates, most of whom attributed the progress to USICH. Urban Institute research associate Sarah Gillespie told the Prospect that referred to USICH's Opening Doors plan as a "leader" in the fight to end homelessness.

"It can be hard coordinating with 19 federal agencies," Gillespie says. "USICH helps the federal government speak as one voice, navigate as a bureaucracy, ... marshall resources together, and make sure that everyone is on the same page."

Before Opening Doors, there was little understanding of how many veterans were homeless because the Department of Veteran Affairs only counted veterans who used VA services. Opening Doors worked with the VA and HUD to create a more accurate count, and worked with federal partners to develop a set of benchmark criteria for ending veteran homelessness. Today, 47 cities and counties and three states have announced they have met those criteria.

Advocates also credit USICH with changing federal homelessness policy to a focus on housing first, Gillespie says. Previously, the federal government provided sobering services, and required similar preconditions before providing housing.

"Even though people will try to keep working to end homelessness," Gillespie says," no one could fill the role that USICH plays."

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1.9 - The Mike Gallagher Show (SRN, Audio): VA Secretary Dr. David Shulkin .@SecShulkin and Mike discuss how to stop veteran suicides (25 July, 600 online visitors/day; Irving, TX)

In this seven-minute interview, Secretary David Shulkin speaks with Mike Gallagher about veteran suicide and the importance of not privatizing VA.

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1.10 - Rose Unplugged (Audio): Rose speaks with Secretary David Shulkin (25 July, Pittsburgh, PA)

In this eight-minute interview, Secretary David Shulkin speaks with Rose Tennett about the Office of Accountability and Whistleblower Protection, modernizing IT, President Trump's commitment to improving VA, the unanimous House vote to expand the GI Bill, and increasing Choice.

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2. Veteran and Employee Experience

2.1 - The Washington Post: New GI Bill unanimously passes House, heads to Senate (25 July, T. Rees Shapiro, 43.9M online visitors/mo; Washington, DC)

The House voted unanimously late Monday to approve a new GI Bill that would expand access to higher education for veterans, those wounded on the battlefield and the surviving family members of troops killed in combat.

The new bill, called the Harry W. Colmery Veterans Educational Assistance Act of 2017, received broad bipartisan support and was passed 405 to 0, with 28 House members not voting.

The measure will significantly expand access to education for veterans who become eligible for benefits after 2018.

The legislation would remove a 15-year cap to “use or lose” tuition assistance and instead allow veterans to access the educational benefit at any time for life.

The bill would also open up qualifications for tuition assistance to more reservists who deploy on active duty, to Purple Heart recipients no matter the amount of time they served and also to surviving family members of veterans who die in the line of duty.

Additionally, the legislation would restore benefits to veterans who lost credits after sudden school closures, such as students affected by the closure of ITT Technical Institute and Corinthian Colleges.

After passing the House, the bill moves to the Senate, which will conduct a hearing on the matter Wednesday.

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2.2 - The Hill: Trump team has a chance to improve toxic VA culture (25 July, Rory E. Riley-Topping, 11.8M online visitors/mo; Washington, DC)

Don Draper, the smooth-talking advertising executive on AMC’s Mad Men, once famously said that, “If you don’t like what people are saying, change the conversation.”

Another Donald, who happens to share much in common with the 1960’s ad mogul and also happens to be our current president, could stand to learn from his fictional namesake.

Beyond the recent shuffling of its communications team staff, the Trump administration needs to change the conversation about what, if anything, it is doing to make America great again.

Luckily, POTUS’s daughter-in-law Lara has just helped highlight a distinct new opportunity for the Trump administration to do just that.

Last week, Lara, a longtime beagle rescuer and dog advocate, met with Rep. Dave Brat (R-Va.) to discuss his new bipartisan Puppers Act, which would defund painful and unnecessary experiments on beagles and other dogs by the Department of Veterans Affairs (VA) that have been widely panned by Republicans and Democrats.

The Puppers Act, which Rep. Dina Titus (D-Nev.) helped introduce, presents a unique chance to unite Americans of all political persuasions on a trifecta of bipartisan issues – veterans, dogs, and government accountability — which are all included in this single piece of legislation.

In fact, at a recent Congressional briefing announcing the legislation, Rep. Titus referred to the bill as one of the few truly promising bipartisan pieces of legislation currently before Congress.

Of course, other recent bipartisan action in Congress includes the Veterans Affairs Accountability and Whistleblower Protection Act of 2017, making the Puppers Act a natural extension of the Trump administration's most significant piece of legislative success thus far.

The Puppers Act is the result of months of exposés and investigations documenting egregious abuses, wasteful spending, and oversight failures at the VA's dog labs.

Unbeknownst to most of us, for decades, the VA Medical Center in Los Angeles has been breeding Dobermans to have narcolepsy and was about to undertake a new project to inject 18 of them with methamphetamine and kill them. Thankfully, recent complaints filed by the White Coat Waste Project, a government watchdog group leading the effort to end taxpayer-funded dog experiments, and pressure from Congress, prompted the VA to announce an end to the bizarre and wasteful project.

On the east coast, a VA Office of Research Oversight investigation recently found widespread problems in dog labs at the Hunter Holmes McGuire Medical Center in Richmond, where hound-mix puppies are given heart attacks by injecting latex into their coronary arteries and forced to run on treadmills.

In a 40-plus page report, VA found that McGuire failed to track how many dogs were used and how they died, approved painful procedures without justification, had an inadequate whistleblower policy, and other disturbing breakdowns. The previously undetected abuses also followed a complaint filed with the VA by the White Coat Waste Project.

As if these problems in Richmond weren't bad enough, Todd Woessmer, another VA whistleblower has now come forward with photos of dogs with extensive lacerations, and other evidence of abuse at the McGuire VA Hospital's dog research lab.

Woessner, an Iraq war veteran himself, shared his concern that cruel experiments on dogs are not what the VA should be spending its valuable resources on, and thus lends credence to Trump's 2018 budget proposal suggestion that money currently allocated toward VA's research budget could be better spent elsewhere.

Specifically, Woessner stated "I don't think it's the VA's job to be doing this to dogs . . . I think they should be focusing on taking care of veterans."

In conjunction with the whistleblower's statements, Jennifer Marshall, a union representative at the McGuire VA hospital expressed support for the intent of the Puppers Act, noting that the VA's dog research lab is massive, and that space and resources could be more efficiently utilized for much-needed patient care.

Yesterday in the Richmond Times-Dispatch, one soldier praised Rep. Brat's efforts and echoed some of the same concerns:

Every minute and penny the VA squanders on torturing puppies in outdated and wasteful experiments — and on trying to defend them — means less help that can be provided to veterans and wounded warriors who are suffering and dying because they can't receive basic care and services from the agency.

Thus, signing the Puppers Act into law would show that the Trump administration is serious about improving the toxic culture at VA, protecting whistleblowers, increasing accountability at the agency, and stopping waste, fraud and abuse throughout the government.

The Puppers Act also presents an opportunity for the Trump administration to change the conversation about the first family's role in its political affairs, too.

Lara Trump's advocacy for dogs used in taxpayer-funded experiments is a refreshing reprieve from the recent conversations about other members of the Trump family, including Donald Trump Jr.'s meeting with a Russian lawyer and Jared Kushner's compliance with security clearance paperwork.

Prior to his entry into politics, the Trump brand was associated with success. If Trump wants to change the conversation about recent controversies, swift passage of the Puppers Act is most certainly a way to do just that, and to make America great for animals, too.

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2.3 - Stars and Stripes: Let GI Bill meet 21st-century academic needs (25 July, Rep. Kevin McCarthy (R-Calif.) and Rep. Phil Roe (R-Tenn.), 1.5M online visitors/mo; Washington, DC)

App developer, robotics technician, digital animator and advanced manufacturer — what do all of these careers have in common? They didn't exist 73 years ago when the GI Bill was signed into law. When our fighting forces shipped out to the Pacific and to the battlefields of Europe, near a fourth of Americans were farmers. Today, that number is around 0.01 percent.

Our economy has undergone radical transformations. With the rise of everything from driverless cars to robotics to artificial intelligence, more changes are to come. It makes you wonder what jobs will exist in 73 years that we don't have or can't imagine today. In fact, research shows that 65 percent of children in elementary school will hold jobs that haven't yet been created.

We should not view these inevitable changes with the fear of so many of the forecasters in the media, but rather take action to use these changes to our advantage. When our military came home from World War II, they became the most economically successful generation in history in large part because they received education with their GI Bill benefits. This next generation of veterans has the potential to re-create that success if we reform the GI Bill to fit our changing times.

After all, veterans have the raw potential for success. They have the work ethic, intelligence, ability to thrive under pressure, and sense of duty necessary for any job. What they need when they come home is the type of education that will help them get and master tomorrow's careers.

The House's reforms to the GI Bill will set our veterans up for success in two main ways: We give veterans the opportunity to use their education benefits throughout their lives instead of

within 15 years of their service, and we will allow veterans to use their benefits for nontraditional education models so they can get needed jobs quickly.

Extending education benefits beyond 15 years is a practical necessity. When new industries emerge and we rely on American workers to fill those jobs, it shouldn't matter if a veteran is five, 15 or 30 years out of the service. If you haven't used your benefits yet, you should be able to get an education at any point in your life. After all, the typical worker will change careers throughout his or her life. When old industries pass and new industries emerge, or when a better job is just a few technical courses away, all veterans should have access to education to get those jobs.

For the same reasons, we shouldn't restrict what type of education our veterans can receive. Increasingly, a traditional four-year bachelor's degree doesn't always prepare students for the jobs in need. By 2024, the tech industry alone is expected to add almost 500,000 jobs, and many tech employers are looking for candidates who have a particular skill set that students don't learn in traditional settings.

Consequently, industry employers have turned to nontraditional technology programs that offer nano degrees and coding experience to find candidates with the skills they need.

Yet currently, veterans are unable to apply their GI education benefits to these courses. That's why within this GI Bill we have a piece of legislation called the VET TEC Act that creates a pilot program for veterans to enroll in nontraditional technology courses and programs that are geared to getting a job after completion. This provision also provides the VA the necessary flexibility to approve these education programs, while also guarding against abuses so our veterans aren't taken advantage of.

Our country faces a future of many great changes and potential rewards if we make the right decisions. We know our greatest asset is our people, and our veterans are the best of the best. With benefits when they need it for education they can use immediately, our veterans will move from the world's greatest fighting force to the world's greatest workforce.

Rep. Kevin McCarthy, R-Calif., is House majority leader, and Rep. Phil Roe, R-Tenn., is chairman of the House Committee on Veterans' Affairs.

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2.4 - The Vindicator: Trump rubs shoulders, lauds veterans during Struthers stop (26 July, Sarah Lehr, 193k online visitors/mo; Youngstown, OH)

STRUTHERS - President Donald Trump stopped by Struthers to rub shoulders with a small group of veterans before his big rally at the Covelli Centre in Youngstown.

He spoke to an audience of about 150 at Struthers AMVETS Post 44, 305 Elm St., arriving at 6:26 p.m. and accompanied by first lady Melania Trump.

The 14-minute speech lauded the Veterans Affairs Outpatient Clinic in Youngstown and highlighted the federal Accountability and Whistleblower Act. The law, signed by Trump last

month, aims to protect whistle-blowers within the VA and to make it easier for the department to fire bad employees.

Trump referred to the week's theme of a "A Salute to American Heroes" in relation to his campaign promise to reform the VA.

"We've begun to process ... seamlessly transferring veterans' records," Trump said. "Horrible situation, where you couldn't get your medical records. And now it's so easy and so good and the system is fixed, finally, after all of these years."

Trump singled out a particular audience member – Robert M. Bishop of Austintown – for recognition. Bishop is a survivor of the 1941 attack on Pearl Harbor.

Trump mentioned Bishop's 74th wedding anniversary this year and said to laughs and cheers, "And, Bob, if your party gets a little bit cheap with the money, I'll pay for it."

Trump also got laughs when he referred to Secretary of the Interior Ryan Zinke and quipped, "Secretary of the interior controls about – what? – 22 percent of the United States, so when somebody says they're big landlords, they're actually very small compared to him."

Zinke, Secretary of Energy Rick Perry and Veterans Affairs Secretary David Shulkin all gave introductions before Trump's remarks.

Trump took familiar swipes at the North American Free Trade Agreement, which he characterized as a "disaster for Youngstown."

Additionally, the president recounted his victory in Ohio last November, and referred to his gains among voters in the historically Democratic Mahoning Valley. He implied – incorrectly – that he won Youngstown.

"It's great to be back in Youngstown," Trump said. "Democrats, they win in Youngstown – but not this time."

Hillary Clinton beat Trump in every Youngstown precinct, though her margin of victory in Mahoning County was a narrow one of less than 3 percentage points. Barack Obama had won Mahoning County in the previous election by more than 30 percentage points.

Trump is more popular in Struthers, however, than in Youngstown. Struthers has a population of about 10,000 and is 92 percent white. Youngstown has a population of about 64,000 and is 47 percent white.

Clinton won nine out of 12 Struthers precincts, and her margin of victory throughout the suburb was a modest 6.2 percent.

That's significant in Struthers, a Democratic stronghold, where it's rare for Republican candidates to run for mayor or city council.

Struthers Mayor Terry Stocker, a Democrat, had a spot standing on the dais behind Trump. Stocker's safety-service director, Ed Wildes, was in the audience, wearing a "Make America Great Again" hat.

Frank Micchia of Canfield, an Army veteran and Trump supporter, was pleased with the tone of the president's speech.

"I think he kept it about veterans, which was what it was supposed to be," Micchia said. "He didn't politicize it."

American Legion member Everett Oliver of Lowellville was more measured. Oliver said he voted for Trump in the general election, but not in the primary.

"I'd say I was moderately impressed," Oliver said. "I believed about half of what I heard. Bottom line: He's my president and I respect him, but he's still a politician."

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2.5 - Communities Digital News: Why is VA whistleblower retaliation continuing despite new protections? (25 July, Michael Volpe, 156k online visitors/mo; Washington, DC)

A suburban Chicago Veteran Administration hospital has retaliated against an employee who reported unsafe drug handling to the Occupation Safety and Health Administration (OSHA).

Heather Camren is a pharmacist at the Hines VA Medical Center and she's sharing her story exclusively with CDN.

Within the last two years, the Hines VA determined that a drug named Avastin needed to be handled more safely, specifically with technicians wearing with goggles and a hood. But when the hospital inquired, they were told that the whole room would need to be converted making it cost prohibitive.

Avastin, an eye cancer drug, is an "antineoplastic agent," according to Camren, and dangerous to pregnant women if prepared improperly.

When the hospital refused to do anything else to prepare it more safely, the pharmacists complained. Camren said she went up the chain of command, as prescribed, looking for relief.

She even proposed a solution which was simple and would cost nothing, handle Avastin in another room in the hospital where they have the required mask and hood available.

But the hospital responded citing an October 2011 note from something called the PBM (Pharmacy Benefits Management) National Bulletin. According to Camren:

"The new procedure states that the Eye Clinic Ophthalmologist would be preparing the Avastin. Not in a hood but on a countertop and the only PPE (Personal Protective Equipment) would be either sterile gloves or nitrile gloves."

The PBM bulletin is an internal VA guide for pharmacists, but even the PBM itself notes it's a guide, warning against outdated material:

"Alerts are based on the clinical evidence available at the time of publication. Recommendations are intended to assist practitioners in providing consistent, safe, high quality, and cost effective

drug therapy. They are not intended to interfere with clinical judgment. When using dated material, the clinician should consider new clinical information, as available and applicable."

"I contacted Genentech (the manufacturer of Avastin) to see what the appropriate PPE (Personal Protective Equipment) should be." Camren said of what she did next. "Based on their response and their Safety Data Sheet for Avastin the appropriate PPE would be to prepare the Avastin in a properly working/ventilated hood or while using a respirator, safety glasses, and neoprene, nitrile or butyl rubber gloves.

"I contacted OSHA to let them know about the new procedure for preparing Avastin for the Eye Clinic and voiced my concerns. OSHA then informed that hospital that the information that they provided to OSHA (on April 27th) was not adequate to close the case. The case was then escalated to the Hospital Director."

Once OSHA got involved, the regulator kept citing the hospital.

"On Tuesday May 2, 2017, the safety office received notification that the Edward Hines Jr. letter 578/001S of April 27, 2017, did not provide adequate enough information to close the notice of alleged safety and health hazards at the worksite," in a letter from the VA to OSHA.

Camren then filed paperwork with the Office of Special Counsel, which deals with whistleblowers throughout the government, on May 5, 2017; by doing so, she was supposed to receive added layers of protection from retaliation. Instead, the retaliation started soon after.

Shortly thereafter, Camren was an investigated for alleged workplace harassment, a charge similar to what the Memphis VA did to Sean Higgins.

Germaine Clarno is the local union President of the American Federation of Government Employees (AFGE), and a frequent hospital whistleblower; she blew the whistle on that hospital's secret waitlist, among a series of disclosures- most recently, she helped bring to light unsanitary conditions in the hospital's kitchen.

The kitchen had mice, a hole in the wall, a cockroach infestation and regularly expired food according to photos.

She's not surprised that the charges against Higgins and Camren are so similar because she believes there is an unwritten sort of textbook for whistleblower retaliation in the VA.

Whistleblowers are often tarred with the label of disruptive or harassing, Clarno stated.

Most recently, the hospital has proposed suspending Camren for fourteen days- the hospital sent a proposal to Clarno on July 14, 2017.

This case, especially when viewed along with the Higgins case, suggest the new VA bill which was passed to add protections for whistleblowers has been largely feckless.

Clarno said she's seen no new help for VA whistleblowers since its passage.

The bill created a new office to handle whistleblower complaints but no staff has been hired yet, Clarno stated.

Rich Fox, public affairs officer for the Hines VA, declined comment citing internal personnel issues.

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2.6 - The Pavlovic Today (Video): Remarks By President Trump Saluting American Heroes (25 July, Washington, DC)

Read the full remarks by President Trump saluting American Veterans.

[…]

THE PRESIDENT: Thank you. And I'm going to be speaking about you in a couple of minutes. You are something. You are brave and strong, and we're going to be talking about you. And that's why we're here, to talk about you. So thank you very much.

And thank you, Secretary Shulkin, for the introduction — a special guy. And he's doing a tremendous job in leadership of the VA. He's working every day to keep our promise to take care of our great veterans.

Now, I went all over Ohio, but I went all over almost every state, and the veterans were a very, very big topic for me. You know that. And I think what we're doing, it's never been done before. We just had a bill — the VA Accountability bill. They've been trying to get it for many, many decades. They were unable to get it, and we got it. That means people are accountable. (Applause.) That means people are accountable for taking care of our vets. And if they don't care proper care, we hold them accountable. So I think it's just great.

So, Secretary, thank you very much. I appreciate it.

I also want to recognize two veterans here with us who now serve the American people as members of our Cabinet — Secretary Zinke and Secretary Perry. And we're going to be a net exporter of energy very shortly. Where is our Perry? Come here. (Applause.)

[…]

To all the veterans with us this evening, we're here to honor you, to celebrate your service, and to thank you for your sacrifice. A grateful nation salutes you. And that's from the bottom of the President's heart — a truly grateful nation salutes you.

All week at the White House, we are celebrating American heroes. And nothing fills our hearts with more pride than to be with those who risked everything to protect our citizens and preserve our way of life.

This evening, we're joined by veterans from every major engagement since World War II. You have crossed oceans, trekked deserts, scaled mountains, and cut your way through jungles to secure our nation and defend our people. And nobody — throughout history, nobody has done it better than you.

You gave all that you have for our country and for victory. We love victory, don't we? (Applause.) We haven't had enough victory, but we're having it now. We're seeing it. We're having it now. You carried out your duty with honor, courage and devotion. And with your sacrifice, you earned our freedom.

In my administration, we will always protect those who protect us. Believe me, we will protect you because you have protected us.

AUDIENCE MEMBER: Thank you, sir.

THE PRESIDENT: Thank you, sir. Thank you very much. I tell you, thank you very much. That includes reforming the Department of Veterans Affairs — where David is doing such an incredible job — so we can serve you as faithfully as you served our nation.

Since my first day in office, we've taken one action after another to make sure that our veterans get the care they so richly deserve. We've begun to process a — seamlessly transferring veterans' medical records. Horrible situation. You couldn't get your medical records. And now it's so easy and so good. And the system is fixed, finally, after all of these years. (Applause.)

We've published wait times at every VA facility. I used to go around and talk about the veterans and they'd stand on line for nine days, seven days, four days — that was a good one — fifteen days. People that could have been given a prescription and been better right away end up dying waiting on line. That's not happening anymore.

And we have choice. If that happens, you're going to go out to the doctor. We're going to have choice, David. And it seems so obvious to me. Even before I really got into the nitty-gritty of the VA, it just seemed like — why would this great veteran, who protected us, stand on line for days and days and days and wait for a simple solution where it became a big problem because of those time delays.

And we are now doing choice. And you go out and you take care of it with a great doctor. Hopefully, you have a great doctor. If he's not so good, you get another one, right? (Laughter.)

We've delivered same-day mental health services at every VA medical center. And so many of the veterans would come up to me during the campaign, and they really stressed how important the mental health aspect of what we're doing is.

We have nearly doubled the number of veterans given approvals to see the doctor of their choice. So not only is it choice, but we've doubled up and now we're going to be tripling up very shortly.

And, so importantly, I have signed new historic legislation to ensure that every single federal VA worker has to do what they have to do. They're going to be held accountable. (Applause.)

The pushback on that bill was unbelievable. I said to myself, oh, that should be easy. And then I looked at 40 years of turmoil trying to get it through. And we won't attack any particular group, but you understand why it was not easy to get through. Because some people didn't want that. They wanted it to be that certain workers could do a horrible job. And most of the workers are great. And the doctors — a lot of the doctors in the VA are phenomenal talents — phenomenal. But now we're going to be able to get to those doctors.

You've put America first every day of your lives, and now we have a VA that will truly put our veterans first — veterans. Your stories are America's stories, and your names are the names of true American heroes.

I'd like to honor one such hero who is with us tonight: Robert M. Bishop. (Applause.) He looks good.

[…]

To every veteran here this evening, your courage is the strength of our nation, and your patriotism is the beating heart of our shared destiny. Your stories will inspire generations of Americans to fight and to win for our country and for our great, beautiful American flag that we all honor.

May God bless you. May God bless our veterans. And may God bless the United States of America. And thank you very much, it's such an honor to be with you again. You are special people in a special state. Thank you. Thank you. (Applause.)

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3. Access to Healthcare

3.1 - The Huffington Post: Shortchanging Gulf Vets (25 July, Edward Flattau, 23M online visitors/mo; New York, NY)

The federal government has been using the delayed onset of undiagnosed illnesses in Gulf War veterans to cast doubt on some battlefield cause and effect justifications for benefit claims.

It is reminiscent of the government in the 1990s' trying to cut costs by initially rejecting Vietnam veterans' illness claims. Those vets sought compensation for sicknesses alleged to have resulted from exposure years earlier to the toxic battlefield defoliant, Agent Orange. Department of Veterans Affairs (VA) officials were slow to recognize any connection between servicemen's exposure to the herbicide and the subsequent emergence of a broad array of diseases ranging from cancers to respiratory ailments.

It took years of legal wrangling and intensive lobbying to get the VA to certify the linkage between these diseases and Agent Orange exposure on the battlefield, as well as award the appropriate monthly benefits. Even then, the VA resisted paying compensation retroactively until forced to acquiesce under public pressure.

The VA recently was denying more than 80 percent of Gulf War soldiers' claims for compensation of illnesses attributed to exposure to toxic substances during military service.

There is still some reluctance in the VA to recognize toxins in the battlefield environment as latent catalysts for a wide variety of physical maladies later in life. In denying Gulf War veterans' claims, VA officials even accused some former servicemen of exaggerating or falsifying their symptoms. Skepticism was raised about soldiers' delayed disease linkage to lethal pesticides, oil fumes, and other chemical agents encountered in the Iraqi desert as well as other battlefield venues.

Another rationale used by VA medical examiners to deny claims was to treat some of the Gulf War Soldiers belated symptoms (e.g. memory loss, joint pain, skin rashes) as psychological manifestations rather than physical ones. That led to prescribing anti-depressants rather than awarding monthly monetary payments.

Chronic aches and pains that surface years after military deployment are admittedly hard to trace directly to battlefield exposure. Nonetheless, those who risk making the ultimate sacrifice for their country deserve the benefit of the doubt. A moral imperative dictates acceptance of a connection.

Under mounting public pressure, the VA is working to correct its uneven treatment of many Gulf War veterans. Let's hope delayed outbreaks of environmentally-caused disease are finally given their due and trigger monetary support for vets as a routine matter.

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3.2 - The Washington Times: House GOP leaders go back to drawing board on VA 'choice' measure (25 July, Dave Boyer, 10.8M online visitors/mo; Washington, DC)

House Republican leaders were working Tuesday on a plan B to fund the popular "Veterans Choice" health care plan after the full House rejected a bill Monday night.

House Veterans Affairs' Committee Chairman David P. Roe, Tennessee Republican, is talking with senators and Democratic lawmakers "about the path forward," said committee spokeswoman Tiffany Haverly.

"He is committed to getting this done so veterans can have the certainty and access to care they've earned and deserve," she said.

Other Republican aides said they expect the House to vote again on the measure by the end of the week.

President Trump, visiting an AMVETS post Tuesday night in Youngstown, Ohio, told veterans that his administration has improved health care in the VA system.

"The system has been fixed," Mr. Trump said.

The House failed to pass a measure Monday night that would have shifted about $2 billion in the Department of Veterans Affairs budget to fund the "Choice" program, which is projected to run out of money in mid-August. The program allows veterans who live more than 40 miles from the nearest VA hospital or can't get an appointment in the VA system for more than 30 days to seek care from a private doctor at government expense.

The measure was supported by a majority of 219 to 186, but under the rules invoked by Republican leaders, a two-thirds majority was needed to advance the measure. Democrats and veterans groups came out against it.

Mr. Roe said it was a needed solution to the problem.

"We know that veteran demand for care through Choice has never been higher and, consequently, the remaining money in the Veterans Choice Program will run out in mid-August, a few short weeks from now," he said. "We cannot allow that to happen."

One option now would be to bring up the measure under different rules for a simple majority vote, but Republican leaders were still discussing how to proceed before the House departs for its traditional August recess.

A majority of veterans' groups say the bill would have diverted money within the VA system without addressing other needed reforms at the agency.

Created as a response to the 2014 scandal over the falsifying of patient wait times at VA facilities, the Choice program was designed to give veterans an option to see private doctors in their communities. Both parties and most veterans groups agree that the program has helped veterans but needs fixes.

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3.3 - The Washington Times (AP): Family: Man in Missouri interstate shootout 'tortured soul' (25 July, 10.8M online visitors/mo; Washington, DC)

ST. LOUIS - A man who died after a police shootout along a Missouri interstate this week was a "tortured soul" who finally cracked, relatives said.

Jerrod Kershaw, 31, died Monday after exchanging gunfire with police on Interstate 55 in Jefferson County, about 35 miles south of St. Louis.

His aunt and grandmother told the St. Louis Post-Dispatch (http://bit.ly/2tX4sTm) that Kershaw hadn't been the same since returning from Iraq, where he served in the U.S. Army for most of 2010. They said he suffered from depression, nearly died this year from complications from a severely abscessed tooth, and was recently diagnosed with diabetes.

Kershaw sought help for depression at John Cochran Veterans Administration Medical Center in St. Louis, according to his aunt, Debra Collins. She said Kershaw seemed better in recent weeks and had decided to stop taking antidepressant medication.

"He would not have hurt anybody," Collins said. "Something made him crack. … He was a tortured soul."

Investigators said Monday that Kershaw crashed a car in St. Louis County, then carjacked a vehicle from a Good Samaritan who stopped to help. Kershaw then fled down I-55, triggering a police chase.

Around the same time, Kershaw's mother called police to say her son was heading to a nearby city to kill a relative and himself. Then another caller reported that Kershaw had threatened to kill co-workers in Pacific, the St. Louis suburb where he worked and lived, according to Jefferson County Sheriff Dave Marshak.

Officers were able to stop Kershaw's vehicle. He shot at police, and officers returned fire, investigators said. No officers or bystanders were hurt.

Kershaw was later found dead in the car. Authorities haven't said how Kershaw died, but said he was wearing a bulletproof vest and was armed with several guns.

Missouri's online court reporting system doesn't show any criminal record for Kershaw. Marshak said his department had "multiple dealings" with Kershaw in the past, but he didn't elaborate.

Kershaw's grandmother, Dorothy Vilmer, said Kershaw had "been through hell for quite a while now."

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3.4 - Washington Examiner: Congress and its $2 billion management failure (25 July, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)

Once upon a time, a federal agency had a problem.

But in an unpredictable plot twist, the agency told Congress it didn't need any new money to solve that problem.

A few weeks later, lawmakers ignored the agency and tried to give it $2 billion anyway.

The end.

This fable actually played itself out over the last few weeks, and it stands as just the latest example of waste through the failure of Congress to aggressively manage federal agencies.

The agency is the Department of Veterans Affairs. In June, VA Secretary David Shulkin warned that the Veterans Choice Program, which lets veterans access healthcare outside the VA system, was going to run out of money soon.

But instead of asking for more money, Shulkin said the VA had all the money it needed and asked that Congress authorize the VA to move existing funds around.

You don't hear that one every day, and senators had to go over it a few times to be sure they were hearing him right.

"I guess ... my takeaway is assuming that your budget numbers are right ... there is no emergency is what you're telling us, that Choice will continue between now and the end of the fiscal year without additional input of money as long as there can be a transfer of, I suppose it's discretionary spending into the mandatory account," Sen. Jerry Moran, R-Kan., asked Shulkin.

"Yeah," Shulkin said.

"So the emergency is not more money," Moran double-checked.

"Right," Shulkin confirmed.

That was in June, when Congress maybe had time to figure out how to shuffle VA money around. But a month later and with money for the Choice program running low, Shulkin wrote to the House and said that now it was time to appropriate more money to keep the program running past August.

"Veterans need Congress to fund the Choice Program immediately with $2.1 billion to ensure sufficient funding is in place," Shulkin wrote.

It's not entirely clear how the VA went from having enough money to needing $2.1 billion in the space of a month. But according to people close to the issue, one huge factor was that Congress never developed a way to implement Shulkin's original idea.

There are no signs any bill was being developed after Shulkin asked for the power to shift funds around at the VA. Several aides had no answer Monday when asked if anyone even tried.

Instead, with just a few weeks left before Choice Program funding would run out and with Congress not exactly rushing to find other answers, the House called up a new bill on Monday giving the VA $2 billion in new funds.

What started as a money management problem suddenly became a giant new appropriation. The bill failed Monday night because Republicans tried to take a shortcut that required help from Democrats in the final vote, but they could try again and get it through the House with a simple majority vote as early as this week.

Everyone knows crisis management is the most expensive kind of management you can buy. But waiting until the last minute and writing a big check seems to be the preferred approach in Congress.

Which brings to mind another fable, one we haven't heard in a while:

Once upon a time, both the House and the Senate considered all 12 annual spending bills individually, which gave lawmakers a chance to manage federal agencies instead of jamming it all together in an omnibus spending bill...

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3.5 - Military Times: PTSD disability claims by vets tripled in the last decade (25 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — More than one in five veterans receiving federal disability payouts suffers from post-traumatic stress disorder, a figure that has spiked in the last decade.

Veterans Affairs officials told lawmakers Tuesday that the number of disability cases related to PTSD has nearly tripled in that time, from around 345,000 cases in fiscal 2008 to more than 940,000 cases today.

Service-connected PTSD payouts now make up 22 percent of all veterans receiving compensation benefits from the department. That includes all age groups, not just veterans from the recent wars.

But lawmakers still worry that current VA rules may still be excluding thousands more veterans eligible for the disability payouts, which are tied to injuries suffered during military service.

“One-size fits all does not work when it comes to PTSD,” said Rep. Mike Bost, R-Ill. and chairman of the House Veterans’ Affairs subcommittee on disability assistance.

“When you’re dealing with a human mind damaged by some really bad circumstances, we have to do everything we can. I know we’re trying, but we hear concerns from constituents on a regular basis.”

The statistics came as part of a committee hearing looking at whether department health officials are handling PTSD claims effectively.

Ronald Burke, assistant deputy undersecretary at the Veterans Benefits Administration, said much of the spike in these claims stems from decisions in 2010 to relax eligibility and evidentiary rules for PTSD diagnoses.

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3.6 - Healthcare IT News: House passes VA medical scribes bill to reduce wait times, improve care (25 July, Jessica Davis, 438k online visitors/mo; Chicago, IL)

The U.S. House of Representatives passed a bill Monday that would provide medical scribes to 10 Department of Veterans Affairs medical centers for the next two years.

The pilot program, proposed by Reps. Phil Roe, MD, R-Tennessee, and Greg Walden, R-Oregon, is designed to help unburden VA doctors to increase the number of patients seen.

The VA has been working on modernizing its medical program, after the massive wait time scandal in 2014. The pilot seeks to reduce wait times for patients. The VA released an online wait time tool in April to work toward the same goal.

“This legislation sets up a pilot program to try something that has worked successfully in the private sector -- having scribes work side-by-side with doctors, so that doctors can focus on the patient and scribes can focus on the paperwork,” said Walden in a statement.

Under the bill, the VA is required to provide the medical scribes to at least four rural medical centers, at least four to urban areas and two for medical centers with a need for increased access or efficiency. These will be determined by VA Secretary David Shulkin, MD.

Shulkin will hire 20 new VA-term employees as medical scribes, while looking for vendor contracts to employ 20 additional scribes. The bill requires 30 percent of the scribes to be assigned to emergency care, while 70 percent will be assigned to specialty care in areas with the greatest patient wait times or lowest efficiency ratings.

The VA will need to provide Congress with a separate analysis on the results of the pilot program, including provider efficiency, patient satisfaction, wait times, how many patients were seen daily and how long it takes to hire and train medical scribes.

The bill passed the House with a bipartisan vote and now heads to the Senate.

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3.7 - Union Leader: Lawyer, doctor: Boston VA should also be investigated (25 July, Mark Hayward, 312k online visitors/mo; Manchester, NH)

The Boston VA Healthcare system, especially the neurosurgery unit, deserves the public scrutiny and inspection visits that the Manchester VA Medical Center is undergoing, according to a lawyer representing whistleblower-doctors at the Manchester VA.

In interviews, Manchester attorney Andrea Amodeo-Vickery and an outgoing Manchester VA doctor said the Boston VA neurosurgical unit is to blame for patient paralysis and other spinal conditions suffered by New Hampshire VA patients.

They paint a picture of dysfunction between the sprawling, three-hospital system in Boston and the much smaller Manchester operation.

In interviews, they said the two Boston VA neurosurgeons are overworked. And important patient consultations are left to nurse practitioners or physician assistants, who often succeeded in dissuading patients from beneficial surgery.

Then when New Hampshire veterans return to the Granite State, they struggle with the red tape of the Veterans Choice program, and their condition worsens.

“The neurosurgery department is overwhelmed. No way can two (surgeons) handle six New England states. They’re making concessions that aren’t good,” Amodeo-Vickery said this week. “We want to change the system.”

The Boston VA said its two neurosurgeons perform about 300 surgeries a year, and disputed the criticisms of the Manchester whistleblowers. The rate of neurosurgical complications at VA Boston does not exceed expected rates, and VA tracks complications through a monitoring system, said Boston VA spokesman Pallas Wahl.

Last week, VA Secretary Davis Shulkin suspended the top two officials at the Manchester VA and reopened an investigation of the medical center, after allegations by whistleblower doctors were detailed by the Boston Globe Spotlight team.

In a statement issued Tuesday, Shulkin said he will brief New Hampshire’s Congressional delegation on the inspectors’ preliminary findings on Aug. 4 at the VA.

Tonight, the VA will host a public town hall at the Manchester Community College at 6 p.m.

Acute care surgeries do not take place at the Manchester VA. New Hampshire VA patients must travel to Boston or White River Junction, Vt., for much of their specialty care and surgeries.

In a Sept. 6 letter to Sen. Jeanne Shaheen, Amodeo-Vickery said neurosurgery units at VA hospitals in Boston and West Haven, Conn., referred New Hampshire patients for therapy when surgery was required. And some patients were seen by a chiropractic resident, rather than a neurosurgeon.

One patient with spinal stenosis, which is a narrowing of the spinal canal, drove his own vehicle to the Manchester VA. He was transferred to Boston VA for surgery, lost control of his limbs and was forced to use a motorized wheelchair, Amodeo-Vickery wrote. He died from complications.

Amodeo-Vickery wrote that approximately 70 Manchester patients suffered from paralysis because of clinical neglect and the “lack of effective neurosurgical intervention.”

Below is a September letter from Manchester attorney Andrea Amodeo-Vickery to Sen. Jeanne Shaheen:

Wahl said the Boston VA reviews all adverse events. “There is a predictable complication rate to all surgical procedures, and our rate in neurosurgery is not greater than expected,” she wrote.

The Boston VA system sees about 750,000 outpatients a year; 20,000 from New Hampshire, the organization said.

One of the whistleblowers, Manchester VA Dr. Stewart Levenson, faulted the Globe for downplaying problems at the Boston VA. He said middle-level practitioners at the neurosurgery unit were skilled at getting patients to decide against surgery.

“They’re so slippery. They know every dodge there is,” said Levenson, who is retiring on Friday.

Levenson said that three years ago, he and Dr. William “Ed” Kois, head of the spinal cord clinic at the Manchester VA, invited the two Boston VA neurosurgeons to Manchester to discuss their concerns.

“We thought we reached an agreement how to see our patients,” he said. “That was shown to be a waste of time.”

Once sent back to New Hampshire, VA patients had to deal with Veterans Choice, which many physicians refuse to participate in because of billing problems and red tape. Another private sector alternative — fee care — was ruled out by Manchester VA officials for budgetary reasons, Amodeo-Vickery wrote.

Meanwhile, Levenson said a priority system at the Boston VA requires that a New Hampshire patient be seen by a specialist within 30 days. If not, their case goes back to New Hampshire.

“I would say all our (New Hampshire) patients are second-class citizens because these rules are they (Boston VA hospital) treat their patients preferentially,” Levenson said.

Wahl said no such rules exist, and half the Boston VA patients live outside the Boston area. “We prioritize patients for treatment based on medical need,” she said.

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3.8 - The Vindicator: Vet who killed himself at Warren VA clinic had severe PTSD, wife says (25 July, Ed Runyan, 193k online visitors/mo; Youngstown, OH)

WARREN - The wife of the military veteran who killed himself Friday inside the U.S. Veterans Affairs Outpatient Clinic on Tod Avenue says he suffered for years with a severe case of post-traumatic stress disorder.

“He wrote that the demons in his head would not give him peace,” she said Tuesday of a suicide note he wrote two years ago.

But the note also expressed in clear terms how much he loved his family.

“He poured out love for his wife and children,” she said. “Seeing that letter hurt me so much two years ago, but it helped me this weekend because of knowing the strength of his love and devotion without question,” she said.

“His family supported him throughout his turmoil,” she added.

The 53-year-old Vienna man was a 23-year veteran of the Air Force Reserves, having been honored 31 times with medals, including the Meritorious Service Medal and Air Force Commendation Medal.

On Friday, he shot himself to death while at the clinic for an appointment. No one else was injured.

When asked for more details regarding the incident, a spokeswoman for the Louis Stokes Cleveland VA Medical Center said additional details were being withheld for privacy reasons. A Warren police detective said Monday he had just been assigned to the case and didn’t have more details.

The Vindicator is withholding the veteran’s name.

Herm Breuer, director of the Trumbull County Veterans Service Commission, said he knew the veteran.

Breuer said veterans “are extremely proud people who find it difficult to process their pain. They find it difficult to reach out and ask for help. It’s an unfortunate circumstance here where you have a veteran who did reach out for help, was getting the help he needed, but unfortunately all of the help in the world wasn’t enough for this gentleman.”

Breuer said PTSD is a “reaction to a stressful incident. The majority of veterans who experience PTSD can experience it in a number of ways,” including withdrawal, he said.

Warren police said the outpatient clinic does not use metal detectors to screen for weapons, but it does have security guards, and weapons are prohibited at all federal facilities.

“Anyone entering a federal facility is subject to search. If there is suspicion that someone on our property has a weapon or unauthorized substance, local and VA police are contacted to respond,” said Kristen Parker, chief of external affairs at the Stokes center.

After an Iraq War veteran shot and killed a psychologist inside an El Paso, Texas, VA clinic in 2015, the VA's police force renewed what the Washington Post called its long-running calls for increased resources.

Among the resources were metal detectors.

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3.9 - KCEN (NBC-9, Video): Waco VA responds to Gulf War illness claims (25 July, Jasmin Caldwell, 191k online visitors/mo; Eddy, TX)

WACO - According to a recent mystatesman.com article, the Waco VA has denied 92 percent of claims related to Gulf War illness.

Channel 6 investigated the incident Monday.

The VA estimates 44 percent of veterans who served in the Persian Gulf War in 1990-91 have medical issues. In order to qualify for compensation, the veterans must have a diagnosable condition or an undiagnosed illness such as abnormal weight loss, fatigue, psychological problems, etc.

Dave Demorrow, a U.S. Army veteran with over 20 years of service, told Channel 6 he was just denied a claim Monday morning by the Waco VA even though his medical records prove he was diagnosed with post traumatic stress disorder (PTSD).

"Just in the last week or so, I have been told I have never been in combat," Demorrow said. "I'm still on active duty as of this morning. It's nuts. I have all this paper work proving I was in Desert Storm and what they keep coming back with is maybe, no you weren't so we're not going to give you any compensation for it."

Demarrow said he has experienced shortness of breath and fevers of unknown origin.

"Whenever the weather changes, I get sick and cough up blood," he added.

Steve Hernandez with Veterans One Stop in Waco said these findings are alarming.

"It may be a challenge to go back to your military service because those diseases didn't manifest in a period that the VA or the government recognizes that possibly should be service connected and that's why you have to challenge your claim there too," Hernandez said.

Demorrow said he is not upset with the VA, but wishes they could better communicate.

A report from the U.S. Government Accountability Office found that the problems with how the VA handles Gulf War benefits stems from poorly trained examiners and inconsistent methods of handling claims.

Channel 6 contacted the Waco Veterans Affairs Office for comment, and the organization said released this statement Tuesday:

The Department of Veterans Affairs (VA) is committed to providing all eligible Veterans, Service members, and Survivors, with their earned care and benefits. VA Disability Compensation is a tax-free monetary benefit that is paid to Veterans with disabilities that are the result of a disease or injury that was incurred or aggravated during active military service. In making decisions on claims, VA staff members carefully and compassionately consider all available supporting evidence for each claim. The VA staff members comply with all applicable laws, while also providing the benefit of the doubt to the claimant, when the supporting evidence for a claim is relatively equally balanced with the requirements of the law.

During the past year alone, more than $3.65 billion in VA disability benefits payments were issued to Veterans living in the area served by the VA Regional Office in Waco. This is a 61.5 percent increase over the $2.26 billion per year in VA disability benefits payments that were issued to Veterans in the same area, just five years ago.VA medical centers have trained medical examiners. In addition, all VA medical examiners who conduct examinations for Gulf War Illnesses are now receiving a mandatory training course for the examinations.If VA has not been able to grant some or all of the VA benefits that a Veteran has requested, VA will notify the Veteran of his rights to appeal the decision. The Veteran can submit a VA Form 21-0958, Notice of Disagreement, to begin the appeal process. Then, VA will either grant the Veteran's claim, or send the Veteran a Statement of the Case. If the Veteran wants to continue the appeal to the Board of Veterans' Appeals, he or she can submit a VA Form 9, Appeal to Board of Veterans' Appeals.

Meanwhile, researchers at the Center of Excellence in Waco said they are working on two studies in effort to treat Gulf War Illness. In the studies, the researchers use medications which focus on chronic pain.

"The other one is a really cool neat study, using Resveratrol, which is extract from red wine, that is shown to help people, but this is a concentrated form of that and it can counteract the cognitive effect and fatigue effect of gulf war illness," Dr. Michael Russell, Director of Center of Excellence, said.

There is not a known treatment for Gulf War Illness, but the Center of Excellence hopes the medications can provide some relief for suffering veterans.

The Center of Excellence encourages veterans to participate in the free study.

For more information about the Center of Excellence, call (254)297-3954.

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3.10 - Alaska Public Media (Audio): Top VA official in Alaska talks privatization, staffing challenges (25 July, Zachariah Hughes, 78k online visitors/day; Anchorage, AK)

Amid this summer's push by the Veterans Administration in Alaska to hold town hall meetings across the state, the state's VA Healthcare Director, Dr. Timothy Ballard, was a guest on Alaska Public Media's Talk of Alaska on Tuesday.

During an hour of questions from host Lori Townsend and state-wide callers, Ballard offered an update on the organization's progress and remaining challenges in connecting veterans to benefits. That included addressing worries over privatization, an issue Ballard said affects Alaska uniquely relative to the rest of the country.

"Privatization for us really doesn't look any different," Ballard said. "It's still referring a lot of specialty care to the providers in the state that have it. For those things we can't get in the state, we look for partnering with other opportunities — whether it's in the Lower 48 or not.

"Regardless of what happens in the VA throughout the entire country, I think our system is going to look pretty much the same as it has for the past decade," Ballard continued, "Because of the fact that we just provide the basics of out-patient services and refer out a lot of the rest."

The VA is the biggest healthcare provider in the country, and has about 36,000 members enrolled in Alaska out of the state's roughly 77,000 veterans, according to figures cited by Ballard.

Since a series of reforms were hastily implemented under the Choice Act in 2014, Alaska has struggled to quickly connect veterans with healthcare providers outside the VA system. For example, staff in Alaska are now charged with handling about 1,000 medical referrals a week, according to Ballard. Though the organization is working on was to cut down the time it takes processing those referrals from a few weeks to a single day, the fundamental challenge is the larger issue of chronic under-staffing.

"We are trying to hire more staff," Ballard explained. "We have a fixed budget, and so I'm trying to create money somewhere else in our system to buy more staff."

The Alaska VA's budget is designed to fund 550 staff positions, but according to Ballard, the real need is for between 650 and 700.

There have been measurable gains in hiring more medical professionals since Ballard's tenure started a little over a year ago, including getting a physician at the Mat-Su clinic for the first time in five years.

"But it is very slow going, and we're trying to make an effort in regards to more access," Ballard added.

The VA system in Alaska is still struggling to find solutions to many of the same problems the state faces with healthcare overall, such as insufficient access to mental health and substance abuse treatment, as well as the costs of care.

Officials are holding a listening session Tuesday night in Wasilla, and two more in Juneau and Kenai during August. There is also a healthcare and benefits clinic planned for this Saturday at the VA's Muldoon facility in Anchorage alongside a motorcycle rally.

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3.11 - WRBL (CBS-3, Video): Retired veterans vouch for closer VA facilities, better access to medical care (25 July, Joey Ripley, 75k online visitors/mo; Columbus, GA)

A group of retired veterans is taking their fight from the battlefield to the medical field. The local chapter of the Retired Enlisted Association, or TREA, hope to expand the number of facilities, services, and resources available for veterans in the Chattahoochee Valley.

The nonprofit military veterans organization's latest fight doesn't call for conventional weapons. Instead, the group is petitioning lawmakers to take a closer look at better access to VA benefits. American veterans put their lives on the line for freedom. However, many feel forgotten when they return home from combat.

"It ain't that we want this," Sgt. 1st Class Michael Burks said. "We need this. The aging and the elderly and the homeless veterans all need this hospital."

Several members of TREA are calling for a new VA hospital, emergency room and nursing home. Burks, as chapter president, is leading the charge when it comes to bringing a VA hospital to the Fountain City. Currently, the VA has a clinic on 13th Ave. in Columbus. However, long wait times and a lack of emergency services have forced some veterans to drive all the way to Montgomery or Tuskegee.Burks says some local hospitals are apt to charge double what the VA would for medical care.

"They had the dollars to build a new Martin Army Hospital, and they had the money to put millions of dollars on the river rafting," Burks said. "So you're telling me we can't get a VA hospital here and you care about the veterans? There's something wrong with that picture."

Burks says positive feedback fuels the fight for better access to health care and other benefits for veterans.

"For the services that we render, this gentleman should have never been homeless," Columbus city councilor Jerry "Pops" Barnes, himself a veteran, said. "There should have been facilities here to look out for his every need."

Fellow councilor Evelyn "Mimi" Woodson says the city and other entities have tried to improve conditions for veterans in Columbus. But she believes it will take a unified effort and more time to make a positive change.

News 3 spoke with the VA in Tuskegee. They tell WRBL they are planning to build a new 55,000 sq. ft. facility by 2021. However, it's unclear whether this facility would serve as a hospital or make emergency services available.

Meanwhile, TREA has reached out to Rep. Calvin Smyre (D-Columbus), Sen. Ed Harbison (D-Columbus), and Georgia Gov. Nathan Deal. The group plans to host a rally in the coming months.

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3.12 - WKBN (CBS-27, Video): President hints at possible new VA facility during Struthers stop. Trump spoke to veterans at AMVETS Post 44 as part of an invitation-only event prior to his Youngstown rally (25 July, Dan Marcel, 9k online visitors/day; Youngstown, OH)

STRUTHERS, Ohio – Prior to his rally at Covelli Centre Tuesday night, President Donald Trump spoke at AMVETS Post 44 in Struthers.

He said he is committed to helping veterans and — while not getting into specifics — hinted that a new VA healthcare facility could be coming to the area.

“In my administration, we will always protect those who protect us,” he said.

Trump spoke to 150 veterans and their families as part of an invitation-only event. Many more wanted to get in, but couldn’t.

The stop is part of American Heroes Week, recognizing those who put their lives on the line to protect Americans every day.

“A day that I won’t forget for a long time,” said Post Commander Jan Brown.

Trump recognized 97-year-old Robert Bishop, an Ohio veteran who served in World War II during the bombing of Pearl Harbor. He was presented with a certificate recognizing his service.

“I’m overwhelmed,” Bishop said. “I never expected anything like this. And of course he called me a hero. I’m not a hero. I just did my job.”

Trump was joined by Secretary David Shulkin, Department of Veterans Affairs; Secretary Ryan Zinke, Department of Interior and Secretary Rick Perry, Department of Energy. First Lady Melania Trump and White House political aide Omarosa Manigault are also traveling with Trump.

The intimate gathering included a number of local veterans’ organizations.

Trump talked about the new VA accountability law, as well as his administrations goal to improve the health care for veterans.

“That means people are accountable for taking care of our vets,” Trump said. “And if people are not taking care, we hold them accountable.”

Meanwhile outside the Post, neighbors crowded around the cordoned off police tape or stood outside their homes, hoping to snap a picture of the president.

“It’s a once in a lifetime thing,” a neighbor said. “For this area, this area needs some revitalization to get everybody worked up.”

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3.13 - NH1 News (TV-1): Manchester VA Medical Center to host town hall following poor care allegations (25 July, Concord, NH)

MANCHESTER — The Manchester Veterans Affairs Medical Center is holding a veteran town hall and listening session following allegations of poor conditions and patient care.

The session will be held at Manchester Community College on Wednesday at 6 p.m. to hear concerns from veterans and interested stakeholders and to provide an update on progress at the medical center.

The Veterans Affairs Office announced a review of the Manchester VAMC July 16 after Boston Globe's Spotlight Team published an article that made claims of patients and doctors who described the alleged issues within the hospital, including an operating room abandoned because of flies and patients struggling to get any care.

The department removed the director and chief of staff at the facility, pending the outcome of the review, and named Alfred Montoya, the director of the VAMC in White River Junction, Vermont, as acting director.

Under Montoya's leadership, Manchester VAMC began working with Catholic Medical Center to identify opportunities to expand local health care access, secured resources to support ongoing operations required as a result of a severe flood experienced at the medical center, and began providing transparent and ongoing communications to all Veterans, stakeholders and staff related to medical center activities, the Manchester VAMC said.

"These are serious allegations, and we want our veterans and our staff to have confidence in the care we're providing. I have been clear about the importance of transparency, accountability and rapidly fixing any and all problems brought to our attention, and we will do so immediately with these allegations," said David J. Shulkin, M.D., U.S. Secretary of Veterans Affairs.

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4. Women Veterans

5. Appeals Modernization

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8. Other

8.1 - The Washington Post (Video): The latest brain study examined 111 former NFL players. Only one didn't have CTE (25 July, Rick Maese, 43.9M online visitors/mo; Washington, DC)

Researchers studying the link between football and chronic traumatic encephalopathy found that 99 percent of the brains donated by families of former NFL players showed signs of the neurodegenerative disease, according to a new study published Tuesday.

In all, researchers from Boston University School of Medicine and the VA Boston Healthcare System examined 202 brains that belonged to men who played football at all levels and were later donated for research. They found CTE in 177 of them — 87 percent.

While they found evidence of the disease across all levels of play, the highest percentage was found among those who competed at the highest level; all but one of the 111 brains belonging to ex-NFL players were diagnosed post-mortem with CTE.

“Obviously, this doesn’t represent the prevalence in the general population, but the fact that we’ve been able to gather this high a number of cases in such a short period of time says that this disease is not uncommon,” said neuropathologist Ann McKee, the researcher credited with some of the most high-profile CTE diagnoses. “In fact, I think it’s much more common than we currently realize. And more importantly, this is a problem in football that we need to address and we need to address now in order to bring some hope and optimism to football players.”

The study drew the immediate attention of lawmakers on Capitol Hill who have been monitoring the issue.

“The time for denying facts and looking the other way is over,” Congresswoman Jan Schakowsky (D-Ill.) said in a release. “We must now actively seek out ways to protect the health and [well-being] of players from Pop Warner to the NFL and every league in between.”

In addition, four Democrats on the House Energy and Commerce committee called the study “a heartbreaking reminder that we must continue the fight to protect current, former, and future NFL players from CTE.”

“We know that there is a direct relationship between football and CTE, and we cannot afford to wait to take substantive action to protect players of all ages from the risks of head trauma in contact sports,” read a statement, signed by Schakowsky, Rep. Frank Pallone, Jr. (D-N.J.), Rep. Gene Green (D-Tex.) and Rep. Diana DeGette (D-Colo.). “This study also demonstrates the importance of continued scientific research on CTE, which is why we must continue to support the important work carried out by the National Institutes of Health (NIH) in this area, including on the relationship between this degenerative brain disease and contact sports.”

McKee cautions that the study, which was published Tuesday in the Journal of the American Medical Association, has some limitations and doesn’t attempt to pinpoint a CTE rate. The brains studied were mostly donated by concerned families, which means they weren’t random and not necessarily representative of all men who have played football.

“A family is much more likely to donate if they’re concerned about their loved one — if they’re exhibiting symptoms or signs that are concerning them, or if they died accidentally or especially if they committed suicide,” she said. “It skews for accidental deaths, suicide and individuals with disabling or discomforting symptoms.”

While the study isn’t focused on causality, McKee says it provides “overwhelming circumstantial evidence that CTE is linked to football.”

The NFL pledged $100 million for concussion-related research last September — $60 million on technological development, with an emphasis on improving helmets, and $40 million earmarked for medical research — and in a statement a league spokesman expressed appreciation for the latest study.

“The medical and scientific communities will benefit from this publication, and the NFL will continue to work with a wide range of experts to improve the health of current and former NFL athletes,” NFL spokesman Brian McCarthy said. “As noted by the authors, there are still many unanswered questions relating to the cause, incidence and prevalence of long-term effects of head trauma such as CTE. The NFL is committed to supporting scientific research into CTE and advancing progress in the prevention and treatment of head injuries.”

The study marks the largest CTE case series ever published. The research was drawn from a brain bank established and maintained by the VA Boston Healthcare System, Boston University School of Medicine and the Concussion Legacy Foundation.

The 177 brains found to have CTE belonged to former players who had an average of 15 years of football experience. In addition to the NFL diagnoses, the group included three of 14 who played at the high school level, 48 of 53 who played in college, nine of 14 who competed semiprofessionally and seven of eight who played in the Canadian Football League.

“To me, it’s very concerning that we have college-level players who have severe CTE who did not go on to play professionally,” McKee said. “That means they most likely retired before the age of 25 and we still are seeing in some of those individuals very severe repercussions.”

The researchers distinguished between mild and severe cases of CTE, finding the majority of former college (56 percent), semipro (56 percent) and professional (86 percent) players to have exhibited severe pathology.

The impact of concussions and head trauma meted out on the football field has been an active area of study in recent years. And while much of the research has highlighted the potential long-term dangers posed by football, JAMA Neurology published a study this month that showed not all former players suffer from cognitive impairment.

Researchers at the University of Pennsylvania looked at Wisconsin men who graduated high school in 1957, comparing those who played football in school and those who didn’t. The men were assessed for depression and cognitive impairment later in life — in their 60s and 70s — and the research found similar outcomes for those who played high school football and those who didn’t.

That study also had its limitations, and the authors noted that the game 60 years ago is different in many ways from the present-day high school football experience, from playing style to equipment to the rule book.

The Boston University study doesn’t necessarily reflect the same era of football. According to the researchers, the vast majority of the brains studied belonged to players who played in the 1960s or later. In addition to examining the brains, researchers interviewed family members and loved ones of the deceased former players and found that behavioral and mood symptoms were common with those who suffered from CTE, including impulsivity, signs of depression, anxiety, hopelessness and violent tendencies.

While the disease can currently only be diagnosed post-mortem, the researchers urge for a wide-ranging longitudinal study to better understand the impact head trauma has on football players across all levels.

In the meantime, the brain bank has about 425 donated brains at its disposal, including those from men and women who played a variety of sports, as well as military veterans, with many more pledged.

“It’s not an inert study,” McKee said. “This is a very large resource that will advance research in many directions. . . . The whole point is to advance and accelerate our knowledge of CTE in order to aid the living people who are at risk for it or who have it.”

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8.2 - The Washington Times (AP): Congressman diagnosed with early-stage prostate cancer (25 July, 10.8M online visitors/mo; Washington, DC)

JOHNSON CITY, Tenn. - U.S. Rep. Phil Roe’s office says he has been diagnosed with early-stage prostate cancer and will undergo treatment next month in Tennessee.

Roe’s website said the cancer was discovered after a routine physical and that his prognosis is excellent. He will be treated in East Tennessee during the August district work period, and treatment isn’t expected to conflict with his legislative schedule.

The statement said no updates or comments would be provided until treatment is completed. His offices in Kingsport, Morristown and Washington will remain open as usual.

Roe, a Republican and retired physician who represents Tennessee’s 1st Congressional District, is serving his fifth term in Congress. He is chairman of the House Committee on Veterans’ Affairs and is on the House Education and Workforce Committee.

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8.3 - Military Times: House Veteran Affairs chairman diagnosed with prostate cancer (25 July, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — The chairman of the House Veterans’ Affairs Committee announced Tuesday that he has been diagnosed with early-stage prostate cancer, but does not expect it to interfere with his legislative schedule.

In a statement, staffers said Rep. Phil Roe, R-Tenn., received the news following a recent routine physical and will undergo treatment in Tennessee during the August work period.

“The prognosis is excellent, and treatment is not expected to interfere with his scheduled legislative duties,” the statement said. “Congressman Roe thanks East Tennesseans for the privilege of serving them and looks forward to continuing to represent them.”

Roe, 72, has served on the committee since entering Congress in 2009. He took over as chairman at the start of this year.

He served two years in the Army in the early 1970s with the 2nd Infantry Division, 2nd Medical Battalion. That included a deployment to South Korea for medical missions at an evacuation hospital there.

Following that, he spent 31 years working as an obstetrics and gynecology specialist in Tennessee, boasting that he delivered “close to 5,000 babies.” That work also included training at the VA hospital in Memphis and working in consultation with VA physicians for some of his private practice patients.

Roe announcement comes just less than a week after Senate Armed Services Committee Chairman John McCain, R-Ariz., announced he had been diagnosed with an aggressive form of brain cancer. His prognosis has been less certain, but he returned to Capitol Hill for votes on Tuesday.

The House Veterans’ Affairs Committee has laid out an ambitious agenda for the year, already tackling a host of veterans health care and education reforms. Roe has drawn praise from colleagues from both sides of the aisle for his leadership on the committee thus far, along with praise from the White House.

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8.4 - KARE (NBC-11): KARE 11 Investigates finalist in National News and Documentary Emmy Awards (25 July, 1.5M online visitors/mo; Minneapolis, MN)

Minnesota’s Own KARE 11, the NBC affiliate in Minneapolis-St. Paul, MN, has been nominated for the National News & Documentary Emmy, in the regional investigative category. The honor was announced Tuesday by The National Academy of Television Arts & Sciences.

KARE 11’s investigation, led by Steven Eckert, A.J. Lagoe and Gary Knox, revealed the Department of Veterans Affairs used unqualified medical personnel for examinations and denied benefits for traumatic brain injuries (TBI) at the Minneapolis VA Medical Center. Following this report, a federal investigation was opened on similar issues at other VA facilities across the country and found nearly 25,000 veterans nationwide received improper examinations for TBI.

Additionally, Congress held a hearing on the issue and the VA is now ensuring that qualified doctors are examining veterans for TBI. VA officials also disclosed half of the Minnesota veterans who were originally denied TBI benefits have now confirmed, after re-examination, that they did suffer a traumatic brain injury. Re-testing is underway for former service members nationwide thanks to KARE 11 Investigates reports.

“We are humbled and proud that KARE 11 Investigates has been recognized as a National Regional Emmy finalist,” said News Director Jane Helmke. “Though the real honor is the positive impact and action our team’s work has had on the lives of veterans in Minnesota and across the nation.”

KARE 11’s ongoing Investigative series on behalf of veterans has already garnered other prestigious National recognition including the George Polk Award and the IRE (Investigative Reporters and Editors) Award.

Watch 'Invisible Wounds' here.

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Date: Tue Sep 05 2017 04:15:49 CDT
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Please find the attached Veterans Affairs Media Summary and News Clips.

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

5 September 2017

1. Top Stories

1.1 - The Washington Post (AP): Using tennis as therapy, veterans make it to US Open court (4 September, Brian Mahoney, 43.9M online visitors/mo; Washington, DC)
Jon Atkins was once so overcome by anxiety and depression that he would barely even leave his house. Now he has taken to tennis so much that he found himself hitting on the main stadium at the U.S. Open. The retired Marine's outlook and health have turned around through a partnership the USTA developed with the Orlando VA Medical Center in Lake Nona, Florida.

Hyperlink to Above

1.2 - The New York Times: Old Soldiers' Homes, Left to Just Fade Away - The veterans agency has 430 vacant buildings, including 200 that are more than 90 years old. Now it is trying to get rid of many of them. (3 September, Dave Philipps, 30M online visitors/mo; New York, NY)
When the towers of the National Home for Disabled Volunteer Soldiers began rising after the Civil War, they were seen as soaring monuments to the nation's benevolence. But after more than a century of use, they became more of an albatross. The home was too antiquated to use, too grand to demolish. So a new veterans hospital was built next door at a fraction of the cost of renovation. The Department of Veterans Affairs, seeing no reason to waste money on hiring a wrecking ball, simply locked the doors of the soldiers home…

Hyperlink to Above

1.3 - The Washington Times: Social Security pays millions to people VA says are dead (3 September, Stephen Dinan, 10.8M online visitors/mo; Washington, DC)
The Department of Veterans Affairs knew they were dead, but the Social Security Administration kept paying benefits to hundreds of people anyway, according to a new agency audit released Friday that says at least $37 million in bogus payments were made. Investigators compared the VA's record to Social Security rolls and found nearly 4,000 people who were listed as dead by the VA, but were still getting checks.

Hyperlink to Above

1.4 - Pittsburgh Post-Gazette: Brian O'Neill: Don't chisel this WWII vet out of 'household task assistance' (3 September, Brian O'Neill, 4.8M online visitors/mo; Pittsburgh, PA)
At 90, Lawrence DeLisio mostly takes care of himself, but he needs a little help with the housework… But a mid-July letter from the VA Pittsburgh Healthcare System told him a service provided to more than 1,000 veterans in the area is being discontinued for him. A woman has run a sweeper, cleaned the bathrooms and dusted in his home every couple of weeks for the past four years, but she told him at the of July she won't be coming back.

Hyperlink to Above

1.5 - Topeka Capital-Journal: Three high-level, Topeka-based VA officials reassigned in wake of investigation - Employees worked in VA's member services division (3 September, Katie Moore, 853k online visitors/mo; Topeka, KS)
Three high-level, Topeka-based VA employees have been reassigned in the wake of an internal investigation. Matt Eitutis, who was the acting executive director of VA member services, is now

assigned to the Office of Administrative Operations and Management. Ryan Heiman had been an executive assistant for member services.

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2. Veteran and Employee Experience

2.1 - Fayetteville Observer: Fayetteville hires first worker through federal veteran internship program (4 September, Monica Vendituoli, 444k online visitors/mo; Fayetteville, NC)
Tyree, a former Army sergeant, was hired on Aug. 14 as an office assistant for the city's bus transit department. It is a new position at the city. Tyree began as an intern in the same role on Aug. 22, 2016, through the city's Veterans Internship Program funded by the U.S. Department of Veterans Affairs.

Hyperlink to Above

2.2 - WATE (ABC-6, Video): Tellico Plains veterans appeals VA after personal information is sent out (4 September, Don Dare, 443k online visitors/mo; Knoxville, TN)
In Tellico Plains, former US Navy machinist-mate Bob Boyd has an appeal underway with the Veterans Administration. Boyd, who is disabled, was severely injured while on active duty back in 1985. Today, Boyd is unable to work. At the beginning of August, he received claim forms for himself — and, surprisingly, for two other veterans.

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2.3 - Johnston County Report: JoCo Marines Visit VA Medical Center (4 September, 1.5k online visitors/day; Smithfield, NC)
On Aug. 29th, members of the Johnston County Marine Corps League Carry-On Detachment # 1236, aka the JoCo Marines, visited with Veterans at the Durham Veterans Affairs Medical Center to host a quarterly bingo game and share camaraderie. The local organization thanked the veterans for their service to our country and made sure they had not been forgotten.

Hyperlink to Above

3. Access to Healthcare

3.1 - U.S. News & World Report (AP): Hassan to Address Manchester VA Center Mental Health Summit (5 September, 24M online visitors/mo; Washington, DC)
Democratic New Hampshire Sen. Maggie Hassan is planning to discuss her efforts to strengthen the state's community-based mental health system at this year's Manchester VA Medical Center's mental health summit. Attendees also will be spending Tuesday discussing the eradication of veteran suicides while addressing access to health care in specialty populations.

Hyperlink to Above

3.2 - Sacramento Bee: 'I don't know if it's a miracle, but it's working for me.' Treatment may help with PTSD (4 September, Molly Sullivan, 4.8M online visitors/mo; Sacramento, CA)

People can develop PTSD months after they experience a life-threatening event or trauma such as a mugging, sexual assault or the sudden death of a loved one. Its symptoms are broad because everyone's PTSD manifests differently, said Dr. David Schafer, acting associate chief of staff for mental health at the Sacramento VA Medical Center.

Hyperlink to Above

3.3 - Pittsburgh Tribune-Review: New VA medical center near Butler expected to drive surge in patients (4 September, Brian C. Rittmeyer, 1.5M online visitors/mo; Pittsburgh, PA)
Built as a tuberculosis sanitarium but never opened as such, the Butler veterans hospital was not designed for its current use. It was built as a 500-bed inpatient facility and laid out as such, Butler VA Health Care spokesman Ken Kalberer said. But a new health care center opening Tuesday was designed and built to fit the hospital's emphasis on outpatient care.

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3.4 - Seacoast Newspapers: Healing for veterans (3 September, Karen Dandurant, 829k online visitors/mo; Portsmouth, NH)
In another of the many innovations started by Frisbie Memorial Hospital CEO John Marzinzik, area veterans can now access yoga classes and acupuncture treatments - free of charge. "I worked with the VA (Veterans' Administration) and said we want to start a clinic, with no paperwork and no billing," said Marzinzik. "I said we want to start right away and treat as many veterans as walk through the door."

Hyperlink to Above

3.5 - WFLA (NBC-8, Video): VA records: Veterans 17 times more likely to develop rare eye cancer (4 September, Steve Andrews, 713k online visitors/mo; Tampa, FL)
A Dade City couple wants to know why a rare eye cancer is showing up at an alarmingly high rate in veterans than in the general population. According to numbers that the Department of Veterans Affairs provided to Mark and Beth Rutz through a Freedom of Information request, veterans were diagnosed with Choroidal Melanoma at a rate nearly 17 times higher than non-veterans.

Hyperlink to Above

3.6 - WBTV (CBS-3): VA, charity send veteran to the streets after attempts to blow the whistle on veteran's shelter (4 September, Nick Ochsner, 321k online visitors/mo; Charlotte, NC)
An Asheville veteran faces life on the streets after trying to blow the whistle on questionable practices at the long-term residential facility for homeless veterans at which he was staying. Greg Armento moved into the Veterans Restoration Quarters run by the Asheville Buncombe Community Christian Ministry in September 2015. He had recently moved back to Asheville, in need of a place to live after losing his job as a graphic artist.

Hyperlink to Above

3.7 - Houston Public Media: VA Mobile Vet Centers Deploy to Houston - The VA has deployed four Mobile Vet Centers to Houston to offer counseling services to Veterans and the community affected by Hurricane Harvey. (4 September, 120k online visitors/mo; Houston, TX)

On Sept. 3, the US Department of Veteran Affairs deployed four Mobile Vet Centers to Houston to provide counseling services to Veterans and the community affected by the aftermath of Hurricane Harvey. Clinicians will be present with each Mobile Vet Center in Houston to provide support to Hurricane Harvey evacuees.

Hyperlink to Above

3.8 - Bluefield Daily Telegraph: Meeting the need, VA clinic outgrowing its current site (3 September, 74k online visitors/mo; Bluefield, WV)
The long and difficult fight for a new Veterans Administration clinic in Mercer County was a well-documented struggle. Victory was ultimately declared in February of 2015 when plans for a new VA clinic in Princeton were approved. A number of key players, including local veterans advocate Al Hancock and U.S. Sen. Joe Manchin, D-W.Va., played critical roles in helping to bring this all-important project to fruition.

Hyperlink to Above

3.9 - The Journal: Local vet who was homeless shares story (4 September, Connor Cummiskey, 47k online visitors/mo; New Ulm, MN)
A second veteran Peterson worked with ended up in New Ulm, living with some family. That veteran reached out to Peterson and in their conversations Peterson noticed the veteran's difficulty hearing. After testing, the VA rated the veteran at 100 percent disability, granting the veteran $3,000 a month.

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Monroe News: Veterans Court 'saved my life' (4 September, Ray Kisonas, 192k online visitors/mo; Monroe, MI)
After his arrest in 2016, Duvall entered the Veterans Court program and began intense therapy that involved four trips a week to the VA hospital in Ann Arbor. He said those involved with the program are veterans so they could relate to his issues. He understood that he needed help and realized that he either must complete the program or be sent to jail.

Hyperlink to Above

6.2 - The Exponent Telegram: Camp Dawson, Mountaineer ChalleNGe Academy to help Brown Bags for Veterans program (5 September, Joseph Hauger, 53k online visitors/mo; Clarksburg, WV)
The personnel at Camp Dawson and nearly 200 cadets in the Mountaineer ChalleNGe Academy have joined with the North Central West Virginia Joining Community Forces to help comfort veterans traveling to Pittsburgh for testing at the VA hospital. The two organizations are

collecting food and drink items that will be donated to the Louis A. Johnson VA Medical Center in Clarksburg for its Brown Bags for Veterans program.

Hyperlink to Above

7. Supply Chain Modernization

7.1 - Winston-Salem Journal: Court victory means Winston-Salem jobs for visually impaired are safe — for now (3 September, 849k online visitors/mo; Winston Salem, NC)
That judgment could have ended IFB's eyeglass manufacturing contracts with the federal Veterans Administration as soon as Oct. 1. The legal fight involves the VA as the defendant — with IFB joining as an intervenor — and PDS as the plaintiff. PDS says it is a small business owned by a disabled veteran. It has provided visual products to the VA since 1998.

Hyperlink to Above

8. Other

8.1 - FOX News (Video): Report: Social Security pays millions to deceased veterans (4 September, 32.5M online visitors/mo; New York, NY)
This short twenty-three second clip reported on coverage from *The Washington Times* about Social Security payments made to Veterans who are deceased. Video description: Social Security Administration blames the VA.

Hyperlink to Above

8.2 - Shape: MDMA Is One Step Closer to Being Used to Treat PTSD - The FDA just gave the drug "breakthrough therapy" status. Here's what that could mean for future PTSD treatment. (4 September, Rachel Jacoby Zoldan, 3.5M online visitors/mo; New York, NY)
If you've ever heard of the party drug ecstasy, you may associate it with raves, Phish concerts, or dance clubs playing bangers till dawn. But the FDA has now granted the psychoactive compound in ecstasy, MDMA, "breakthrough therapy" status. It's now in the final stages of being tested as a treatment for post-traumatic stress disorder (PTSD), as stated in a press release from the Multidisciplinary Association for Psychedelic Studies (MAPS), a nonprofit organization.

Hyperlink to Above

1. Top Stories

1.1 - The Washington Post (AP): Using tennis as therapy, veterans make it to US Open court (4 September, Brian Mahoney, 43.9M online visitors/mo; Washington, DC)

NEW YORK — Jon Atkins was once so overcome by anxiety and depression that he would barely even leave his house. Now he has taken to tennis so much that he found himself hitting on the main stadium at the U.S. Open.

The retired Marine's outlook and health have turned around through a partnership the USTA developed with the Orlando VA Medical Center in Lake Nona, Florida.

Atkins suffers from post-traumatic stress syndrome, so severe that he said he had become "isolated" before deciding to give tennis a try.

"I was just kind of in a dark place and that allowed me to open my eyes to something new," he said Monday while sitting next to his rescue dog. "I didn't really have a good direction."

Now he has such a passion for the game that he traded in the mountain bike he had stopped riding to get himself two new rackets.

He joined fellow veterans Marc Spittler and Henry Pruitt for the morning hitting session on Labor Day, part of the celebration of the sixth annual U.S. Open Military Appreciation Day. They later watched from a suite above Ashe and were recognized during American CoCo Vandeweghe's victory in a fourth-round women's match.

"I want to thank everyone that's served in the military. We really appreciate it," Vandeweghe said in an on-court interview. "We wouldn't be the country with the 'home of the brave' without you guys, so thank you very much."

Like the pros who played later, the veterans got coaching on the court and even bickered back — though without addressing their instructors as "sir" or "ma'am" as they would in the service.

"That's going to change when we get back," joked Joanne Wallen, the USTA's director of adult individual play. "I want to get, 'Yes, ma'am!'"

Wallen helped spearhead the program that started in the spring, with about 70 veterans from the largest VA hospital in the country getting weekly clinics at the USTA's campus. The program became so popular that some of the wounded kept returning even after their rehabilitation was complete.

Atkins was a soccer player but that sport was too physical for him now. Pruitt tore up his knee playing badminton, and Spittler, having previously left the Air Force, was forced to step down from the California Air National Guard 20 years ago because of his own injuries.

But the veterans found that their battered bodies could handle tennis once they started attending the Monday night sessions. Atkins and Pruitt, a retired Navy jet mechanic who spent most of his career in Asia, even learned that they live nearby and can play each other.

Their families have also taken up interest, and they're having no problem meeting colleagues who want to follow them into the program.

“Now that they’re finding out that I’m into it they all want to go hit balls now, so I’ve always got somebody to play with,” Atkins said.

And on Monday, it was right on the biggest tennis stadium in the world.

“Coming to something like this would have never happened before,” he said.

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1.2 - The New York Times: Old Soldiers’ Homes, Left to Just Fade Away - The veterans agency has 430 vacant buildings, including 200 that are more than 90 years old. Now it is trying to get rid of many of them. (3 September, Dave Philipps, 30M online visitors/mo; New York, NY)

MILWAUKEE — When the towers of the National Home for Disabled Volunteer Soldiers began rising after the Civil War, they were seen as soaring monuments to the nation’s benevolence. But after more than a century of use, they became more of an albatross.

The roof leaked. The wards were sheathed in lead paint and asbestos. The old wiring was a fire waiting to happen.

The home was too antiquated to use, too grand to demolish. So a new veterans hospital was built next door at a fraction of the cost of renovation. The Department of Veterans Affairs, seeing no reason to waste money on hiring a wrecking ball, simply locked the doors of the soldiers home, which veterans had fondly referred to as Old Main, letting it slowly crumble away through what one local preservationist called “demolition by neglect.”

The home has been sealed for 28 years.

The Department of Veterans Affairs has 430 vacant buildings, including 200 that are more than 90 years old. Upkeep on this mothballed fleet costs at least $7 million a year. The secretary of Veterans Affairs, Dr. David J. Shulkin, bent on streamlining the massive health care system, recently announced a push to get rid of the buildings within two years, either by leasing, selling or demolition. But the story of Milwaukee’s old soldiers’ home, and the veterans theater next door, shows that it will be far from simple.

On a recent visit to the old hospital on a hill west of downtown, peeling paint hung like Spanish moss in the shadowy corridors, a snow of fallen ceiling plaster moldered on the floors, plastic netting swathed exterior walls to shield visitors from falling brickwork, and at the top of a trembling 19th Century ladder, the remnants of a nest suggested the highest tower had been occupied by a well-fed raccoon.

Despite its current state of dilapidation, though, Old Main is a success story. After years of failed attempts, the department recently leased it to a private developer who next year will begin clearing out the wreckage and transforming it into 80 apartments for homeless veterans. But an equally grand theater next door, called Ward Memorial Hall, stands empty, slowly collapsing with no potential takers.

"If it were easy, we'd be doing it already," Paul Macpherson, who oversees leasing of unused buildings for the department, said as he stood on the weather-buckled boards of the 136-year-old theater's stage and looked at its 800 seats. "But who wants an old theater in the middle of a V.A. campus? We struggle to put deals together."

The veterans health care system is an attic of the nation's good intentions, cluttered with Victorian surgeons quarters and tuberculosis wards, World War I shell shock asylums, New Deal libraries, Cold War bowling alleys and even a monkey house built to keep disillusioned Union veterans entertained.

For many buildings, there is no easy makeover, and few obvious buyers. Paying for upkeep is hard to justify at a time of soaring patient demand. So is paying for demolition. So hundreds of buildings stand preserved, at least for now, in a bureaucratic amber of indecision.

"We believe in honoring the V.A.'s history, but the best way to do that is to provide the best care today," said Gary Kunich, a spokesman for the Milwaukee Veterans Affairs medical center. He was giving a tour of a new, state-of-the-art spinal injury clinic built near Old Main that cost $27 million. Renovating the old soldiers home would have cost nearly twice that, he said, adding, that knocking it down would also cost millions. "We'd rather spend the money here."

Old Main was a model of modernity when it was authorized in 1865 by one of the last official acts of President Abraham Lincoln. It became home to about 1,000 former soldiers who rose at reveille each morning and dressed in blue uniforms, then filed into companies organized by disability. One visitor at the time praised the wards as "large and cheerful: well ventilated and well lighted."

As the building aged into obsolescent, though, it stubbornly resisted solutions. A proposed lease to the City of Milwaukee for offices and apartments, fell apart a decade ago amid protests from local veterans groups.

As Old Main and the theater next-door deteriorated, the department considered calling in the bulldozers. But that plan stopped in 2011 when local preservationists got Old Main protected as a national historic landmark.

Then, in recent years, preservationists working with local veterans and the Department of Veterans Affairs, worked out a 75-year lease that will allow a developer who specializes in historic preservation, the Alexander Company, to renovate Old Main and five other historic buildings on the campus as apartments for homeless veterans.

"The bones of this building are great. You could never afford to build something like this today," said Joe Alexander, company's chief executive, as he toured the dark halls in a white hard hat.

Just behind him, the company's finance expert, Jonathan Beck, added, "The trick was putting together the money."

The $33 million renovation will be paid for through a complex amalgam of low-income housing tax credits, federal housing vouchers, historical-preservation tax credits, grants and private donations, he said. Cost to the Department of Veterans Affairs: nothing.

Preservationists and veterans hailed the deal.

“This is a building of seminal importance to the story of the nation. It is where the story of caring for veterans starts,” said Jim Draeger of the Wisconsin State Historic Preservation Office.

The Department of Veterans Affairs is using similar funding models in Montana, Washington and several other states to convert historic buildings for homeless veterans.

But the same approach has not worked on architectural oddities like the Ward theater next door, which cannot qualify for the same grants and tax incentives aimed at solving homelessness. Closed since the 1980s, the elegant brick and stone theater has hardly changed for generations. Tangles of old film and manila rope haunt the area beneath he stage. Century-old vaudeville and minstrel posters plaster walls in the light booth. The 800 wooden seats, still fitted with wire hat racks, wait under a thick layer of dust

Over the decades, repeated efforts to revive the theater failed, including one fund-raising plan aimed at landing a big donation from the neighborhood kid turned celebrity Liberace, who made some of his first appearances at the theater’s piano.

The cost of simply keeping it locked became apparent a few years ago when the Department of Veterans Affairs had to spend $3 million to repair leaking roofs and windows. At that time, a life-size stained glass portrait of President Ulysses S. Grant that once graced the east wall was decamped to storage. It is unclear if it will ever return.

Plenty of other buildings are stuck in a similar purgatory. In Tuskegee, Ala., a campus erected to serve African-American veterans from the Civil War and World War I has been closed for more than 30 years. The department said a rural location and poor repair have kept buyers away. The same is true of the campus in tiny Knoxville, Iowa, (population 7,200) which has 34 empty buildings including a dairy barn.

Mr. Beck, who worked for the National Trust for Historic Preservation before putting together the financing to save Old Main, said a number of other department properties have potential as housing for the homeless, and Old Main could serve as a model.

“But people will have to act,” he said. “If these places get too far gone, it’s too expensive. Then there are no good options.”

Correction: September 4, 2017
An earlier version of this article referred incorrectly to the location of the National Home for Disabled Volunteer Soldiers. It is west of downtown Milwaukee, not east.

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1.3 - The Washington Times: Social Security pays millions to people VA says are dead (3 September, Stephen Dinan, 10.8M online visitors/mo; Washington, DC)

The Department of Veterans Affairs knew they were dead, but the Social Security Administration kept paying benefits to hundreds of people anyway, according to a new agency audit released Friday that says at least $37 million in bogus payments were made.

Investigators compared the VA's record to Social Security rolls and found nearly 4,000 people who were listed as dead by the VA, but were still getting checks. Some of those people listed as dead were in fact still alive, but others were deceased — and their checks never should have been paid, the Social Security inspector general said.

Among the dead veterans was one who died in August 2008 but continued to get checks until March of this year, when the inspector general got a report from the State Department showing he had died abroad, in Thailand. Social Security paid out $160,000 in bogus payments in that case.

"Based on our sample results, we estimate SSA issued approximately $37.7 million to 746 individuals after they died, and will issue approximately $7.3 million more over the next 12 months if these discrepancies are not corrected," investigators said.

The 746 figure actually may be a dramatic understatement of the problem.

It was based on a sample of 100 veterans the VA said were dead but whose names never were shared with Social Security. Of those, the audit was able to determine the status of only 30 people: 19 of them were deemed dead while 11 others were still alive, despite the VA's records.

The other 70 cases couldn't be determined, meaning there could be many more who actually are dead but still getting payments.

Social Security blamed the VA, saying the department wasn't sending accurate information over.

"We have notified the VA of our concerns with their data and they are reviewing the issue internally. We will continue to process death reports we receive from the VA per our policy, but we are unable to control the accuracy of the information VA provides," Stephanie Hall, acting deputy chief of staff at the Social Security Administration, said in the agency's official response.

In a statement provided to The Washington Times, the VA said it gets almost all of its records correct, but will try to figure out improvements.

"It's important to note that the vast majority of the records VA provided SSA in 2016 were accurate. Nevertheless, VA is reviewing the information we share with the Social Security Administration to ensure we are providing the most complete and up-to-date information possible," the agency said.

The problem seems to have grown over the years.

A decade ago, a similar audit found fewer than 1,700 names listed as dead by the VA but still getting checks from Social Security.

In addition to the basic problems of dead veterans' data not being shared, the audit uncovered a number of instances of identity fraud using veterans' Social Security numbers.

In one instance an Army veteran died in 1980, but someone else used the veteran's number to work from 1978 through 1991. The person then applied for retirement benefits — collecting some $200,000 over the years.

Another Army veteran who died in 2011 had been getting disability checks from Social Security up through this year — totaling $155,000.

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1.4 - Pittsburgh Post-Gazette: Brian O'Neill: Don't chisel this WWII vet out of 'household task assistance' (3 September, Brian O'Neill, 4.8M online visitors/mo; Pittsburgh, PA)

At 90, Lawrence DeLisio mostly takes care of himself, but he needs a little help with the housework.

The Navy veteran of World War II keeps eight bottles of various pills and an inhaler on the kitchen counter of his well-kept North Side home. He uses a walker around the house and a cane when he goes out, but is able to drive himself to the supermarket and to a McKnight Road fitness club three times a week to walk the pool with his buddies.

He can't use the treadmills or stationary bikes or even the risk the hot tub there anymore — "when I was younger, at 80, I was doing that" — but that's OK. Despite everything from a hip replacement to an aneurysm to triple bypass surgery in recent years, he's still very much his own man.

But a mid-July letter from the VA Pittsburgh Healthcare System told him a service provided to more than 1,000 veterans in the area is being discontinued for him. A woman has run a sweeper, cleaned the bathrooms and dusted in his home every couple of weeks for the past four years, but she told him at the of July she won't be coming back.

This man volunteered for the Navy at 17 with four other guys from the neighborhood, and wound up building airfields with the Seabees on Guam and Tinian that allowed American B-29s to bomb Japan and end the war. After he came home and married his childhood crush, he was everything from a driver for the Bettis Atomic Power Laboratory to a Pittsburgh cop to a Las Vegas security guard.

But running a sweeper while using a walker or a cane is an acrobatics act he can do without. So he has sent two letters to President Donald Trump and one to U.S. Sen. Pat Toomey in late July. The senator's office got back to him Friday, shortly after I called it.

Steve Kelly of Mr. Toomey's office said his staff has heard from just two veterans on this issue but they are trying to identify alternate government services to fill the gaps. They've also asked the Pittsburgh VA for more details on why the money for this program is no longer there.

Repeated emails to Pittsburgh and Washington offices of the VA over the course of two days finally brought this answer late Friday afternoon from the Department of Veteran Affairs press secretary in Washington: The VA Pittsburgh Healthcare System granted benefits it couldn't afford.

So after completing "functional assessments" for roughly 1,000 veterans, the facility targeted services toward those with the greatest need — "and many experienced no changes," VA spokesman Curt Cashour said.

“For veterans with the highest functional capacity, who were receiving only household task assistance in small increments, the facility discontinued those services,” he said.

I realized it was not Mr. Cashour’s call. But how is it that a 90-year-old veteran, who lives alone because he lost his wife, Ruth, 25 years ago, who has endured a string of maladies too numerous to name, winds up being such a low priority when all he seeks is biweekly help with the housework?

Mr. Cashour said he would inquire about that.

When I relayed the VA’s answer to Mr. DeLisio, he said, “I’ve had almost every damn part replaced in my body except my head. Maybe I have to get a couple more replacement parts.”

He thanked me for getting an answer, though, and said, “You’re not only helping me. You’re helping thousands of other vets.”

I don’t know that I am, but maybe this program — and Mr. DeLisio’s case in particular — will get a closer look. Avoiding long-term institutional care has to be a net savings for the taxpayer.

When I left Mr. DeLisio Wednesday morning, in his house with an American flag flying 24/7 on a big pole out front, I asked if he ever thought about having a ramp put in to replace all those steps to the front door.

“No,” he said, “I don’t want to get lazy.”

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1.5 - Topeka Capital-Journal: Three high-level, Topeka-based VA officials reassigned in wake of investigation - Employees worked in VA’s member services division (3 September, Katie Moore, 853k online visitors/mo; Topeka, KS)

Three high-level, Topeka-based VA employees have been reassigned in the wake of an internal investigation.

Matt Eitutis, who was the acting executive director of VA member services, is now assigned to the Office of Administrative Operations and Management. Ryan Heiman had been an executive assistant for member services. He is now a health systems specialist. And Shane Kolbaba, who was the chief financial officer for member services is serving as a financial manager, VA press secretary Curt Cashour said.

They were moved from their permanent positions, pending the results of an inquiry by the VA’s Office of Accountability and Whistleblower Protection. The nature of the investigation isn’t being disclosed, Cashour said.

Member services oversees eligibility, enrollment and other programs.

Eitutus and Heiman didn’t respond to a request for comment. Kolbaba deferred comments to VA’s public affairs office.

Eitutis came under fire several times while acting executive director, a position he began in January 2016. The next month, the Veterans Crisis Line was realigned under member services.

In March, an Office of Inspector General report found that the Veterans Crisis Line's "management team faced significant obstacles providing suicide prevention and crisis intervention services to veterans, service members and their families." The inspection concluded there were deficiencies in the governance and oversight of the crisis line's operations.

A report released earlier this month on the VA's enrollment system also cited governance and oversight problems.

"The acting executive director of VHA's Member Services Division acknowledged that they did not review enrollment procedures or otherwise monitor the health care enrollment process nationwide," the report read.

The agency continues to grapple with an enrollment backlog. More than 650,000 applications remain in a pending status.

Scott Davis, a VA whistleblower based in Atlanta, has alleged systemic failings in member services leadership, with disclosures made to President Donald Trump, VA Secretary David Shulkin, Congress and OIG.

"I think they should have been terminated," Davis said, pointing to challenges with the crisis line and enrollment as well as hiring practices.

Davis said member services management impacted the care that veterans received. However, he also contends that problems within the VA are larger than the three employees who were removed from their positions.

"They deny, delay and deflect," he said. "That's pretty much the nature of VA."

In late August, Davis requested a transfer out of the Veterans Health Administration to a different VA department, citing a hostile work environment. He said he's faced retaliation despite a bill signed by Trump in June that's intended to protect whistleblowers.

"Despite changes in legislation signed by this president, there are two systems of justice — one for managers and one for whistleblowers," Davis said.

Eitutis and Kolbaba are also named in a complaint obtained by The Capital-Journal which alleges a litany of transgressions ranging from racial discrimination to department inefficiencies.

Topeka-based member services employee Cain Davis sent the complaint to Shulkin earlier this year. In it, he wrote that member services leadership has methodically replaced senior black leaders with white leaders and treated men more favorably than women.

The complaint also notes ineffective practices.

"Member services leadership pursues activities which are costly, unrealistic and distracts from providing real services to our veterans," he wrote.

Despite numerous external and internal complaints against member services leaders, Cain Davis wrote he was “amazed” more hadn’t been done to address concerns.

He didn’t respond to a request for comment.

A fourth VA employee, based in Atlanta, was also reassigned as a result of the internal investigation. Angel Lawrence, who was the health eligibility center’s director, is now with the Office of Mental Health Operations, Cashour said.

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2. Veteran and Employee Experience

2.1 - Fayetteville Observer: Fayetteville hires first worker through federal veteran internship program (4 September, Monica Vendituoli, 444k online visitors/mo; Fayetteville, NC)

Kenneth Tyree is grateful to be the first intern hired through a city internship program for veterans.

“My favorite part when I come here is the greetings,” Tyree said. “There’s a lot of good attitudes here.”

Tyree, a former Army sergeant, was hired on Aug. 14 as an office assistant for the city’s bus transit department. It is a new position at the city.

Tyree began as an intern in the same role on Aug. 22, 2016, through the city’s Veterans Internship Program funded by the U.S. Department of Veterans Affairs.

Mayor Nat Robertson and Councilwoman Kathy Jensen began working to bring the program to Fayetteville about a year and a half ago. Since then, seven veterans including Tyree have been hired as interns to work for the city. Tyree is the first to move into a full-time job with the city.

The interns have worked in a variety of departments, including the city manager’s office, finance, transit, parks and recreation and police for six months to a year.

“These qualified veterans do meaningful work aligned with their skill sets, ultimately, helping them gain the necessary experience in their respective fields,” Assistant City Manager Jay Reinstein said.

Reinstein meets with the Department of Veterans Affairs once a month to review resumes submitted to the program. He then aims to connect veterans who apply with meaningful work the city needs to get done.

“I don’t want anyone here to twiddle their thumbs,” Reinstein said.

Automotive Supervisor Juan Larregui said Tyree was a perfect match for his internship, as he worked in logistics while in the Army.

“He’s been a very productive employee,” Larregui said.

Tyree’s role includes documenting when maintenance occurs on city vehicles and other record-keeping. Larregui said Tyree has helped saved the city money by making sure vehicles are scheduled for preventative maintenance before big issues occur.

In addition, Larregui said, Tyree is great at keeping in touch with all of the maintenance employees and talking to them about their needs.

“He spends a lot of time talking to the employees,” Larregui said.

While Tyree is the only intern to have been hired by the city, Reinstein said other interns have moved on to get other jobs, including one who was offered a position at Lockheed Martin, a defense contractor.

Anyone interested in learning more about the program should contact Reinstein at 433-1979.

Staff writer Monica Vendituoli can be reached at mvendituoli@fayobserver.com or 486-3596.

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2.2 - WATE (ABC-6, Video): Tellico Plains veterans appeals VA after personal information is sent out (4 September, Don Dare, 443k online visitors/mo; Knoxville, TN)

TELLICO PLAINS, Tenn. (WATE) — In Tellico Plains, former US Navy machinist-mate Bob Boyd has an appeal underway with the Veterans Administration. Boyd, who is disabled, was severely injured while on active duty back in 1985.

Today, Boyd is unable to work. At the beginning of August, he received claim forms for himself — and, surprisingly, for two other veterans.

“Got some paper work from the Veterans Administration on a claim that I have this is mine,” said Boyd holding up his claim. “It has my name full address and full social security number. Right behind that is this other veteran with his full social security number. And another veteran: name, address, and full social security number. The main concern I have is that these people’s privacy has been violated with their full social security numbers. If the wrong person got a hold of that information they could wipe out their bank account credit accounts or what every.”

In the letters to the veteran from Florida and to the other veteran from Texas, Boyd pointed out the men had a limited amount of time to respond to the VA Appeals office. The veterans had 10 days to reply to the letters or their case could be turned down.

Boyd said the day he received the letters, he contacted Senator Lamar Alexander’s office in Knoxville to let them know of the mistake.

“They notified the privacy officer up there because the Privacy Act has been violated.They’re going to give these people an extension because their time-frame has expired,” said Boyd.

He expects to hear from the VA about his appeal soon. Boyd says he hopes to save the two men a lot of heartache.

“I’m going through the process right now so I know how important it is,” said Boyd. “So, I had to notify them.”

Receiving two other letters stuffed in Boyd’s mail certainly was unusual and was obviously a mistake. WATE 6 On Your Side was told Boyd took the correct action by immediately calling the right people, in this case U.S. Senator Alexander’s Office.

If you are ever mailed information meant for someone else, don’t toss it. You can either:

> Write, “not at this address: return to sender,” then put it back in your mailbox
> Or let your carier or post office know about the important documents.

Boyd took quicker action in order to prevent his fellow veterans from missing a deadline.

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2.3 - Johnston County Report: JoCo Marines Visit VA Medical Center (4 September, 1.5k online visitors/day; Smithfield, NC)

On Aug. 29th, members of the Johnston County Marine Corps League Carry-On Detachment # 1236, aka the JoCo Marines, visited with Veterans at the Durham Veterans Affairs Medical Center to host a quarterly bingo game and share camaraderie. The local organization thanked the veterans for their service to our country and made sure they had not been forgotten.

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3. Access to Healthcare

3.1 - U.S. News & World Report (AP): Hassan to Address Manchester VA Center Mental Health Summit (5 September, 24M online visitors/mo; Washington, DC)

MANCHESTER, N.H. (AP) — Democratic New Hampshire Sen. Maggie Hassan is planning to discuss her efforts to strengthen the state's community-based mental health system at this year's Manchester VA Medical Center's mental health summit.

Attendees also will be spending Tuesday discussing the eradication of veteran suicides while addressing access to health care in specialty populations.

Specialty topics will include substance abuse, aging, lesbian, gay, bisexual, transgender and women veterans.

The summit is being held at the Radisson Hotel in Manchester.

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3.2 - Sacramento Bee: **'I don't know if it's a miracle, but it's working for me.' Treatment may help with PTSD** (4 September, Molly Sullivan, 4.8M online visitors/mo; Sacramento, CA)

After three combat deployments to the Gulf War, Iraq and Afghanistan, something as simple as the smell of hay could trigger Rick Burth's post-traumatic stress disorder symptoms.

The smell of gunpowder and jet fuel put him on edge, too. He'd known he had PTSD for a long time, but he never talked about it.

"There was this stigma, so you didn't want to say anything," said Burth, 49, a Roseville resident and threat assessment specialist with the state Office of Emergency Services. "You just kept your head down and kept doing your job, but after awhile, it just got bad."

Other treatments hadn't worked, so Burth opted for a novel procedure that some say is a quick and effective way to quiet the anxiety and agitation that PTSD patients frequently experience. He traveled to the Chicago area, where a doctor injected a local anesthetic into his neck, targeting the nerves that regulate the body's "fight-or-flight" response to perceived threats.

The treatment, called stellate ganglion block, has typically been used for pain management, but Dr. Eugene Lipov, an anesthesiologist, said he discovered in 2005 that it has the potential to relieve PTSD symptoms.

The 10-minute procedure halts the nerve impulses to the brain that trigger anxiety and jitters in trauma victims, Lipov contends.

Experts disagree on its effectiveness, but some doctors and patients say it seems to be a useful tool in combination with therapy and other medications, which may not always provide relief.

Burth said it helped calm his mind to the point where he could think more rationally about the traumatic events in his past.

The former Marine said he started noticing symptoms after returning from the Gulf War in 1991, and that his symptoms grew worse when he went to Iraq, where he was part of the anti-terrorism team for the California Army National Guard.

"The day-in, day-out fighting – getting shot at, shooting back, things blowing up around us – that compounded the issue," he said.

When Burth came home, he couldn't sleep. He couldn't stand being in crowds. He was abusing alcohol. And it was all wearing on his wife and two young sons, he said. He'd been on anti-anxiety medication for years but never noticed much difference, he said.

"I was just really short-tempered. Always go, go, go. Didn't have time to stop and listen to folks because I was always so anxious," he said.

There are nearly 8 million Americans like Burth suffering from PTSD, many of them military veterans, according to the Department of Veterans Affairs. PTSD is the third most common psychiatric diagnosis in the Veterans Health Administration.

People can develop PTSD months after they experience a life-threatening event or trauma such as a mugging, sexual assault or the sudden death of a loved one. Its symptoms are broad because everyone's PTSD manifests differently, said Dr. David Schafer, acting associate chief of staff for mental health at the Sacramento VA Medical Center.

People can relive a traumatic event such as an ambush or bomb attack in nightmares or flashbacks. They might also avoid places and situations that remind them of the trauma. Feeling anxious, jumpy and experiencing panic attacks are common symptoms.

Burth, for instance, would become agitated at the smell of hay because he'd been in gunbattles in fields and orchards.

"For many, the easiest and safest thing to do is stay home with the door locked, sleeping on the floor by the closet," Schafer said. "The challenge with avoidance is that it works."

Approved treatments of PTSD include reintroducing patients to the people, places and things they might find distressing. To work through the trauma, they attend therapy sessions for 10 to 15 weeks as they try to understand their reactions to events. Medications may also be prescribed to help take the edge off, Schafer said.

Burth had gone through months of therapy, including a monthlong stint in a Texas rehabilitative treatment center, but his PTSD symptoms always returned, he said.

"It was helpful," he said, "but after you get back home and get back into the same old routine, things pop up again, and you try to remember how to work through it on your own."

Burth learned of stellate ganglion block through his mother-in-law, who volunteers with the Global Post Traumatic Stress Injury Foundation, which pays for veterans to receive the $1,600 treatment because it isn't recognized or covered by the VA. The foundation is having a fundraiser at the Granite Bay Golf Club on Sept. 11.

Chris Miller, a local developer and philanthropist, was moved by the testimonials he heard at a foundation event in Washington, D.C., last year, where soldiers and veterans spoke of their symptom relief after receiving the anesthetic treatment. Because there is a large military population in the Sacramento area, he decided to host his own fundraiser for the foundation, he said.

In March, helped by the foundation, Burth went to Lipov's clinic near Chicago. After the first injection, he said he didn't feel much different.

If patients don't feel relief after the first injection, Lipov said, he'll give them another injection higher in the neck. The second injection has a 90 percent success rate, he said.

After the second injection, "I didn't feel different physically, but I felt different mentally," Burth said. "Things slowed down. I didn't have a million thoughts. I didn't have that anxious and paranoid feeling, always looking over my shoulder. All of that kind of dissipated."

Lipov said he's performed stellate ganglion block procedures on 500 veterans with a 70 to 75 percent success rate.

So far, the anecdotal evidence about the procedure is mainly positive, but the scientific data is inconclusive as to whether stellate ganglion block is widely effective at treating PTSD, said Dr. Michael Alkire, an anesthesiologist at the VA Long Beach Healthcare System, who is studying the treatment with Dr. Christopher Reist, a psychiatrist.

The Department of Veterans Affairs has launched studies into the procedure because the long-term side effects remain unknown. One study is being conducted at the VA Long Beach Healthcare System.

In February, the VA Portland Health Care System found there was insufficient evidence to say stellate ganglion block was an effective treatment for PTSD. In trials, at least 75 percent of the subjects reported improvement. But when the treatment was tested against a placebo, a shot of the local anesthetic fared no better than a saline injection.

“The pattern suggests that, while it is possible that some patients benefit, the response rates seen in case series will not hold up in actual practice,” the researchers said. “Substantial uncertainty remains about the potential harms of (stellate ganglion block) as well.”

At VA Long Beach, Reist and Alkire have been performing stellate ganglion blocks to collect better data and understand when it can be effective. Their research has included 17 patients who are selected according to whether they’ve tried medication or psychotherapy without improvement. Of the 17 subjects, 13 reported immediate or gradual relief from their symptoms, the doctors said.

While the sample size is small, Reist and Alkire have found the blocks are most successful for patients who have symptoms of hyperarousal, which is like being in a constant state of fight or flight. The stellate ganglion block eases the patients’ tension and anxiety so they can engage in traditional therapies for PTSD, Reist said.

Alkire said it’s important to note that the treatment doesn’t work for everyone. He recalled the case of one patient who wanted it to work so badly that, when it didn’t, he spiraled into a deeper depression.

No treatment erases the memory of trauma, Schafer said. “Part of trauma-focused work is walking through the trauma and putting it in context, expanding people’s understanding of what happened.’ ”

Burth agreed. “This is not a be-all, cure-all,” he said. “This is something that calms your mind and allows you to deal with the memories that are always there.

“Since the injection, I can look at things in a different light and deal with it. I had someone ask me if this is a miracle, and I said, ‘I don’t know if it’s a miracle, but it’s working for me.’ ”

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3.3 - Pittsburgh Tribune-Review: New VA medical center near Butler expected to drive surge in patients (4 September, Brian C. Rittmeyer, 1.5M online visitors/mo; Pittsburgh, PA)

Built as a tuberculosis sanitarium but never opened as such, the Butler veterans hospital was not designed for its current use.

It was built as a 500-bed inpatient facility and laid out as such, Butler VA Health Care spokesman Ken Kalberer said.

But a new health care center opening Tuesday was designed and built to fit the hospital's emphasis on outpatient care.

The Abie Abraham Department of Veterans Affairs Health Care Center was built on 46 acres of farmland on North Duffy Road in Center Township, about 2 miles from the existing facility.

It is named for Abraham, a World War II veteran who was a prisoner of war and a survivor of the Bataan Death March. He volunteered at the Butler VA for 23 years before he died in 2012.

The VA is leasing the two-story, 168,000-square-foot building for 20 years from Cambridge Healthcare Solutions of Virginia.

Planning for the center started about 10 years ago, and construction started in late 2015, Kalberer said.

The VA awarded the lease to Cambridge after canceling a lease with Westar Development to build the clinic next to the VA campus at Deshon Woods.

The new facility offers services for primary care, speciality care, mental health, dental, diagnostic, laboratory, pathology, radiology, podiatry, optometry, pharmacy, physical rehabilitation and women's health.

Everything in the old building is in the new one, Kalberer said. New features include an aquatherapy pool and bone density scanners.

It will employ about 450 people.

Kalberer said the center is primarily meant to serve veterans in its service area, which includes Armstrong, Butler, Clarion, Lawrence and Mercer counties.

But Kalberer said veterans from outside those counties, including Allegheny and Westmoreland counties, can use it if they wish.

“If they want to drive up here and use the facility as opposed to Pittsburgh, it's the veteran's choice,” he said.

In its last fiscal year, Kalberer said the Butler VA had more than 25,000 enrolled veterans with more than 250,000 visits. They're expecting to increase to more than 30,000 enrolled, with upward of 350,000 visits, in the new center's first year.

Rob Hamilton, director of operations for Veterans Place of Washington Boulevard, said veterans will travel for the services they need.

He said veterans who don't like traveling into the city may go to Butler for easier access.

“I imagine those in the A-K Valley would utilize the Butler outpatient facility more than they would prefer to drive down to Oakland, especially the older population who would be using those services a lot more,” he said.

Kalberer said the Butler VA has been growing at about 12 percent each year. Why that's happening is a “good question,” he said.

“Veterans recognize we provide great care here. I hear that all the time,” he said.

“We're very excited. We're starting a whole new chapter in our history,” he said. “We're confident, come Tuesday morning, we'll be ready to go.”

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3.4 - Seacoast Newspapers: Healing for veterans (3 September, Karen Dandurant, 829k online visitors/mo; Portsmouth, NH)

ROCHESTER - In another of the many innovations started by Frisbie Memorial Hospital CEO John Marzinzik, area veterans can now access yoga classes and acupuncture treatments - free of charge.

“I worked with the VA (Veterans’ Administration) and said we want to start a clinic, with no paperwork and no billing,” said Marzinzik. “I said we want to start right away and treat as many veterans as walk through the door.”

Marzinzik worked with Kevin Forrest, associate director for the Manchester VA.

“He is a guy who also likes to think out of the box,” said Marzinzik. “He agreed to fund half of the acupuncture clinic. I am writing the check for the yoga.”

The free classes for Yoga & Acupuncture for Veterans are both on Wednesdays, at 95 South Main St., third floor. No registration is needed, only a military ID. They are offered by Kimberly Dowling of Water & Grain Oriental Medicine, Eliot, Maine.

Acupuncture for PTSD is from 10 a.m. to noon, for a 30-minute session. The last session begins at 11:30 a.m. The yoga class is from 1 a.m. to 2 p.m. Both are sponsored by Frisbie Memorial Hospital and are free of charge to veterans.

Marzinzik is a firm believer in acupuncture. He uses it to ward off the need for a full knee replacement and says that so far, it is working just fine.

“I go to (Kimberly) Dowling every month,” said Marzinzik. “I need a knee replacement. I went through treatment, even got shots for eight months until they said there was nothing left to do, but the surgery. But my wife convinced me to try this. I am back to downhill skiing. I will do this as long as it works.”

Marzinzik said his wife discovered acupuncture for her sciatica, severe back pain. He said it worked for her. He was skeptical but gave it a try.

“We feel strongly about acupuncture,” said Marzinzik. “It has been a successful method to treat our issues without the use of medication or surgery.”

The main goal of the acupuncture for veterans is to treat post-traumatic stress disorder.

“We use auricular acupuncture,” said Dowling. “The ear is used in a treatment system for addiction. It works for stress, too. The ear is a microcosm of body systems and many are involved in PTSD. Stress and addiction are closely tied together in the body systems.”

Dowling, a fully licensed and certified acupuncturist, said the acupuncture she uses with the veterans can be done in a group. She said it takes minutes to administer the tiny needles (which are not painful) and then the person needs to sit for a period. So, several veterans may be sitting around together with their needles, which offers a good opportunity for them to chat with each other, a bonus.

“The acupuncture also is having a positive impact on their pain,” said Dowling. “When a person is stressed, their pain is higher. Take away the stress, their pain decreases. I had one patient come here who was referred by his doctor. He came for stress but he had pain in his head. I treated him and the unintended effect was that his pain went away. Everyone has a different experience though.”

Dowling worked with veterans during her clinical trials in Boston.

“I took PTSD classes,” she said. “My father served in Vietnam. My grandfather was a prisoner of war during World War II.”

Dowling said the word seems to be getting out about her service. She said each week since she started there seems to be an average of one new participant a week.

Marzinzik said an added benefit of relieving the stress of a veteran is that it trickles over to their families, and possibly their community.

“Chinese medicine says that if you treat one, you treat many,” said Marzinzik. “If we can alleviate things like poor sleep, anxiety and panic attacks there can be improvements in many types of relationships.”

Yoga, which involves meditation and calming exercises is the second arm of Marzinzik’s effort to offer services to veterans. The afternoon class is taught Nancy Garnhart of Yoga in ME of Eliot, Maine.

“I was doing a class for veterans in Eliot, as part of my practice,” said Garnhart. “I have been running that class for three and half years and it continues to grow. John (Marzinzik) lives in Eliot and he approached me about doing a class here for veterans living with PTSD.”

Garnhart said she wants her class to be a safe place for men and women. She said she took extra training to offer classes for veterans and that it changed her perspective on how she teaches her classes.

“Yoga can help improve sleep,” said Garnhart. “It can provide a sense of overall well-being. Blood pressure can lower. But we also want to create that sense of camaraderie, a place to be

with other veterans. I want to teach in a way that is inclusive of their lives and what they are experiencing."

Rochester resident Florence Howard is a veteran taking Garnhart's class. She said she used to take her class in Eliot until she moved to Rochester and the distance became an obstacle.

"I come because I find it relaxing," said Howard. "My body feels good after a class. I feel relaxed and calm after yoga with Nancy."

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3.5 - WFLA (NBC-8, Video): VA records: Veterans 17 times more likely to develop rare eye cancer (4 September, Steve Andrews, 713k online visitors/mo; Tampa, FL)

PASCO COUNTY, Fla. (WFLA) – A Dade City couple wants to know why a rare eye cancer is showing up at an alarmingly high rate in veterans than in the general population.

According to numbers that the Department of Veterans Affairs provided to Mark and Beth Rutz through a Freedom of Information request, veterans were diagnosed with Choroidal Melanoma at a rate nearly 17 times higher than non-veterans.

Mark Rutz lost an eye to Choroidal Melanoma, a rare cancer that can spread rapidly through the body.

"It's frightening and people need to be aware, because it's out there," said Mark's wife Beth.

Mark served in Vietnam in 1970-71. He was told Agent Orange won't hurt you.

"I remember a guy going through basic in-doc over in Vietnam, picking up a quart jar of Agent Orange and drinking from it," said Mark.

Now we know Agent Orange causes several types of cancer.

About 1,900 people in the U.S. are diagnosed each year with Choroidal Melanoma.

"It's rare in the general population," explained Mark.

Based on those numbers, the disease should only show up in about 126 veterans per year, but the numbers provided by the VA are staggering.

From 2008 to 2010, thousands of new cases were diagnosed each year at VA facilities.

In 2008, the VA diagnosed 2,092 cases of Chorodial Melanoma. In 2009 it was 2,237 and in 2010, 2,067 cases were diagnosed.

"They're going way up into the 2,000's at the VA facilities, how is that even possible?" asked Beth Rutz.

"What I know is, it's not rare for veterans, for Vietnam veterans," added Mark.

The numbers have gradually dropped in the years after 2010. Beth believes that is because less and less Vietnam veterans are still alive. She believes the VA has a moral and ethical obligation to investigate why so many veterans developed this disease.

“But, people won’t look into that,” she said. “Are they at risk of losing their job because they work for the VA? Do they not want to be punished because they are helping something as a whole?”

In mid-August, the Blinded Veterans Association asked Congress and the VA to conduct a comprehensive medical study on Vietnam-era veterans with eye cancer to determine if there is any association with exposure to Agent Orange or any other toxins.

“People are losing their eyes. They’re losing their vision, there’s grandfathers, great grandfathers,” Beth explained.

Mark Rutz has his own take on what’s happening.

“Old Navy guys and Army guys are just screwed,” he said.

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3.6 - WBTV (CBS-3): VA, charity send veteran to the streets after attempts to blow the whistle on veteran's shelter (4 September, Nick Ochsner, 321k online visitors/mo; Charlotte, NC)

ASHEVILLE, NC (WBTV) - An Asheville veteran faces life on the streets after trying to blow the whistle on questionable practices at the long-term residential facility for homeless veterans at which he was staying.

Greg Armento moved into the Veterans Restoration Quarters run by the Asheville Buncombe Community Christian Ministry in September 2015. He had recently moved back to Asheville, in need of a place to live after losing his job as a graphic artist.

The ABCCM runs the Veterans Restoration Quarters with money from a grant program administered by the United States Department of Veterans Affairs known as the Grant Per Diem program.

The Grant Per Diem program pays organizations a daily amount of money to provide homeless veterans room and board. Organizations that house veterans as part of the program take in roughly $1,300 each month for every veteran given food and shelter.

Armento, who joined the program as a resident at ABCCM’s Veterans Restoration Quarters two years ago, has been raising questions about the organizations’ practices for more than a year.

Residents at the living quarters are required to perform unpaid labor as a condition of living at the facility, according to Armento and documents reviewed by WBTV.

Each veteran is required to perform “service hours” as part of his stay at the facility. In court documents, lawyers for ABCCM have called the service hours voluntary but Armento disputes that characterization.

“You’ve got to get up at four o’clock in the morning and scrub toilets and not get paid for it and you’ve got to do it every day,” Armento told WBTV. “Your alternative is, if you don’t like the rules here, there’s the door.”

In addition to living at the ABCCM facility, Armento also worked as a front desk manager for the organization. Armento provided WBTV a summary of his time spent working for the organization, often 40 or more hours a week.

But, documents Armento gave WBTV show, he was often paid for far fewer hours than that. Of the more than 1,300 hours Armento kept track of working, he said ABCCM failed to pay him for more than 300 of them.

“I was putting in about 40 (hours) a week or more and only getting paid for about 16 or maybe 24 hours,” Armento said.

First, he called Senator Thom Tillis’ (R-NC) office. When that didn’t lead to a change, Armento filed a lawsuit against ABCCM in federal court.

A letter from the VA to Tillis’ office confirms the local Asheville VA Medical Center reviewed Armento’s complaints of being forced to work for free as a condition of living at ABCCM’s facility and confirmed that was a requirement to participate in the charity’s service hour program.

There is nothing in the VA’s manual on the Gran Per Diem program that says a charity participating in the program should require veterans to perform service hours as a condition of receiving room and board.

A court filing on behalf of ABCCM in response to Armento’s lawsuit characterizes the service hour requirement as “voluntary” service, even though the same filing acknowledges a document from the VRQ that clearly states service hours are mandatory for staying at the facility.

Armento didn’t get help from calling Tillis’ office or the VA but he did get an eviction notice from ABCCM.

The 62-year-old veteran has been told that he must vacate the VRQ by Tuesday, September 5, 2017.

Armento said staff at the facility began to retaliate against him soon after his attempts to blow the whistle on their practice of requiring service hours.

First, he said, they tried to take away his job. Then, he said, they told him he would have to leave the VRQ.

Armento must leave the facility by September 5, 2017, exactly two years from the day he moved into the facility.

“Mr. Armento has exhausted his two years of services,” Scott Rodgers, ABCCM’s executive director, said in an email to WBTV.

The VA's handbook for the Grant Per Diem program says veterans should aim to participate in the program for no more than two years; the program's aim is to help veterans transition from homelessness into stable employment and living situations.

But the guidelines governing the program also clearly say veterans can stay in the program longer if necessary.

"Individual participants may be extended past their 24 months, 'if permanent housing for the Veteran has not been located or if the Veteran requires additional time to prepare for independent living' (see 38 CFR 61.80(d))," the GPD handbook says.

ABCCM told a federal judge in August that Armento's continued residence at its veterans facility would go unfunded.

"If ABCCM is required to continue housing Plaintiff beyond September 5, 2017, ABCCM will be forced to draw exclusively on its own funds and will not be able to free a bed for one of the individuals on the waitlist," the facility's supervisor attested in an affidavit.

The sworn statement ignores the fact that, under the law, the VA can continue paying for Armento to stay at the facility past the two-year mark.

Armento must leave ABCCM's facility on Tuesday. He said the VA has not offered to provide him any additional help with housing.

"The VA just seems to dither and delay," Armento said, noting that he felt like the VA has turned its back on him.

A spokeswoman for the VA claimed Armento has been offered a number of housing alternatives but, when pressed to provide details of what those housing alternatives were and when specific housing arrangements were offered, could not provide any.

"Housing options offered to Mr. Armento include: Homeless Prevention, Rapid Rehousing Programs, Senior Housing, and Public Housing. He was also offered temporary housing at the Salvation Army or other emergency shelters until more permanent housing could be found," VA spokeswoman Armenthis Lester said in an email to WBTV.

Lester could not provide any specific dates on which specific alternate housing was offered to Armento or what that alternate housing arrangement was.

Similarly, Lester incorrectly told WBTV that Armento could no longer participate in the Grant Per Diem program.

"It is my understanding that the Veteran is not eligible for extension. However, you will need to reach out to ABCCM to get further details," Lester said.

In a follow-up conversation, Lester could not explain why ABCCM would be responsible for determining who is and is not eligible for an extension of the GPD program even though the VA administers the federal funds and has oversight authority over the organizations that house veterans.

Armento said last-minute assistance from the VA was his last hope for staying off the streets. Now, because he has not received that help, he will not have anywhere to go.

“Because I spoke out, I am an outcast,” Armento said. “And this Tuesday I’ll be homeless.”

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3.7 - Houston Public Media: VA Mobile Vet Centers Deploy to Houston - The VA has deployed four Mobile Vet Centers to Houston to offer counseling services to Veterans and the community affected by Hurricane Harvey. (4 September, 120k online visitors/mo; Houston, TX)

On Sept. 3, the US Department of Veteran Affairs deployed four Mobile Vet Centers to Houston to provide counseling services to Veterans and the community affected by the aftermath of Hurricane Harvey. Clinicians will be present with each Mobile Vet Center in Houston to provide support to Hurricane Harvey evacuees.

The MVCs are 38-foot community outreach vehicles equipped with two confidential counseling rooms where Vet Center counselors can meet privately with those in need to provide counseling support. VA personnel are on hand to provide crisis counseling and benefits referral.

VA operates 80 Mobile Vet Centers nationwide to enhance all three primary Vet Center functions of outreach, direct service delivery, and referral.

These MVCs will operate September 3rd – September 30th and will be open each day from 9 a.m. to 6 p.m.

The MVCs will be located at the following locations:

NRG Arena
1NRG Park (Blue Section)
Houston, TX 77054
American Legion Post 658
14890 FM 2100
Crosby, TX 77532
Gallery Furniture
6006 North Freeway
Houston, TX 77076
Lone Star Veterans Association
2929 McKinney Street
Houston, TX 77003

Vet Center staff respect the privacy of all clients, and we hold information in strictest confidence. No information will be communicated to any person or agency without written consent, except in necessary circumstances to avert a crisis. For further information contact www.vetcenter.va.gov.

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3.8 - Bluefield Daily Telegraph: Meeting the need, VA clinic outgrowing its current site (3 September, 74k online visitors/mo; Bluefield, WV)

The long and difficult fight for a new Veterans Administration clinic in Mercer County was a well-documented struggle. Victory was ultimately declared in February of 2015 when plans for a new VA clinic in Princeton were approved.

A number of key players, including local veterans advocate Al Hancock and U.S. Sen. Joe Manchin, D-W.Va., played critical roles in helping to bring this all-important project to fruition. Since that time, the new facility has served veterans in our region well. So well, in fact, that the facility is dealing with overcrowding and space limitation issues.

The clinic, which is a satellite of the Beckley VA Medical Center, is currently located on North Walker Street in Princeton, but space limits the services that can currently be offered.

Those limitations have prompted the VA to consider a possible move to another site, Shane P. Sullivan, acting public affairs officer with the Beckley center, told the Daily Telegraph last week.

“The current space provides the necessary services to our veterans,” Sullivan said. “But moving to a larger space will allow Beckley VA the flexibility to offer even more services and to grow with our veteran population.”

The decision on where to relocate the facility is currently in the hands of the federal VA.

“Several sites in Princeton and Bluefield have been evaluated,” Sullivan said. “But no final decisions have been made at this time.”

One site that has been proposed by Bluefield City Manager Dane Rideout is the former Consol Energy building on John Nash Boulevard near exit 1 off Interstate 77. Rideout says the city of Bluefield would like to be a part of the discussion when it comes to potential sites for the proposed relocation. He points out that the old Consol building is close to Interstate 77, the Bluefield Area Transit and Bluefield Regional Medical Center.

Other potential sites being considered by the VA have not yet been made public.

We are grateful to have a VA clinic here in Mercer County, and it is imperative that we retain a brick-and-mortar facility to serve the growing population of veterans in the region. Regardless of whether it is in Bluefield or Princeton, it is our hope that a suitable location can be found that will meet the unique needs of the VA, and those veterans who are served by the clinic. This includes adequate space and parking.

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3.9 - The Journal: Local vet who was homeless shares story (4 September, Connor Cummiskey, 47k online visitors/mo; New Ulm, MN)

In the first six months of 2017 the Brown County Veterans Service Office (VSO) spent 40 hours on five cases of homeless veterans.

Homelessness is a serious problem for anyone, but it seems particularly egregious when it happens to the men and women who pledged their lives to defend the country. In one local veteran's experience, a lot of it comes down to simply asking for help.

"It is a pride thing. If I can go and serve my country, how can I not put a roof over my head? But sometimes you just have to admit that you need a hand up — not a handout, but a hand up," Navy veteran Holly Rebecca Rahe said.

At the end of 2013, Rahe spent two weeks living in a van near a fishing spot off of Judson Bottom Road in Mankato with her fiancé Alex Nelson and her now-8-year-old daughter Savannah.

It started when Rahe and Nelson lost their jobs. They moved to Coon Rapids to live with some of Nelson's family for a time.

Rahe got another job; however, that company soon closed and they moved back down to southern Minnesota. Once here, their Chevy Blazer broke down.

Using Rahe's Veterans Administration (VA) disability check to pay for food and blankets, and Nelson's friends for rides, the two spent late November and early December applying for any job they could find.

It was not until she called the Veterans' Crisis Line that Rahe got the help she needed.

"It took me getting over my pride and saying 'hey, you have got a kid here to take care of, get it together,'" Rahe said. "That one call to the crisis line saved our lives, it really did."

Rahe began speaking with Sue Worlds with the Minnesota Assistance Council for Veterans (MACV) and later Greg Peterson, the Brown County Veterans Service officer.

"Those two were like a whirlwind," Rahe said.

"Within 60 hours we had a home for them to rent," Peterson said. "Veterans' organizations purchased furniture. There was a Christmas tree purchased and presents put under the tree and a real outpouring of support."

Worlds put them up in a motel with food for Savannah. Rahe got a job at 3M and the three moved into the Colonial Inn. It took about three weeks before their new home was ready to move in, and they have been there ever since.

Numerous organizations help homeless vets, including MACV, the Veterans Service Office (VSO), Beyond the Yellow Ribbon, Disabled American Veterans, VFW, the American Legion and more.

"As a veteran I honestly did not know about all of the programs that are out there to help homeless veterans because it is not something you think about," Rahe said. "They give you transitioning classes and tell you, 'you are going to be okay.'"

Most often, the Brown County VSO works to prevent homelessness from happening.

“A lot of times we will have people that are on the verge of homelessness,” Peterson said. “They are several months delinquent in their rental payments and the landlord is telling them ‘I’ve had it, you are out of here.’ Usually the day they get told that, then they will come and see us.”

Rahe and her family experienced that when Amiliyah, 10-months, was born. She was born with Down Syndrome and had to stay in the hospital. Rahe was not leaving her daughter.

While at the hospital, Rahe could not work. So they fell behind on rent and electricity. She reached out to Peterson who covered about two months rent and electrical bills.

That kept them in house and home long enough for Rahe and her daughter to come home and the family get back on their feet.

Rahe is not the only veteran Peterson has helped, though she was the only one willing to speak openly to a reporter about her experience. Peterson shared his experiences with two other veterans he helped. The first individual had spent a long time “couch hopping.” He had been living out of other people’s homes.

“This person was living in someone’s garage, actually, and then eventually the homeowner said ‘you are gonna have to get out this summer and do not come back,’" Peterson said. Peterson found him living near the river. The first thing he did was give the veteran a sleeping bag. Then Peterson got to work finding the veteran a home.

“There was actually one place we stopped in, the landlord was a veteran himself and he immediately made a connection,” Peterson said. “They were about the same age and he said ‘yeah, I’ll rent him this room.'"

Peterson said in his experience most homeless veterans become homeless after losing a job. So the first thing they need is a sustainable funding source. That is not always just finding a new job. Sometimes it means getting disability checks through the VA.

A second veteran Peterson worked with ended up in New Ulm, living with some family. That veteran reached out to Peterson and in their conversations Peterson noticed the veteran’s difficulty hearing. After testing, the VA rated the veteran at 100 percent disability, granting the veteran $3,000 a month.

“Almost everyone that has been in the military is exposed to a lot of noise. Whether it comes from a firing range, jet aircraft, diesel trucks, they are going to be exposed to a lot of noise that the average person that did not go into the military was not exposed to,” Peterson said. The veteran went from homeless to providing for a family, before passing away about nine months later due to poor health, Peterson said.

The other major cause of homelessness that Peterson has seen is mental illness. Sometimes, veterans will fall into a pit with medication where once they start taking it, they start feeling better and then stop because they do not think it is needed, Peterson said.

Other times they could have delusions or be suspicious of the government and refuse help. Ultimately, for whatever reason, if a veteran refuses help, Peterson cannot do anything to help.

“I wish that there were more veterans that would ask for help, but again, we are prideful people — that is how Uncle Sam raised us,” Rahe said.

When it comes to identifying homelessness, Rahe and Peterson’s answers were pretty similar. Keep and eye out and get to know your community.

“You know when people struggle because you can see them go from — I used to be the happiest, brightest (person) and then I was just the most depressed, I would not talk to anybody, no social interaction,” Rahe said.

Often the best option for homeless people is simply to reach out. Rahe is certain that if she had not done so, the harsh Minnesota winter would have been her end.

“Without people actually coming in for assistance or calling, I do not have any idea if there are homeless veterans here,” Peterson said.

To reach out, veterans can call Peterson at (507) 233-6638 and MACV’s Mankato Office at (507) 354-8258.

“One of the best phrases was always ‘It takes a village to raise a child,’” Rahe said. “Yeah, well, sometimes it takes a village to raise the adults too.”

Some facts about homelessness

While any sort of homelessness is unfortunate, a 2015 study by the Amherst H. Wilder Research Foundation indicates veteran homelessness in Minnesota is on the decline.

Some findings:

• Fewer veterans are homeless.

Wilder Research found veteran homelessness decreased 27 percent from 2012 to 2015. That outstripped the decrease in general homelessness which was 9 percent.

Veterans make up 8 percent of homeless people in Minnesota

The amount homeless people who are also veterans has been in decline since 2000, when it was 16 percent. In 2015, only 8 percent of homeless people were veterans.

• On average, homeless veterans are older.

The average homeless veteran was 51 years old in 2015. That is over a decade older than the average non-veteran homeless person.

• Just under two-thirds of homeless veterans have chronic health problems.

Of homeless veterans 62 percent suffer from mental illness, 61 percent have chronic health problems, 31 percent suffer from substance abuse issues and 36 percent of homeless veterans likely have a brain injury.

• Nearly one-third of homeless veterans are working.

Thirty-two percent of homeless veterans have a job. About half of that, 15 percent, have a full-time job. That is 10 points more than the 22 percent of homeless veterans who were employed in 2012.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - Monroe News: **Veterans Court 'saved my life'** (4 September, Ray Kisonas, 192k online visitors/mo; Monroe, MI)

Fed up with the unrelenting pain and feeling despondent about his life, Gerald Duvall stuck the loaded gun into his mouth and pulled the trigger.

The arthritis in his knees and feet, the herniated disc in his back and the effects of a brain injury had become overwhelming. After serving 10 years in the Army that included five deployments to the Middle East, Duvall came back home to Monroe and battled feelings of worthlessness and depression. And he drank.

But the alcohol mixing with the 20-some prescription pills he ingested daily led to blackouts that were confusing and frightening. And when he did pull that trigger, the gun simply clicked. It was a misfire. And it was also a sign.

"I said to myself: "What am I doing?" Duvall recalled. "It meant that I needed to be here."

During one of his blackouts, he drove and was pulled over. Arrested for drunken driving, Duvall could have become another statistic, another defendant in the criminal justice system. Instead, he entered Veterans Treatment Court. And after a year of counseling, treatment and supervision Duvall is now much more content and has remained sober for the past six months.

"They really do care," Duvall said. "They treat you like a human being. It probably saved my life."

Duvall, 37, said he was worried at first about sharing his story publicly but decided that by doing so, he might make a difference in another veteran's life. He said he knows there are others out there like him who had to battle substance abuse, despondency and feelings of worthlessness that accompany many servicemen and women who return from the war and find themselves in transition to civilian life without direction, order or even reasons for living. He fought all those demons before receiving the help he needed.

"You start feeling worthless," he said. "The anger was probably the worst."

As a member of the 82nd Airborne, Duvall made 67 jumps during his decade in the Army. All those landings from the jumps damaged his back and injured his feet and knees. He said he lost three inches from his height.

Every year from 2002 to 2010 was spent in Iraq or Afghanistan. And while he didn't see much combat, the nearby explosions were ever present and threatening. Back home, he was diagnosed with Post Traumatic Stress Disorder (PTSD).

But the booze mixing with the pills led to serious problems, such as the blackouts where he couldn't remember arguments or even fights.

"I definitely had drinking issues," he said.

After his arrest in 2016, Duvall entered the Veterans Court program and began intense therapy that involved four trips a week to the VA hospital in Ann Arbor. He said those involved with the program are veterans so they could relate to his issues. He understood that he needed help and realized that he either must complete the program or be sent to jail.

He had a relapse while in the program that involved alcohol, anger and guns. Again, it was a wakeup call and he's remained on course ever since. Duvall completed the requirements and after a year he graduated from the program. Now he wants to become a mentor and join the county's Veterans Court to help others.

"I'm all about helping veterans," Duvall said. "I'm definitely a success story."

These days Duvall and his wife of six years, Melissa (they've been together 12 years), are hoping to close on a house in Jackson where the couple and their four children can live hopefully in peace. He said he is happy and focuses on being a better husband and father.

He is confident he will remain sober and stay out of trouble. He says he's doing well and is ready to move forward while enjoying life, something he believes might not have been possible without Veterans Court. His legal issues also have been resolved.

"If I didn't go through Veterans Court I would be in prison or dead by now," Duvall said. "And I do know I have friends if I need to talk."

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6.2 - The Exponent Telegram: Camp Dawson, Mountaineer ChalleNGe Academy to help Brown Bags for Veterans program (5 September, Joseph Hauger, 53k online visitors/mo; Clarksburg, WV)

The personnel at Camp Dawson and nearly 200 cadets in the Mountaineer ChalleNGe Academy have joined with the North Central West Virginia Joining Community Forces to help comfort veterans traveling to Pittsburgh for testing at the VA hospital.

The two organizations are collecting food and drink items that will be donated to the Louis A. Johnson VA Medical Center in Clarksburg for its Brown Bags for Veterans program. The Brown

Bags initiative provides non-perishable food items for those veterans traveling from the Clarksburg hospital to the Pittsburgh hospital for testing and procedures not available at the Louis A. Johnson VA Medical Center.

Because fasting is often required prior to the medical appointment in Pittsburgh and because of the travel schedule of the bus transporting the veterans, those patients often do not have the time or opportunity to find a meal before having to leave for the return trip to Clarksburg. Having to wait that extra time before eating can often lead to medical issues. The Brown Bags for Veterans program provides the needed food and water for the veteran's return trip to Clarksburg.

Retired Lt. Col. Joel Miltenberger helped to launch this project with the Mountaineer ChalleNGe Academy cadets, who will be collecting non-perishable food items for the Brown Bags program. Additionally, a local Pepsi distributor helped kick off the partnership by providing 24 cases of water for the Brown Bags program.

The Louis A. Johnson VA Medical Center goes through as many as 250 brown bags per week because of the travel schedule to the Pittsburgh VA hospital. The Brown Bags project, started several months ago by the North Central West Virginia Joining Community Forces organization, helps to provide the needed snack items to veterans. Since its inception, many civic-minded organizations, individuals and churches have provided items for the VA to use on these trips.

For those groups or individuals wishing to contribute to the Brown Bags for Veterans effort, please contact West Virginia University Extension Agent Becky Smith at 304-624-8650.

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7. Supply Chain Modernization

7.1 - Winston-Salem Journal: Court victory means Winston-Salem jobs for visually impaired are safe — for now (3 September, 849k online visitors/mo; Winston Salem, NC)

A federal judge granted a stay Friday of a ruling that could significantly affect the future of IFB Solutions' Winston-Salem optical lab and potentially 52 jobs.

Potentially at stake is $15.4 million in annual revenue for the nonprofit group formerly known as Winston-Salem Industries for the Blind Inc.

The optical lab at IFB has 45 jobs filled by employees who are blind, including 43 locally, and seven filled by veterans, including three locally.

Judge Nancy Firestone entered a judgment June 30 in the U.S. Court of Federal Claims, confirming her May 12 order in favor of PDS Consultants Inc. of Sparta, N.J.

That judgment could have ended IFB's eyeglass manufacturing contracts with the federal Veterans Administration as soon as Oct. 1.

The legal fight involves the VA as the defendant — with IFB joining as an intervenor — and PDS as the plaintiff. PDS says it is a small business owned by a disabled veteran. It has provided visual products to the VA since 1998.

IFB's appeal to the U.S. Appeals Court of the Federal Circuit was filed July 31. That appeal could take up to a year to be resolved.

While the stay is in effect, the VA is not allowed to deviate from its current ordering contracts.

Firestone approved the stay over PDS' objections, which were heard Aug. 23, in part because of IFB's potential for "irreparable harm" from the loss of 62 percent of its optical services revenue and 15 percent of its overall revenue.

She also took into consideration the potential loss of IFB optical lab jobs.

"While it is true that 'no federal contractor has a right to maintain its incumbency in perpetuity" and 'the potential loss of the benefits of incumbency does not give (a bid protest) plaintiff some sort of automatic to a stay pending appeal," Firestone wrote.

"It is also true that IFB, as a nonprofit that exists to provide employment opportunities for the blind, is no ordinary incumbent.

"For this reason, the court finds that IFB's harm is unique from other incumbents and thus it has established that it will suffer irreparable harm."

Dan Kelly, chief operating officer of IFB, said the stay means "that these contracts, which were at immediate risk, will remain in place, thereby protecting jobs for the individuals who are blind or visually impaired working in our optical lab."

Kelly has said his group "will fight for this right to equal opportunity all the way to the Supreme Court if necessary."

PDS' claim has been that businesses owned by disabled veterans should have priority, based on a recent U.S. Supreme Court interpretation of the Veterans Benefits Act of 2006. The act is also known as Veterans First legislation, one of the ways Congress recognizes and repays disabled veterans for their military service.

Meanwhile, IFB's VA contracts have come through the act known as AbilityOne, passed by Congress in the 1930s, that gives federal government preference to companies that employ the blind or severely disabled.

Firestone's ruling in May prevents the VA from entering any new eyewear contracts unless it performs the "rule of two" analysis as required by the Veterans Benefits Act. The rule of two holds that orders for visual-related products and services can be filled first by at least two qualified small businesses owned by disabled veterans.

The most immediate impact of Firestone's ruling is on an IFB contract, known as VISN 7. VISN is the acronym for Veterans Integrated Service Network, which can cover one or multiple clients in differing production amounts.

Kelly said IFB received a VISN 7 contract extension.

“However, the new contract can be terminated at any time by the government pending their ability to identify a ‘qualified and willing’ veteran-owned small business contractor,” Kelly said.

The court order requires a new VISN 7 contract no later than Jan. 31.

Firestone also took into consideration PDS’ potential harm of loss of future revenue.

“PDS has not identified any concrete harm that will flow to it if it is not able to compete for the eyewear products and services work … the harm it identifies is hypothetical,” she wrote.

Firestone said issuing the stay is in the “public interest” to allow IFB to continue to employ the blind and severely handicapped individuals until the appeal is resolved.

“Today, there is great enthusiasm here at IFB Solutions, although we recognize that this is just one legal victory in a long road to ensuring equal rights for people who are blind to seek and maintain the dignity of work,” Kelly said.

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8. Other

8.1 - FOX News (Video): Report: Social Security pays millions to deceased veterans (4 September, 32.5M online visitors/mo; New York, NY)

This short twenty-three second clip reported on coverage from *The Washington Times* about Social Security payments made to Veterans who are deceased. Video description: Social Security Administration blames the VA.

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8.2 - Shape: MDMA Is One Step Closer to Being Used to Treat PTSD - The FDA just gave the drug "breakthrough therapy" status. Here's what that could mean for future PTSD treatment. (4 September, Rachel Jacoby Zoldan, 3.5M online visitors/mo; New York, NY)

If you've ever heard of the party drug ecstasy, you may associate it with raves, Phish concerts, or dance clubs playing bangers till dawn. But the FDA has now granted the psychoactive compound in ecstasy, MDMA, "breakthrough therapy" status. It's now in the final stages of being tested as a treatment for post-traumatic stress disorder (PTSD), as stated in a press release from the Multidisciplinary Association for Psychedelic Studies (MAPS), a nonprofit organization.

Not only does that particular classification mean that MDMA has been effectively treating patients in previous trials, but also that it's so efficacious that its final phases of testing are expedited. Pretty serious for a party drug, right?

"By granting [MDMA] breakthrough therapy designation, the FDA has agreed that this treatment may have a meaningful advantage and greater compliance over available medications for

PTSD," says Amy Emerson, the executive director and director of clinical research at MAPS. "We'll have a meeting with the FDA by the end of this year—2017—to understand more clearly how we will work closely to ensure the project proceeds and where any possible efficiencies in the timeline can be gained."

PTSD is a serious problem. "Approximately 7 percent of the U.S. population—and 11 to 17 percent of U.S. military veterans—will have PTSD sometime in their life," says Emerson. And the past research on using MDMA-assisted psychotherapy on patients with PTSD has been jaw-dropping: Looking at 107 people with chronic PTSD (averaging 17.8 years of suffering per individual), 61 percent no longer qualified as having PTSD after three sessions of MDMA-assisted psychotherapy two months following treatment. At the 12-month follow-up, 68 percent no longer had PTSD, according to MAPS. But since the sample size was so small—and across just six studies, says Emerson—Phase 3 testing with the FDA is needed to prove MDMA's efficacy on a larger scale.

It's important to note that the MDMA these patients are using in their psychotherapy sessions isn't the same as the stuff you'd get at a party. "The MDMA used for the studies is 99.99% pure and made so it follows all regulatory requirements for a drug," says Emerson. "It's also administered under clinical supervision." "Molly," on the other hand, is sold illegally and may contain little to no MDMA, along with other harmful substances.

And unlike taking a street drug, MDMA-assisted psychotherapy is administered in three single-dose psychotherapy sessions spaced three to five weeks apart. It also includes social support, along with mindfulness and breathing exercises. So while this isn't the okay to take a party drug, it's definitely promising research for those suffering from PTSD.

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

5 September 2017

1. Top Stories

1.1 - The Washington Post (AP): Using tennis as therapy, veterans make it to US Open court (4 September, Brian Mahoney, 43.9M online visitors/mo; Washington, DC)
Jon Atkins was once so overcome by anxiety and depression that he would barely even leave his house. Now he has taken to tennis so much that he found himself hitting on the main stadium at the U.S. Open. The retired Marine's outlook and health have turned around through a partnership the USTA developed with the Orlando VA Medical Center in Lake Nona, Florida.

Hyperlink to Above

1.2 - The New York Times: Old Soldiers' Homes, Left to Just Fade Away - The veterans agency has 430 vacant buildings, including 200 that are more than 90 years old. Now it is trying to get rid of many of them. (3 September, Dave Philipps, 30M online visitors/mo; New York, NY)
When the towers of the National Home for Disabled Volunteer Soldiers began rising after the Civil War, they were seen as soaring monuments to the nation's benevolence. But after more than a century of use, they became more of an albatross. The home was too antiquated to use, too grand to demolish. So a new veterans hospital was built next door at a fraction of the cost of renovation. The Department of Veterans Affairs, seeing no reason to waste money on hiring a wrecking ball, simply locked the doors of the soldiers home…

Hyperlink to Above

1.3 - The Washington Times: Social Security pays millions to people VA says are dead (3 September, Stephen Dinan, 10.8M online visitors/mo; Washington, DC)
The Department of Veterans Affairs knew they were dead, but the Social Security Administration kept paying benefits to hundreds of people anyway, according to a new agency audit released Friday that says at least $37 million in bogus payments were made. Investigators compared the VA's record to Social Security rolls and found nearly 4,000 people who were listed as dead by the VA, but were still getting checks.

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1.4 - Pittsburgh Post-Gazette: Brian O'Neill: Don't chisel this WWII vet out of 'household task assistance' (3 September, Brian O'Neill, 4.8M online visitors/mo; Pittsburgh, PA)
At 90, Lawrence DeLisio mostly takes care of himself, but he needs a little help with the housework… But a mid-July letter from the VA Pittsburgh Healthcare System told him a service provided to more than 1,000 veterans in the area is being discontinued for him. A woman has run a sweeper, cleaned the bathrooms and dusted in his home every couple of weeks for the past four years, but she told him at the of July she won't be coming back.

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1.5 - Topeka Capital-Journal: Three high-level, Topeka-based VA officials reassigned in wake of investigation - Employees worked in VA's member services division (3 September, Katie Moore, 853k online visitors/mo; Topeka, KS)
Three high-level, Topeka-based VA employees have been reassigned in the wake of an internal investigation. Matt Eitutis, who was the acting executive director of VA member services, is now

assigned to the Office of Administrative Operations and Management. Ryan Heiman had been an executive assistant for member services.

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2. Veteran and Employee Experience

2.1 - Fayetteville Observer: Fayetteville hires first worker through federal veteran internship program (4 September, Monica Vendituoli, 444k online visitors/mo; Fayetteville, NC)
Tyree, a former Army sergeant, was hired on Aug. 14 as an office assistant for the city's bus transit department. It is a new position at the city. Tyree began as an intern in the same role on Aug. 22, 2016, through the city's Veterans Internship Program funded by the U.S. Department of Veterans Affairs.

Hyperlink to Above

2.2 - WATE (ABC-6, Video): Tellico Plains veterans appeals VA after personal information is sent out (4 September, Don Dare, 443k online visitors/mo; Knoxville, TN)
In Tellico Plains, former US Navy machinist-mate Bob Boyd has an appeal underway with the Veterans Administration. Boyd, who is disabled, was severely injured while on active duty back in 1985. Today, Boyd is unable to work. At the beginning of August, he received claim forms for himself — and, surprisingly, for two other veterans.

Hyperlink to Above

2.3 - Johnston County Report: JoCo Marines Visit VA Medical Center (4 September, 1.5k online visitors/day; Smithfield, NC)
On Aug. 29th, members of the Johnston County Marine Corps League Carry-On Detachment # 1236, aka the JoCo Marines, visited with Veterans at the Durham Veterans Affairs Medical Center to host a quarterly bingo game and share camaraderie. The local organization thanked the veterans for their service to our country and made sure they had not been forgotten.

Hyperlink to Above

3. Access to Healthcare

3.1 - U.S. News & World Report (AP): Hassan to Address Manchester VA Center Mental Health Summit (5 September, 24M online visitors/mo; Washington, DC)
Democratic New Hampshire Sen. Maggie Hassan is planning to discuss her efforts to strengthen the state's community-based mental health system at this year's Manchester VA Medical Center's mental health summit. Attendees also will be spending Tuesday discussing the eradication of veteran suicides while addressing access to health care in specialty populations.

Hyperlink to Above

3.2 - Sacramento Bee: 'I don't know if it's a miracle, but it's working for me.' Treatment may help with PTSD (4 September, Molly Sullivan, 4.8M online visitors/mo; Sacramento, CA)

People can develop PTSD months after they experience a life-threatening event or trauma such as a mugging, sexual assault or the sudden death of a loved one. Its symptoms are broad because everyone's PTSD manifests differently, said Dr. David Schafer, acting associate chief of staff for mental health at the Sacramento VA Medical Center.

Hyperlink to Above

3.3 - Pittsburgh Tribune-Review: New VA medical center near Butler expected to drive surge in patients (4 September, Brian C. Rittmeyer, 1.5M online visitors/mo; Pittsburgh, PA)
Built as a tuberculosis sanitarium but never opened as such, the Butler veterans hospital was not designed for its current use. It was built as a 500-bed inpatient facility and laid out as such, Butler VA Health Care spokesman Ken Kalberer said. But a new health care center opening Tuesday was designed and built to fit the hospital's emphasis on outpatient care.

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3.4 - Seacoast Newspapers: Healing for veterans (3 September, Karen Dandurant, 829k online visitors/mo; Portsmouth, NH)
In another of the many innovations started by Frisbie Memorial Hospital CEO John Marzinzik, area veterans can now access yoga classes and acupuncture treatments - free of charge. "I worked with the VA (Veterans' Administration) and said we want to start a clinic, with no paperwork and no billing," said Marzinzik. "I said we want to start right away and treat as many veterans as walk through the door."

Hyperlink to Above

3.5 - WFLA (NBC-8, Video): VA records: Veterans 17 times more likely to develop rare eye cancer (4 September, Steve Andrews, 713k online visitors/mo; Tampa, FL)
A Dade City couple wants to know why a rare eye cancer is showing up at an alarmingly high rate in veterans than in the general population. According to numbers that the Department of Veterans Affairs provided to Mark and Beth Rutz through a Freedom of Information request, veterans were diagnosed with Choroidal Melanoma at a rate nearly 17 times higher than non-veterans.

Hyperlink to Above

3.6 - WBTV (CBS-3): VA, charity send veteran to the streets after attempts to blow the whistle on veteran's shelter (4 September, Nick Ochsner, 321k online visitors/mo; Charlotte, NC)
An Asheville veteran faces life on the streets after trying to blow the whistle on questionable practices at the long-term residential facility for homeless veterans at which he was staying. Greg Armento moved into the Veterans Restoration Quarters run by the Asheville Buncombe Community Christian Ministry in September 2015. He had recently moved back to Asheville, in need of a place to live after losing his job as a graphic artist.

Hyperlink to Above

3.7 - Houston Public Media: VA Mobile Vet Centers Deploy to Houston - The VA has deployed four Mobile Vet Centers to Houston to offer counseling services to Veterans and the community affected by Hurricane Harvey. (4 September, 120k online visitors/mo; Houston, TX)

On Sept. 3, the US Department of Veteran Affairs deployed four Mobile Vet Centers to Houston to provide counseling services to Veterans and the community affected by the aftermath of Hurricane Harvey. Clinicians will be present with each Mobile Vet Center in Houston to provide support to Hurricane Harvey evacuees.

Hyperlink to Above

3.8 - Bluefield Daily Telegraph: Meeting the need, VA clinic outgrowing its current site (3 September, 74k online visitors/mo; Bluefield, WV)
The long and difficult fight for a new Veterans Administration clinic in Mercer County was a well-documented struggle. Victory was ultimately declared in February of 2015 when plans for a new VA clinic in Princeton were approved. A number of key players, including local veterans advocate Al Hancock and U.S. Sen. Joe Manchin, D-W.Va., played critical roles in helping to bring this all-important project to fruition.

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3.9 - The Journal: Local vet who was homeless shares story (4 September, Connor Cummiskey, 47k online visitors/mo; New Ulm, MN)
A second veteran Peterson worked with ended up in New Ulm, living with some family. That veteran reached out to Peterson and in their conversations Peterson noticed the veteran's difficulty hearing. After testing, the VA rated the veteran at 100 percent disability, granting the veteran $3,000 a month.

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5. Appeals Modernization – No Coverage

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The retired Marine's outlook and health have turned around through a partnership the USTA developed with the Orlando VA Medical Center in Lake Nona, Florida.

Atkins suffers from post-traumatic stress syndrome, so severe that he said he had become "isolated" before deciding to give tennis a try.

"I was just kind of in a dark place and that allowed me to open my eyes to something new," he said Monday while sitting next to his rescue dog. "I didn't really have a good direction."

Now he has such a passion for the game that he traded in the mountain bike he had stopped riding to get himself two new rackets.

He joined fellow veterans Marc Spittler and Henry Pruitt for the morning hitting session on Labor Day, part of the celebration of the sixth annual U.S. Open Military Appreciation Day. They later watched from a suite above Ashe and were recognized during American CoCo Vandeweghe's victory in a fourth-round women's match.

"I want to thank everyone that's served in the military. We really appreciate it," Vandeweghe said in an on-court interview. "We wouldn't be the country with the 'home of the brave' without you guys, so thank you very much."

Like the pros who played later, the veterans got coaching on the court and even bickered back — though without addressing their instructors as "sir" or "ma'am" as they would in the service.

"That's going to change when we get back," joked Joanne Wallen, the USTA's director of adult individual play. "I want to get, 'Yes, ma'am!'"

Wallen helped spearhead the program that started in the spring, with about 70 veterans from the largest VA hospital in the country getting weekly clinics at the USTA's campus. The program became so popular that some of the wounded kept returning even after their rehabilitation was complete.

Atkins was a soccer player but that sport was too physical for him now. Pruitt tore up his knee playing badminton, and Spittler, having previously left the Air Force, was forced to step down from the California Air National Guard 20 years ago because of his own injuries.

But the veterans found that their battered bodies could handle tennis once they started attending the Monday night sessions. Atkins and Pruitt, a retired Navy jet mechanic who spent most of his career in Asia, even learned that they live nearby and can play each other.

Their families have also taken up interest, and they're having no problem meeting colleagues who want to follow them into the program.

“Now that they’re finding out that I’m into it they all want to go hit balls now, so I’ve always got somebody to play with,” Atkins said.

And on Monday, it was right on the biggest tennis stadium in the world.

“Coming to something like this would have never happened before,” he said.

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1.2 - The New York Times: Old Soldiers’ Homes, Left to Just Fade Away - The veterans agency has 430 vacant buildings, including 200 that are more than 90 years old. Now it is trying to get rid of many of them. (3 September, Dave Philipps, 30M online visitors/mo; New York, NY)

MILWAUKEE — When the towers of the National Home for Disabled Volunteer Soldiers began rising after the Civil War, they were seen as soaring monuments to the nation’s benevolence. But after more than a century of use, they became more of an albatross.

The roof leaked. The wards were sheathed in lead paint and asbestos. The old wiring was a fire waiting to happen.

The home was too antiquated to use, too grand to demolish. So a new veterans hospital was built next door at a fraction of the cost of renovation. The Department of Veterans Affairs, seeing no reason to waste money on hiring a wrecking ball, simply locked the doors of the soldiers home, which veterans had fondly referred to as Old Main, letting it slowly crumble away through what one local preservationist called “demolition by neglect.”

The home has been sealed for 28 years.

The Department of Veterans Affairs has 430 vacant buildings, including 200 that are more than 90 years old. Upkeep on this mothballed fleet costs at least $7 million a year. The secretary of Veterans Affairs, Dr. David J. Shulkin, bent on streamlining the massive health care system, recently announced a push to get rid of the buildings within two years, either by leasing, selling or demolition. But the story of Milwaukee’s old soldiers’ home, and the veterans theater next door, shows that it will be far from simple.

On a recent visit to the old hospital on a hill west of downtown, peeling paint hung like Spanish moss in the shadowy corridors, a snow of fallen ceiling plaster moldered on the floors, plastic netting swathed exterior walls to shield visitors from falling brickwork, and at the top of a trembling 19th Century ladder, the remnants of a nest suggested the highest tower had been occupied by a well-fed raccoon.

Despite its current state of dilapidation, though, Old Main is a success story. After years of failed attempts, the department recently leased it to a private developer who next year will begin clearing out the wreckage and transforming it into 80 apartments for homeless veterans. But an equally grand theater next door, called Ward Memorial Hall, stands empty, slowly collapsing with no potential takers.

"If it were easy, we'd be doing it already," Paul Macpherson, who oversees leasing of unused buildings for the department, said as he stood on the weather-buckled boards of the 136-year-old theater's stage and looked at its 800 seats. "But who wants an old theater in the middle of a V.A. campus? We struggle to put deals together."

The veterans health care system is an attic of the nation's good intentions, cluttered with Victorian surgeons quarters and tuberculosis wards, World War I shell shock asylums, New Deal libraries, Cold War bowling alleys and even a monkey house built to keep disillusioned Union veterans entertained.

For many buildings, there is no easy makeover, and few obvious buyers. Paying for upkeep is hard to justify at a time of soaring patient demand. So is paying for demolition. So hundreds of buildings stand preserved, at least for now, in a bureaucratic amber of indecision.

"We believe in honoring the V.A.'s history, but the best way to do that is to provide the best care today," said Gary Kunich, a spokesman for the Milwaukee Veterans Affairs medical center. He was giving a tour of a new, state-of-the-art spinal injury clinic built near Old Main that cost $27 million. Renovating the old soldiers home would have cost nearly twice that, he said, adding, that knocking it down would also cost millions. "We'd rather spend the money here."

Old Main was a model of modernity when it was authorized in 1865 by one of the last official acts of President Abraham Lincoln. It became home to about 1,000 former soldiers who rose at reveille each morning and dressed in blue uniforms, then filed into companies organized by disability. One visitor at the time praised the wards as "large and cheerful: well ventilated and well lighted."

As the building aged into obsolescent, though, it stubbornly resisted solutions. A proposed lease to the City of Milwaukee for offices and apartments, fell apart a decade ago amid protests from local veterans groups.

As Old Main and the theater next-door deteriorated, the department considered calling in the bulldozers. But that plan stopped in 2011 when local preservationists got Old Main protected as a national historic landmark.

Then, in recent years, preservationists working with local veterans and the Department of Veterans Affairs, worked out a 75-year lease that will allow a developer who specializes in historic preservation, the Alexander Company, to renovate Old Main and five other historic buildings on the campus as apartments for homeless veterans.

"The bones of this building are great. You could never afford to build something like this today," said Joe Alexander, company's chief executive, as he toured the dark halls in a white hard hat.

Just behind him, the company's finance expert, Jonathan Beck, added, "The trick was putting together the money."

The $33 million renovation will be paid for through a complex amalgam of low-income housing tax credits, federal housing vouchers, historical-preservation tax credits, grants and private donations, he said. Cost to the Department of Veterans Affairs: nothing.

Preservationists and veterans hailed the deal.

“This is a building of seminal importance to the story of the nation. It is where the story of caring for veterans starts,” said Jim Draeger of the Wisconsin State Historic Preservation Office.

The Department of Veterans Affairs is using similar funding models in Montana, Washington and several other states to convert historic buildings for homeless veterans.

But the same approach has not worked on architectural oddities like the Ward theater next door, which cannot qualify for the same grants and tax incentives aimed at solving homelessness. Closed since the 1980s, the elegant brick and stone theater has hardly changed for generations. Tangles of old film and manila rope haunt the area beneath he stage. Century-old vaudeville and minstrel posters plaster walls in the light booth. The 800 wooden seats, still fitted with wire hat racks, wait under a thick layer of dust

Over the decades, repeated efforts to revive the theater failed, including one fund-raising plan aimed at landing a big donation from the neighborhood kid turned celebrity Liberace, who made some of his first appearances at the theater’s piano.

The cost of simply keeping it locked became apparent a few years ago when the Department of Veterans Affairs had to spend $3 million to repair leaking roofs and windows. At that time, a life-size stained glass portrait of President Ulysses S. Grant that once graced the east wall was decamped to storage. It is unclear if it will ever return.

Plenty of other buildings are stuck in a similar purgatory. In Tuskegee, Ala., a campus erected to serve African-American veterans from the Civil War and World War I has been closed for more than 30 years. The department said a rural location and poor repair have kept buyers away. The same is true of the campus in tiny Knoxville, Iowa, (population 7,200) which has 34 empty buildings including a dairy barn.

Mr. Beck, who worked for the National Trust for Historic Preservation before putting together the financing to save Old Main, said a number of other department properties have potential as housing for the homeless, and Old Main could serve as a model.

“But people will have to act,” he said. “If these places get too far gone, it’s too expensive. Then there are no good options.”

Correction: September 4, 2017
An earlier version of this article referred incorrectly to the location of the National Home for Disabled Volunteer Soldiers. It is west of downtown Milwaukee, not east.

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1.3 - The Washington Times: **Social Security pays millions to people VA says are dead** (3 September, Stephen Dinan, 10.8M online visitors/mo; Washington, DC)

The Department of Veterans Affairs knew they were dead, but the Social Security Administration kept paying benefits to hundreds of people anyway, according to a new agency audit released Friday that says at least $37 million in bogus payments were made.

Investigators compared the VA's record to Social Security rolls and found nearly 4,000 people who were listed as dead by the VA, but were still getting checks. Some of those people listed as dead were in fact still alive, but others were deceased — and their checks never should have been paid, the Social Security inspector general said.

Among the dead veterans was one who died in August 2008 but continued to get checks until March of this year, when the inspector general got a report from the State Department showing he had died abroad, in Thailand. Social Security paid out $160,000 in bogus payments in that case.

"Based on our sample results, we estimate SSA issued approximately $37.7 million to 746 individuals after they died, and will issue approximately $7.3 million more over the next 12 months if these discrepancies are not corrected," investigators said.

The 746 figure actually may be a dramatic understatement of the problem.

It was based on a sample of 100 veterans the VA said were dead but whose names never were shared with Social Security. Of those, the audit was able to determine the status of only 30 people: 19 of them were deemed dead while 11 others were still alive, despite the VA's records.

The other 70 cases couldn't be determined, meaning there could be many more who actually are dead but still getting payments.

Social Security blamed the VA, saying the department wasn't sending accurate information over.

"We have notified the VA of our concerns with their data and they are reviewing the issue internally. We will continue to process death reports we receive from the VA per our policy, but we are unable to control the accuracy of the information VA provides," Stephanie Hall, acting deputy chief of staff at the Social Security Administration, said in the agency's official response.

In a statement provided to The Washington Times, the VA said it gets almost all of its records correct, but will try to figure out improvements.

"It's important to note that the vast majority of the records VA provided SSA in 2016 were accurate. Nevertheless, VA is reviewing the information we share with the Social Security Administration to ensure we are providing the most complete and up-to-date information possible," the agency said.

The problem seems to have grown over the years.

A decade ago, a similar audit found fewer than 1,700 names listed as dead by the VA but still getting checks from Social Security.

In addition to the basic problems of dead veterans' data not being shared, the audit uncovered a number of instances of identity fraud using veterans' Social Security numbers.

In one instance an Army veteran died in 1980, but someone else used the veteran's number to work from 1978 through 1991. The person then applied for retirement benefits — collecting some $200,000 over the years.

Another Army veteran who died in 2011 had been getting disability checks from Social Security up through this year — totaling $155,000.

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1.4 - Pittsburgh Post-Gazette: Brian O'Neill: Don't chisel this WWII vet out of 'household task assistance' (3 September, Brian O'Neill, 4.8M online visitors/mo; Pittsburgh, PA)

At 90, Lawrence DeLisio mostly takes care of himself, but he needs a little help with the housework.

The Navy veteran of World War II keeps eight bottles of various pills and an inhaler on the kitchen counter of his well-kept North Side home. He uses a walker around the house and a cane when he goes out, but is able to drive himself to the supermarket and to a McKnight Road fitness club three times a week to walk the pool with his buddies.

He can't use the treadmills or stationary bikes or even the risk the hot tub there anymore — "when I was younger, at 80, I was doing that" — but that's OK. Despite everything from a hip replacement to an aneurysm to triple bypass surgery in recent years, he's still very much his own man.

But a mid-July letter from the VA Pittsburgh Healthcare System told him a service provided to more than 1,000 veterans in the area is being discontinued for him. A woman has run a sweeper, cleaned the bathrooms and dusted in his home every couple of weeks for the past four years, but she told him at the of July she won't be coming back.

This man volunteered for the Navy at 17 with four other guys from the neighborhood, and wound up building airfields with the Seabees on Guam and Tinian that allowed American B-29s to bomb Japan and end the war. After he came home and married his childhood crush, he was everything from a driver for the Bettis Atomic Power Laboratory to a Pittsburgh cop to a Las Vegas security guard.

But running a sweeper while using a walker or a cane is an acrobatics act he can do without. So he has sent two letters to President Donald Trump and one to U.S. Sen. Pat Toomey in late July. The senator's office got back to him Friday, shortly after I called it.

Steve Kelly of Mr. Toomey's office said his staff has heard from just two veterans on this issue but they are trying to identify alternate government services to fill the gaps. They've also asked the Pittsburgh VA for more details on why the money for this program is no longer there.

Repeated emails to Pittsburgh and Washington offices of the VA over the course of two days finally brought this answer late Friday afternoon from the Department of Veteran Affairs press secretary in Washington: The VA Pittsburgh Healthcare System granted benefits it couldn't afford.

So after completing "functional assessments" for roughly 1,000 veterans, the facility targeted services toward those with the greatest need — "and many experienced no changes," VA spokesman Curt Cashour said.

“For veterans with the highest functional capacity, who were receiving only household task assistance in small increments, the facility discontinued those services,” he said.

I realized it was not Mr. Cashour’s call. But how is it that a 90-year-old veteran, who lives alone because he lost his wife, Ruth, 25 years ago, who has endured a string of maladies too numerous to name, winds up being such a low priority when all he seeks is biweekly help with the housework?

Mr. Cashour said he would inquire about that.

When I relayed the VA’s answer to Mr. DeLisio, he said, “I’ve had almost every damn part replaced in my body except my head. Maybe I have to get a couple more replacement parts.”

He thanked me for getting an answer, though, and said, “You’re not only helping me. You’re helping thousands of other vets.”

I don’t know that I am, but maybe this program — and Mr. DeLisio’s case in particular — will get a closer look. Avoiding long-term institutional care has to be a net savings for the taxpayer.

When I left Mr. DeLisio Wednesday morning, in his house with an American flag flying 24/7 on a big pole out front, I asked if he ever thought about having a ramp put in to replace all those steps to the front door.

“No,” he said, “I don’t want to get lazy.”

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1.5 - Topeka Capital-Journal: Three high-level, Topeka-based VA officials reassigned in wake of investigation - Employees worked in VA’s member services division (3 September, Katie Moore, 853k online visitors/mo; Topeka, KS)

Three high-level, Topeka-based VA employees have been reassigned in the wake of an internal investigation.

Matt Eitutis, who was the acting executive director of VA member services, is now assigned to the Office of Administrative Operations and Management. Ryan Heiman had been an executive assistant for member services. He is now a health systems specialist. And Shane Kolbaba, who was the chief financial officer for member services is serving as a financial manager, VA press secretary Curt Cashour said.

They were moved from their permanent positions, pending the results of an inquiry by the VA’s Office of Accountability and Whistleblower Protection. The nature of the investigation isn’t being disclosed, Cashour said.

Member services oversees eligibility, enrollment and other programs.

Eitutus and Heiman didn’t respond to a request for comment. Kolbaba deferred comments to VA’s public affairs office.

Eitutis came under fire several times while acting executive director, a position he began in January 2016. The next month, the Veterans Crisis Line was realigned under member services.

In March, an Office of Inspector General report found that the Veterans Crisis Line's "management team faced significant obstacles providing suicide prevention and crisis intervention services to veterans, service members and their families." The inspection concluded there were deficiencies in the governance and oversight of the crisis line's operations.

A report released earlier this month on the VA's enrollment system also cited governance and oversight problems.

"The acting executive director of VHA's Member Services Division acknowledged that they did not review enrollment procedures or otherwise monitor the health care enrollment process nationwide," the report read.

The agency continues to grapple with an enrollment backlog. More than 650,000 applications remain in a pending status.

Scott Davis, a VA whistleblower based in Atlanta, has alleged systemic failings in member services leadership, with disclosures made to President Donald Trump, VA Secretary David Shulkin, Congress and OIG.

"I think they should have been terminated," Davis said, pointing to challenges with the crisis line and enrollment as well as hiring practices.

Davis said member services management impacted the care that veterans received. However, he also contends that problems within the VA are larger than the three employees who were removed from their positions.

"They deny, delay and deflect," he said. "That's pretty much the nature of VA."

In late August, Davis requested a transfer out of the Veterans Health Administration to a different VA department, citing a hostile work environment. He said he's faced retaliation despite a bill signed by Trump in June that's intended to protect whistleblowers.

"Despite changes in legislation signed by this president, there are two systems of justice — one for managers and one for whistleblowers," Davis said.

Eitutis and Kolbaba are also named in a complaint obtained by The Capital-Journal which alleges a litany of transgressions ranging from racial discrimination to department inefficiencies.

Topeka-based member services employee Cain Davis sent the complaint to Shulkin earlier this year. In it, he wrote that member services leadership has methodically replaced senior black leaders with white leaders and treated men more favorably than women.

The complaint also notes ineffective practices.

"Member services leadership pursues activities which are costly, unrealistic and distracts from providing real services to our veterans," he wrote.

Despite numerous external and internal complaints against member services leaders, Cain Davis wrote he was “amazed” more hadn’t been done to address concerns.

He didn’t respond to a request for comment.

A fourth VA employee, based in Atlanta, was also reassigned as a result of the internal investigation. Angel Lawrence, who was the health eligibility center’s director, is now with the Office of Mental Health Operations, Cashour said.

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2. Veteran and Employee Experience

2.1 - Fayetteville Observer: Fayetteville hires first worker through federal veteran internship program (4 September, Monica Vendituoli, 444k online visitors/mo; Fayetteville, NC)

Kenneth Tyree is grateful to be the first intern hired through a city internship program for veterans.

“My favorite part when I come here is the greetings,” Tyree said. “There’s a lot of good attitudes here.”

Tyree, a former Army sergeant, was hired on Aug. 14 as an office assistant for the city’s bus transit department. It is a new position at the city.

Tyree began as an intern in the same role on Aug. 22, 2016, through the city’s Veterans Internship Program funded by the U.S. Department of Veterans Affairs.

Mayor Nat Robertson and Councilwoman Kathy Jensen began working to bring the program to Fayetteville about a year and a half ago. Since then, seven veterans including Tyree have been hired as interns to work for the city. Tyree is the first to move into a full-time job with the city.

The interns have worked in a variety of departments, including the city manager’s office, finance, transit, parks and recreation and police for six months to a year.

“These qualified veterans do meaningful work aligned with their skill sets, ultimately, helping them gain the necessary experience in their respective fields,” Assistant City Manager Jay Reinstein said.

Reinstein meets with the Department of Veterans Affairs once a month to review resumes submitted to the program. He then aims to connect veterans who apply with meaningful work the city needs to get done.

“I don’t want anyone here to twiddle their thumbs,” Reinstein said.

Automotive Supervisor Juan Larregui said Tyree was a perfect match for his internship, as he worked in logistics while in the Army.

“He’s been a very productive employee,” Larregui said.

Tyree’s role includes documenting when maintenance occurs on city vehicles and other record-keeping. Larregui said Tyree has helped saved the city money by making sure vehicles are scheduled for preventative maintenance before big issues occur.

In addition, Larregui said, Tyree is great at keeping in touch with all of the maintenance employees and talking to them about their needs.

“He spends a lot of time talking to the employees,” Larregui said.

While Tyree is the only intern to have been hired by the city, Reinstein said other interns have moved on to get other jobs, including one who was offered a position at Lockheed Martin, a defense contractor.

Anyone interested in learning more about the program should contact Reinstein at 433-1979.

Staff writer Monica Vendituoli can be reached at mvendituoli@fayobserver.com or 486-3596.

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2.2 - WATE (ABC-6, Video): Tellico Plains veterans appeals VA after personal information is sent out (4 September, Don Dare, 443k online visitors/mo; Knoxville, TN)

TELLICO PLAINS, Tenn. (WATE) — In Tellico Plains, former US Navy machinist-mate Bob Boyd has an appeal underway with the Veterans Administration. Boyd, who is disabled, was severely injured while on active duty back in 1985.

Today, Boyd is unable to work. At the beginning of August, he received claim forms for himself — and, surprisingly, for two other veterans.

“Got some paper work from the Veterans Administration on a claim that I have this is mine,” said Boyd holding up his claim. “It has my name full address and full social security number. Right behind that is this other veteran with his full social security number. And another veteran: name, address, and full social security number. The main concern I have is that these people’s privacy has been violated with their full social security numbers. If the wrong person got a hold of that information they could wipe out their bank account credit accounts or what every.”

In the letters to the veteran from Florida and to the other veteran from Texas, Boyd pointed out the men had a limited amount of time to respond to the VA Appeals office. The veterans had 10 days to reply to the letters or their case could be turned down.

Boyd said the day he received the letters, he contacted Senator Lamar Alexander’s office in Knoxville to let them know of the mistake.

“They notified the privacy officer up there because the Privacy Act has been violated.They’re going to give these people an extension because their time-frame has expired,” said Boyd.

He expects to hear from the VA about his appeal soon. Boyd says he hopes to save the two men a lot of heartache.

“I’m going through the process right now so I know how important it is,” said Boyd. “So, I had to notify them.”

Receiving two other letters stuffed in Boyd’s mail certainly was unusual and was obviously a mistake. WATE 6 On Your Side was told Boyd took the correct action by immediately calling the right people, in this case U.S. Senator Alexander’s Office.

If you are ever mailed information meant for someone else, don’t toss it. You can either:

- Write, “not at this address: return to sender,” then put it back in your mailbox
- Or let your carier or post office know about the important documents.

Boyd took quicker action in order to prevent his fellow veterans from missing a deadline.

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2.3 - Johnston County Report: JoCo Marines Visit VA Medical Center (4 September, 1.5k online visitors/day; Smithfield, NC)

On Aug. 29th, members of the Johnston County Marine Corps League Carry-On Detachment # 1236, aka the JoCo Marines, visited with Veterans at the Durham Veterans Affairs Medical Center to host a quarterly bingo game and share camaraderie. The local organization thanked the veterans for their service to our country and made sure they had not been forgotten.

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3. Access to Healthcare

3.1 - U.S. News & World Report (AP): Hassan to Address Manchester VA Center Mental Health Summit (5 September, 24M online visitors/mo; Washington, DC)

MANCHESTER, N.H. (AP) — Democratic New Hampshire Sen. Maggie Hassan is planning to discuss her efforts to strengthen the state's community-based mental health system at this year's Manchester VA Medical Center's mental health summit.

Attendees also will be spending Tuesday discussing the eradication of veteran suicides while addressing access to health care in specialty populations.

Specialty topics will include substance abuse, aging, lesbian, gay, bisexual, transgender and women veterans.

The summit is being held at the Radisson Hotel in Manchester.

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3.2 - Sacramento Bee: ‘I don’t know if it’s a miracle, but it’s working for me.’ Treatment may help with PTSD (4 September, Molly Sullivan, 4.8M online visitors/mo; Sacramento, CA)

After three combat deployments to the Gulf War, Iraq and Afghanistan, something as simple as the smell of hay could trigger Rick Burth’s post-traumatic stress disorder symptoms.

The smell of gunpowder and jet fuel put him on edge, too. He’d known he had PTSD for a long time, but he never talked about it.

“There was this stigma, so you didn’t want to say anything,” said Burth, 49, a Roseville resident and threat assessment specialist with the state Office of Emergency Services. “You just kept your head down and kept doing your job, but after awhile, it just got bad.”

Other treatments hadn’t worked, so Burth opted for a novel procedure that some say is a quick and effective way to quiet the anxiety and agitation that PTSD patients frequently experience. He traveled to the Chicago area, where a doctor injected a local anesthetic into his neck, targeting the nerves that regulate the body’s “fight-or-flight” response to perceived threats.

The treatment, called stellate ganglion block, has typically been used for pain management, but Dr. Eugene Lipov, an anesthesiologist, said he discovered in 2005 that it has the potential to relieve PTSD symptoms.

The 10-minute procedure halts the nerve impulses to the brain that trigger anxiety and jitters in trauma victims, Lipov contends.

Experts disagree on its effectiveness, but some doctors and patients say it seems to be a useful tool in combination with therapy and other medications, which may not always provide relief.

Burth said it helped calm his mind to the point where he could think more rationally about the traumatic events in his past.

The former Marine said he started noticing symptoms after returning from the Gulf War in 1991, and that his symptoms grew worse when he went to Iraq, where he was part of the anti-terrorism team for the California Army National Guard.

“The day-in, day-out fighting – getting shot at, shooting back, things blowing up around us – that compounded the issue,” he said.

When Burth came home, he couldn’t sleep. He couldn’t stand being in crowds. He was abusing alcohol. And it was all wearing on his wife and two young sons, he said. He’d been on anti-anxiety medication for years but never noticed much difference, he said.

“I was just really short-tempered. Always go, go, go. Didn’t have time to stop and listen to folks because I was always so anxious,” he said.

There are nearly 8 million Americans like Burth suffering from PTSD, many of them military veterans, according to the Department of Veterans Affairs. PTSD is the third most common psychiatric diagnosis in the Veterans Health Administration.

People can develop PTSD months after they experience a life-threatening event or trauma such as a mugging, sexual assault or the sudden death of a loved one. Its symptoms are broad because everyone's PTSD manifests differently, said Dr. David Schafer, acting associate chief of staff for mental health at the Sacramento VA Medical Center.

People can relive a traumatic event such as an ambush or bomb attack in nightmares or flashbacks. They might also avoid places and situations that remind them of the trauma. Feeling anxious, jumpy and experiencing panic attacks are common symptoms.

Burth, for instance, would become agitated at the smell of hay because he'd been in gunbattles in fields and orchards.

"For many, the easiest and safest thing to do is stay home with the door locked, sleeping on the floor by the closet," Schafer said. "The challenge with avoidance is that it works."

Approved treatments of PTSD include reintroducing patients to the people, places and things they might find distressing. To work through the trauma, they attend therapy sessions for 10 to 15 weeks as they try to understand their reactions to events. Medications may also be prescribed to help take the edge off, Schafer said.

Burth had gone through months of therapy, including a monthlong stint in a Texas rehabilitative treatment center, but his PTSD symptoms always returned, he said.

"It was helpful," he said, "but after you get back home and get back into the same old routine, things pop up again, and you try to remember how to work through it on your own."

Burth learned of stellate ganglion block through his mother-in-law, who volunteers with the Global Post Traumatic Stress Injury Foundation, which pays for veterans to receive the $1,600 treatment because it isn't recognized or covered by the VA. The foundation is having a fundraiser at the Granite Bay Golf Club on Sept. 11.

Chris Miller, a local developer and philanthropist, was moved by the testimonials he heard at a foundation event in Washington, D.C., last year, where soldiers and veterans spoke of their symptom relief after receiving the anesthetic treatment. Because there is a large military population in the Sacramento area, he decided to host his own fundraiser for the foundation, he said.

In March, helped by the foundation, Burth went to Lipov's clinic near Chicago. After the first injection, he said he didn't feel much different.

If patients don't feel relief after the first injection, Lipov said, he'll give them another injection higher in the neck. The second injection has a 90 percent success rate, he said.

After the second injection, "I didn't feel different physically, but I felt different mentally," Burth said. "Things slowed down. I didn't have a million thoughts. I didn't have that anxious and paranoid feeling, always looking over my shoulder. All of that kind of dissipated."

Lipov said he's performed stellate ganglion block procedures on 500 veterans with a 70 to 75 percent success rate.

So far, the anecdotal evidence about the procedure is mainly positive, but the scientific data is inconclusive as to whether stellate ganglion block is widely effective at treating PTSD, said Dr. Michael Alkire, an anesthesiologist at the VA Long Beach Healthcare System, who is studying the treatment with Dr. Christopher Reist, a psychiatrist.

The Department of Veterans Affairs has launched studies into the procedure because the long-term side effects remain unknown. One study is being conducted at the VA Long Beach Healthcare System.

In February, the VA Portland Health Care System found there was insufficient evidence to say stellate ganglion block was an effective treatment for PTSD. In trials, at least 75 percent of the subjects reported improvement. But when the treatment was tested against a placebo, a shot of the local anesthetic fared no better than a saline injection.

“The pattern suggests that, while it is possible that some patients benefit, the response rates seen in case series will not hold up in actual practice,” the researchers said. “Substantial uncertainty remains about the potential harms of (stellate ganglion block) as well.”

At VA Long Beach, Reist and Alkire have been performing stellate ganglion blocks to collect better data and understand when it can be effective. Their research has included 17 patients who are selected according to whether they’ve tried medication or psychotherapy without improvement. Of the 17 subjects, 13 reported immediate or gradual relief from their symptoms, the doctors said.

While the sample size is small, Reist and Alkire have found the blocks are most successful for patients who have symptoms of hyperarousal, which is like being in a constant state of fight or flight. The stellate ganglion block eases the patients’ tension and anxiety so they can engage in traditional therapies for PTSD, Reist said.

Alkire said it’s important to note that the treatment doesn’t work for everyone. He recalled the case of one patient who wanted it to work so badly that, when it didn’t, he spiraled into a deeper depression.

No treatment erases the memory of trauma, Schafer said. “Part of trauma-focused work is walking through the trauma and putting it in context, expanding people’s understanding of what happened.’ ”

Burth agreed. “This is not a be-all, cure-all,” he said. “This is something that calms your mind and allows you to deal with the memories that are always there.

“Since the injection, I can look at things in a different light and deal with it. I had someone ask me if this is a miracle, and I said, ‘I don’t know if it’s a miracle, but it’s working for me.’ ”

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3.3 - Pittsburgh Tribune-Review: New VA medical center near Butler expected to drive surge in patients (4 September, Brian C. Rittmeyer, 1.5M online visitors/mo; Pittsburgh, PA)

Built as a tuberculosis sanitarium but never opened as such, the Butler veterans hospital was not designed for its current use.

It was built as a 500-bed inpatient facility and laid out as such, Butler VA Health Care spokesman Ken Kalberer said.

But a new health care center opening Tuesday was designed and built to fit the hospital's emphasis on outpatient care.

The Abie Abraham Department of Veterans Affairs Health Care Center was built on 46 acres of farmland on North Duffy Road in Center Township, about 2 miles from the existing facility.

It is named for Abraham, a World War II veteran who was a prisoner of war and a survivor of the Bataan Death March. He volunteered at the Butler VA for 23 years before he died in 2012.

The VA is leasing the two-story, 168,000-square-foot building for 20 years from Cambridge Healthcare Solutions of Virginia.

Planning for the center started about 10 years ago, and construction started in late 2015, Kalberer said.

The VA awarded the lease to Cambridge after canceling a lease with Westar Development to build the clinic next to the VA campus at Deshon Woods.

The new facility offers services for primary care, speciality care, mental health, dental, diagnostic, laboratory, pathology, radiology, podiatry, optometry, pharmacy, physical rehabilitation and women's health.

Everything in the old building is in the new one, Kalberer said. New features include an aquatherapy pool and bone density scanners.

It will employ about 450 people.

Kalberer said the center is primarily meant to serve veterans in its service area, which includes Armstrong, Butler, Clarion, Lawrence and Mercer counties.

But Kalberer said veterans from outside those counties, including Allegheny and Westmoreland counties, can use it if they wish.

“If they want to drive up here and use the facility as opposed to Pittsburgh, it's the veteran's choice,” he said.

In its last fiscal year, Kalberer said the Butler VA had more than 25,000 enrolled veterans with more than 250,000 visits. They're expecting to increase to more than 30,000 enrolled, with upward of 350,000 visits, in the new center's first year.

Rob Hamilton, director of operations for Veterans Place of Washington Boulevard, said veterans will travel for the services they need.

He said veterans who don't like traveling into the city may go to Butler for easier access.

“I imagine those in the A-K Valley would utilize the Butler outpatient facility more than they would prefer to drive down to Oakland, especially the older population who would be using those services a lot more,” he said.

Kalberer said the Butler VA has been growing at about 12 percent each year. Why that's happening is a “good question,” he said.

“Veterans recognize we provide great care here. I hear that all the time,” he said.

“We're very excited. We're starting a whole new chapter in our history,” he said. “We're confident, come Tuesday morning, we'll be ready to go.”

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3.4 - Seacoast Newspapers: Healing for veterans (3 September, Karen Dandurant, 829k online visitors/mo; Portsmouth, NH)

ROCHESTER - In another of the many innovations started by Frisbie Memorial Hospital CEO John Marzinzik, area veterans can now access yoga classes and acupuncture treatments - free of charge.

“I worked with the VA (Veterans’ Administration) and said we want to start a clinic, with no paperwork and no billing,” said Marzinzik. “I said we want to start right away and treat as many veterans as walk through the door.”

Marzinzik worked with Kevin Forrest, associate director for the Manchester VA.

“He is a guy who also likes to think out of the box,” said Marzinzik. “He agreed to fund half of the acupuncture clinic. I am writing the check for the yoga.”

The free classes for Yoga & Acupuncture for Veterans are both on Wednesdays, at 95 South Main St., third floor. No registration is needed, only a military ID. They are offered by Kimberly Dowling of Water & Grain Oriental Medicine, Eliot, Maine.

Acupuncture for PTSD is from 10 a.m. to noon, for a 30-minute session. The last session begins at 11:30 a.m. The yoga class is from 1 a.m. to 2 p.m. Both are sponsored by Frisbie Memorial Hospital and are free of charge to veterans.

Marzinzik is a firm believer in acupuncture. He uses it to ward off the need for a full knee replacement and says that so far, it is working just fine.

“I go to (Kimberly) Dowling every month,” said Marzinzik. “I need a knee replacement. I went through treatment, even got shots for eight months until they said there was nothing left to do, but the surgery. But my wife convinced me to try this. I am back to downhill skiing. I will do this as long as it works.”

Marzinzik said his wife discovered acupuncture for her sciatica, severe back pain. He said it worked for her. He was skeptical but gave it a try.

“We feel strongly about acupuncture,” said Marzinzik. “It has been a successful method to treat our issues without the use of medication or surgery.”

The main goal of the acupuncture for veterans is to treat post-traumatic stress disorder.

“We use auricular acupuncture,” said Dowling. “The ear is used in a treatment system for addiction. It works for stress, too. The ear is a microcosm of body systems and many are involved in PTSD. Stress and addiction are closely tied together in the body systems.”

Dowling, a fully licensed and certified acupuncturist, said the acupuncture she uses with the veterans can be done in a group. She said it takes minutes to administer the tiny needles (which are not painful) and then the person needs to sit for a period. So, several veterans may be sitting around together with their needles, which offers a good opportunity for them to chat with each other, a bonus.

“The acupuncture also is having a positive impact on their pain,” said Dowling. “When a person is stressed, their pain is higher. Take away the stress, their pain decreases. I had one patient come here who was referred by his doctor. He came for stress but he had pain in his head. I treated him and the unintended effect was that his pain went away. Everyone has a different experience though.”

Dowling worked with veterans during her clinical trials in Boston.

“I took PTSD classes,” she said. “My father served in Vietnam. My grandfather was a prisoner of war during World War II.”

Dowling said the word seems to be getting out about her service. She said each week since she started there seems to be an average of one new participant a week.

Marzinzik said an added benefit of relieving the stress of a veteran is that it trickles over to their families, and possibly their community.

“Chinese medicine says that if you treat one, you treat many,” said Marzinzik. “If we can alleviate things like poor sleep, anxiety and panic attacks there can be improvements in many types of relationships.”

Yoga, which involves meditation and calming exercises is the second arm of Marzinzik’s effort to offer services to veterans. The afternoon class is taught Nancy Garnhart of Yoga in ME of Eliot, Maine.

“I was doing a class for veterans in Eliot, as part of my practice,” said Garnhart. “I have been running that class for three and half years and it continues to grow. John (Marzinzik) lives in Eliot and he approached me about doing a class here for veterans living with PTSD.”

Garnhart said she wants her class to be a safe place for men and women. She said she took extra training to offer classes for veterans and that it changed her perspective on how she teaches her classes.

“Yoga can help improve sleep,” said Garnhart. “It can provide a sense of overall well-being. Blood pressure can lower. But we also want to create that sense of camaraderie, a place to be

with other veterans. I want to teach in a way that is inclusive of their lives and what they are experiencing."

Rochester resident Florence Howard is a veteran taking Garnhart's class. She said she used to take her class in Eliot until she moved to Rochester and the distance became an obstacle.

"I come because I find it relaxing," said Howard. "My body feels good after a class. I feel relaxed and calm after yoga with Nancy."

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3.5 - WFLA (NBC-8, Video): VA records: Veterans 17 times more likely to develop rare eye cancer (4 September, Steve Andrews, 713k online visitors/mo; Tampa, FL)

PASCO COUNTY, Fla. (WFLA) – A Dade City couple wants to know why a rare eye cancer is showing up at an alarmingly high rate in veterans than in the general population.

According to numbers that the Department of Veterans Affairs provided to Mark and Beth Rutz through a Freedom of Information request, veterans were diagnosed with Choroidal Melanoma at a rate nearly 17 times higher than non-veterans.

Mark Rutz lost an eye to Choroidal Melanoma, a rare cancer that can spread rapidly through the body.

"It's frightening and people need to be aware, because it's out there," said Mark's wife Beth.

Mark served in Vietnam in 1970-71. He was told Agent Orange won't hurt you.

"I remember a guy going through basic in-doc over in Vietnam, picking up a quart jar of Agent Orange and drinking from it," said Mark.

Now we know Agent Orange causes several types of cancer.

About 1,900 people in the U.S. are diagnosed each year with Choroidal Melanoma.

"It's rare in the general population," explained Mark.

Based on those numbers, the disease should only show up in about 126 veterans per year, but the numbers provided by the VA are staggering.

From 2008 to 2010, thousands of new cases were diagnosed each year at VA facilities.

In 2008, the VA diagnosed 2,092 cases of Chorodial Melanoma. In 2009 it was 2,237 and in 2010, 2,067 cases were diagnosed.

"They're going way up into the 2,000's at the VA facilities, how is that even possible?" asked Beth Rutz.

"What I know is, it's not rare for veterans, for Vietnam veterans," added Mark.

The numbers have gradually dropped in the years after 2010. Beth believes that is because less and less Vietnam veterans are still alive. She believes the VA has a moral and ethical obligation to investigate why so many veterans developed this disease.

“But, people won’t look into that,” she said. “Are they at risk of losing their job because they work for the VA? Do they not want to be punished because they are helping something as a whole?”

In mid-August, the Blinded Veterans Association asked Congress and the VA to conduct a comprehensive medical study on Vietnam-era veterans with eye cancer to determine if there is any association with exposure to Agent Orange or any other toxins.

“People are losing their eyes. They’re losing their vision, there’s grandfathers, great grandfathers,” Beth explained.

Mark Rutz has his own take on what’s happening.

“Old Navy guys and Army guys are just screwed,” he said.

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3.6 - WBTV (CBS-3): VA, charity send veteran to the streets after attempts to blow the whistle on veteran's shelter (4 September, Nick Ochsner, 321k online visitors/mo; Charlotte, NC)

ASHEVILLE, NC (WBTV) - An Asheville veteran faces life on the streets after trying to blow the whistle on questionable practices at the long-term residential facility for homeless veterans at which he was staying.

Greg Armento moved into the Veterans Restoration Quarters run by the Asheville Buncombe Community Christian Ministry in September 2015. He had recently moved back to Asheville, in need of a place to live after losing his job as a graphic artist.

The ABCCM runs the Veterans Restoration Quarters with money from a grant program administered by the United States Department of Veterans Affairs known as the Grant Per Diem program.

The Grant Per Diem program pays organizations a daily amount of money to provide homeless veterans room and board. Organizations that house veterans as part of the program take in roughly $1,300 each month for every veteran given food and shelter.

Armento, who joined the program as a resident at ABCCM’s Veterans Restoration Quarters two years ago, has been raising questions about the organizations’ practices for more than a year.

Residents at the living quarters are required to perform unpaid labor as a condition of living at the facility, according to Armento and documents reviewed by WBTV.

Each veteran is required to perform “service hours” as part of his stay at the facility. In court documents, lawyers for ABCCM have called the service hours voluntary but Armento disputes that characterization.

“You’ve got to get up at four o’clock in the morning and scrub toilets and not get paid for it and you’ve got to do it every day,” Armento told WBTV. “Your alternative is, if you don’t like the rules here, there’s the door.”

In addition to living at the ABCCM facility, Armento also worked as a front desk manager for the organization. Armento provided WBTV a summary of his time spent working for the organization, often 40 or more hours a week.

But, documents Armento gave WBTV show, he was often paid for far fewer hours than that. Of the more than 1,300 hours Armento kept track of working, he said ABCCM failed to pay him for more than 300 of them.

“I was putting in about 40 (hours) a week or more and only getting paid for about 16 or maybe 24 hours,” Armento said.

First, he called Senator Thom Tillis’ (R-NC) office. When that didn’t lead to a change, Armento filed a lawsuit against ABCCM in federal court.

A letter from the VA to Tillis’ office confirms the local Asheville VA Medical Center reviewed Armento’s complaints of being forced to work for free as a condition of living at ABCCM’s facility and confirmed that was a requirement to participate in the charity’s service hour program.

There is nothing in the VA’s manual on the Gran Per Diem program that says a charity participating in the program should require veterans to perform service hours as a condition of receiving room and board.

A court filing on behalf of ABCCM in response to Armento’s lawsuit characterizes the service hour requirement as “voluntary” service, even though the same filing acknowledges a document from the VRQ that clearly states service hours are mandatory for staying at the facility.

Armento didn’t get help from calling Tillis’ office or the VA but he did get an eviction notice from ABCCM.

The 62-year-old veteran has been told that he must vacate the VRQ by Tuesday, September 5, 2017.

Armento said staff at the facility began to retaliate against him soon after his attempts to blow the whistle on their practice of requiring service hours.

First, he said, they tried to take away his job. Then, he said, they told him he would have to leave the VRQ.

Armento must leave the facility by September 5, 2017, exactly two years from the day he moved into the facility.

“Mr. Armento has exhausted his two years of services,” Scott Rodgers, ABCCM’s executive director, said in an email to WBTV.

The VA's handbook for the Grant Per Diem program says veterans should aim to participate in the program for no more than two years; the program's aim is to help veterans transition from homelessness into stable employment and living situations.

But the guidelines governing the program also clearly say veterans can stay in the program longer if necessary.

"Individual participants may be extended past their 24 months, 'if permanent housing for the Veteran has not been located or if the Veteran requires additional time to prepare for independent living' (see 38 CFR 61.80(d))," the GPD handbook says.

ABCCM told a federal judge in August that Armento's continued residence at its veterans facility would go unfunded.

"If ABCCM is required to continue housing Plaintiff beyond September 5, 2017, ABCCM will be forced to draw exclusively on its own funds and will not be able to free a bed for one of the individuals on the waitlist," the facility's supervisor attested in an affidavit.

The sworn statement ignores the fact that, under the law, the VA can continue paying for Armento to stay at the facility past the two-year mark.

Armento must leave ABCCM's facility on Tuesday. He said the VA has not offered to provide him any additional help with housing.

"The VA just seems to dither and delay," Armento said, noting that he felt like the VA has turned its back on him.

A spokeswoman for the VA claimed Armento has been offered a number of housing alternatives but, when pressed to provide details of what those housing alternatives were and when specific housing arrangements were offered, could not provide any.

"Housing options offered to Mr. Armento include: Homeless Prevention, Rapid Rehousing Programs, Senior Housing, and Public Housing. He was also offered temporary housing at the Salvation Army or other emergency shelters until more permanent housing could be found," VA spokeswoman Armenthis Lester said in an email to WBTV.

Lester could not provide any specific dates on which specific alternate housing was offered to Armento or what that alternate housing arrangement was.

Similarly, Lester incorrectly told WBTV that Armento could no longer participate in the Grant Per Diem program.

"It is my understanding that the Veteran is not eligible for extension. However, you will need to reach out to ABCCM to get further details," Lester said.

In a follow-up conversation, Lester could not explain why ABCCM would be responsible for determining who is and is not eligible for an extension of the GPD program even though the VA administers the federal funds and has oversight authority over the organizations that house veterans.

Armento said last-minute assistance from the VA was his last hope for staying off the streets. Now, because he has not received that help, he will not have anywhere to go.

“Because I spoke out, I am an outcast,” Armento said. “And this Tuesday I’ll be homeless.”

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3.7 - Houston Public Media: VA Mobile Vet Centers Deploy to Houston - The VA has deployed four Mobile Vet Centers to Houston to offer counseling services to Veterans and the community affected by Hurricane Harvey. (4 September, 120k online visitors/mo; Houston, TX)

On Sept. 3, the US Department of Veteran Affairs deployed four Mobile Vet Centers to Houston to provide counseling services to Veterans and the community affected by the aftermath of Hurricane Harvey. Clinicians will be present with each Mobile Vet Center in Houston to provide support to Hurricane Harvey evacuees.

The MVCs are 38-foot community outreach vehicles equipped with two confidential counseling rooms where Vet Center counselors can meet privately with those in need to provide counseling support. VA personnel are on hand to provide crisis counseling and benefits referral.

VA operates 80 Mobile Vet Centers nationwide to enhance all three primary Vet Center functions of outreach, direct service delivery, and referral.

These MVCs will operate September 3rd – September 30th and will be open each day from 9 a.m. to 6 p.m.

The MVCs will be located at the following locations:

NRG Arena
1NRG Park (Blue Section)
Houston, TX 77054
American Legion Post 658
14890 FM 2100
Crosby, TX 77532
Gallery Furniture
6006 North Freeway
Houston, TX 77076
Lone Star Veterans Association
2929 McKinney Street
Houston, TX 77003

Vet Center staff respect the privacy of all clients, and we hold information in strictest confidence. No information will be communicated to any person or agency without written consent, except in necessary circumstances to avert a crisis. For further information contact www.vetcenter.va.gov.

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3.8 - Bluefield Daily Telegraph: Meeting the need, VA clinic outgrowing its current site (3 September, 74k online visitors/mo; Bluefield, WV)

The long and difficult fight for a new Veterans Administration clinic in Mercer County was a well-documented struggle. Victory was ultimately declared in February of 2015 when plans for a new VA clinic in Princeton were approved.

A number of key players, including local veterans advocate Al Hancock and U.S. Sen. Joe Manchin, D-W.Va., played critical roles in helping to bring this all-important project to fruition. Since that time, the new facility has served veterans in our region well. So well, in fact, that the facility is dealing with overcrowding and space limitation issues.

The clinic, which is a satellite of the Beckley VA Medical Center, is currently located on North Walker Street in Princeton, but space limits the services that can currently be offered.

Those limitations have prompted the VA to consider a possible move to another site, Shane P. Sullivan, acting public affairs officer with the Beckley center, told the Daily Telegraph last week.

“The current space provides the necessary services to our veterans,” Sullivan said. “But moving to a larger space will allow Beckley VA the flexibility to offer even more services and to grow with our veteran population.”

The decision on where to relocate the facility is currently in the hands of the federal VA.

“Several sites in Princeton and Bluefield have been evaluated,” Sullivan said. “But no final decisions have been made at this time.”

One site that has been proposed by Bluefield City Manager Dane Rideout is the former Consol Energy building on John Nash Boulevard near exit 1 off Interstate 77. Rideout says the city of Bluefield would like to be a part of the discussion when it comes to potential sites for the proposed relocation. He points out that the old Consol building is close to Interstate 77, the Bluefield Area Transit and Bluefield Regional Medical Center.

Other potential sites being considered by the VA have not yet been made public.

We are grateful to have a VA clinic here in Mercer County, and it is imperative that we retain a brick-and-mortar facility to serve the growing population of veterans in the region. Regardless of whether it is in Bluefield or Princeton, it is our hope that a suitable location can be found that will meet the unique needs of the VA, and those veterans who are served by the clinic. This includes adequate space and parking.

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3.9 - The Journal: Local vet who was homeless shares story (4 September, Connor Cummiskey, 47k online visitors/mo; New Ulm, MN)

In the first six months of 2017 the Brown County Veterans Service Office (VSO) spent 40 hours on five cases of homeless veterans.

Homelessness is a serious problem for anyone, but it seems particularly egregious when it happens to the men and women who pledged their lives to defend the country. In one local veteran's experience, a lot of it comes down to simply asking for help.

"It is a pride thing. If I can go and serve my country, how can I not put a roof over my head? But sometimes you just have to admit that you need a hand up — not a handout, but a hand up," Navy veteran Holly Rebecca Rahe said.

At the end of 2013, Rahe spent two weeks living in a van near a fishing spot off of Judson Bottom Road in Mankato with her fiancé Alex Nelson and her now-8-year-old daughter Savannah.

It started when Rahe and Nelson lost their jobs. They moved to Coon Rapids to live with some of Nelson's family for a time.

Rahe got another job; however, that company soon closed and they moved back down to southern Minnesota. Once here, their Chevy Blazer broke down.

Using Rahe's Veterans Administration (VA) disability check to pay for food and blankets, and Nelson's friends for rides, the two spent late November and early December applying for any job they could find.

It was not until she called the Veterans' Crisis Line that Rahe got the help she needed.

"It took me getting over my pride and saying 'hey, you have got a kid here to take care of, get it together,'" Rahe said. "That one call to the crisis line saved our lives, it really did."

Rahe began speaking with Sue Worlds with the Minnesota Assistance Council for Veterans (MACV) and later Greg Peterson, the Brown County Veterans Service officer.

"Those two were like a whirlwind," Rahe said.

"Within 60 hours we had a home for them to rent," Peterson said. "Veterans' organizations purchased furniture. There was a Christmas tree purchased and presents put under the tree and a real outpouring of support."

Worlds put them up in a motel with food for Savannah. Rahe got a job at 3M and the three moved into the Colonial Inn. It took about three weeks before their new home was ready to move in, and they have been there ever since.

Numerous organizations help homeless vets, including MACV, the Veterans Service Office (VSO), Beyond the Yellow Ribbon, Disabled American Veterans, VFW, the American Legion and more.

"As a veteran I honestly did not know about all of the programs that are out there to help homeless veterans because it is not something you think about," Rahe said. "They give you transitioning classes and tell you, 'you are going to be okay.'"

Most often, the Brown County VSO works to prevent homelessness from happening.

“A lot of times we will have people that are on the verge of homelessness,” Peterson said. “They are several months delinquent in their rental payments and the landlord is telling them ‘I’ve had it, you are out of here.’ Usually the day they get told that, then they will come and see us.”

Rahe and her family experienced that when Amiliyah, 10-months, was born. She was born with Down Syndrome and had to stay in the hospital. Rahe was not leaving her daughter.

While at the hospital, Rahe could not work. So they fell behind on rent and electricity. She reached out to Peterson who covered about two months rent and electrical bills.

That kept them in house and home long enough for Rahe and her daughter to come home and the family get back on their feet.

Rahe is not the only veteran Peterson has helped, though she was the only one willing to speak openly to a reporter about her experience. Peterson shared his experiences with two other veterans he helped. The first individual had spent a long time “couch hopping.” He had been living out of other people’s homes.

“This person was living in someone’s garage, actually, and then eventually the homeowner said ‘you are gonna have to get out this summer and do not come back,'” Peterson said. Peterson found him living near the river. The first thing he did was give the veteran a sleeping bag. Then Peterson got to work finding the veteran a home.

“There was actually one place we stopped in, the landlord was a veteran himself and he immediately made a connection,” Peterson said. “They were about the same age and he said ‘yeah, I’ll rent him this room.'”

Peterson said in his experience most homeless veterans become homeless after losing a job. So the first thing they need is a sustainable funding source. That is not always just finding a new job. Sometimes it means getting disability checks through the VA.

A second veteran Peterson worked with ended up in New Ulm, living with some family. That veteran reached out to Peterson and in their conversations Peterson noticed the veteran’s difficulty hearing. After testing, the VA rated the veteran at 100 percent disability, granting the veteran $3,000 a month.

“Almost everyone that has been in the military is exposed to a lot of noise. Whether it comes from a firing range, jet aircraft, diesel trucks, they are going to be exposed to a lot of noise that the average person that did not go into the military was not exposed to,” Peterson said. The veteran went from homeless to providing for a family, before passing away about nine months later due to poor health, Peterson said.

The other major cause of homelessness that Peterson has seen is mental illness. Sometimes, veterans will fall into a pit with medication where once they start taking it, they start feeling better and then stop because they do not think it is needed, Peterson said.

Other times they could have delusions or be suspicious of the government and refuse help. Ultimately, for whatever reason, if a veteran refuses help, Peterson cannot do anything to help.

“I wish that there were more veterans that would ask for help, but again, we are prideful people — that is how Uncle Sam raised us,” Rahe said.

When it comes to identifying homelessness, Rahe and Peterson’s answers were pretty similar. Keep and eye out and get to know your community.

“You know when people struggle because you can see them go from — I used to be the happiest, brightest (person) and then I was just the most depressed, I would not talk to anybody, no social interaction,” Rahe said.

Often the best option for homeless people is simply to reach out. Rahe is certain that if she had not done so, the harsh Minnesota winter would have been her end.

“Without people actually coming in for assistance or calling, I do not have any idea if there are homeless veterans here,” Peterson said.

To reach out, veterans can call Peterson at (507) 233-6638 and MACV’s Mankato Office at (507) 354-8258.

“One of the best phrases was always ‘It takes a village to raise a child,'” Rahe said. “Yeah, well, sometimes it takes a village to raise the adults too.”

Some facts about homelessness

While any sort of homelessness is unfortunate, a 2015 study by the Amherst H. Wilder Research Foundation indicates veteran homelessness in Minnesota is on the decline.

Some findings:

• Fewer veterans are homeless.

Wilder Research found veteran homelessness decreased 27 percent from 2012 to 2015. That outstripped the decrease in general homelessness which was 9 percent.

Veterans make up 8 percent of homeless people in Minnesota

The amount homeless people who are also veterans has been in decline since 2000, when it was 16 percent. In 2015, only 8 percent of homeless people were veterans.

• On average, homeless veterans are older.

The average homeless veteran was 51 years old in 2015. That is over a decade older than the average non-veteran homeless person.

• Just under two-thirds of homeless veterans have chronic health problems.

Of homeless veterans 62 percent suffer from mental illness, 61 percent have chronic health problems, 31 percent suffer from substance abuse issues and 36 percent of homeless veterans likely have a brain injury.

• Nearly one-third of homeless veterans are working.

Thirty-two percent of homeless veterans have a job. About half of that, 15 percent, have a full-time job. That is 10 points more than the 22 percent of homeless veterans who were employed in 2012.

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6.1 - Monroe News: Veterans Court 'saved my life' (4 September, Ray Kisonas, 192k online visitors/mo; Monroe, MI)

Fed up with the unrelenting pain and feeling despondent about his life, Gerald Duvall stuck the loaded gun into his mouth and pulled the trigger.

The arthritis in his knees and feet, the herniated disc in his back and the effects of a brain injury had become overwhelming. After serving 10 years in the Army that included five deployments to the Middle East, Duvall came back home to Monroe and battled feelings of worthlessness and depression. And he drank.

But the alcohol mixing with the 20-some prescription pills he ingested daily led to blackouts that were confusing and frightening. And when he did pull that trigger, the gun simply clicked. It was a misfire. And it was also a sign.

"I said to myself: "What am I doing?" Duvall recalled. "It meant that I needed to be here."

During one of his blackouts, he drove and was pulled over. Arrested for drunken driving, Duvall could have become another statistic, another defendant in the criminal justice system. Instead, he entered Veterans Treatment Court. And after a year of counseling, treatment and supervision Duvall is now much more content and has remained sober for the past six months.

"They really do care," Duvall said. "They treat you like a human being. It probably saved my life."

Duvall, 37, said he was worried at first about sharing his story publicly but decided that by doing so, he might make a difference in another veteran's life. He said he knows there are others out there like him who had to battle substance abuse, despondency and feelings of worthlessness that accompany many servicemen and women who return from the war and find themselves in transition to civilian life without direction, order or even reasons for living. He fought all those demons before receiving the help he needed.

"You start feeling worthless," he said. "The anger was probably the worst."

As a member of the 82nd Airborne, Duvall made 67 jumps during his decade in the Army. All those landings from the jumps damaged his back and injured his feet and knees. He said he lost three inches from his height.

Every year from 2002 to 2010 was spent in Iraq or Afghanistan. And while he didn't see much combat, the nearby explosions were ever present and threatening. Back home, he was diagnosed with Post Traumatic Stress Disorder (PTSD).

But the booze mixing with the pills led to serious problems, such as the blackouts where he couldn't remember arguments or even fights.

"I definitely had drinking issues," he said.

After his arrest in 2016, Duvall entered the Veterans Court program and began intense therapy that involved four trips a week to the VA hospital in Ann Arbor. He said those involved with the program are veterans so they could relate to his issues. He understood that he needed help and realized that he either must complete the program or be sent to jail.

He had a relapse while in the program that involved alcohol, anger and guns. Again, it was a wakeup call and he's remained on course ever since. Duvall completed the requirements and after a year he graduated from the program. Now he wants to become a mentor and join the county's Veterans Court to help others.

"I'm all about helping veterans," Duvall said. "I'm definitely a success story."

These days Duvall and his wife of six years, Melissa (they've been together 12 years), are hoping to close on a house in Jackson where the couple and their four children can live hopefully in peace. He said he is happy and focuses on being a better husband and father.

He is confident he will remain sober and stay out of trouble. He says he's doing well and is ready to move forward while enjoying life, something he believes might not have been possible without Veterans Court. His legal issues also have been resolved.

"If I didn't go through Veterans Court I would be in prison or dead by now," Duvall said. "And I do know I have friends if I need to talk."

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6.2 - The Exponent Telegram: Camp Dawson, Mountaineer ChalleNGe Academy to help Brown Bags for Veterans program (5 September, Joseph Hauger, 53k online visitors/mo; Clarksburg, WV)

The personnel at Camp Dawson and nearly 200 cadets in the Mountaineer ChalleNGe Academy have joined with the North Central West Virginia Joining Community Forces to help comfort veterans traveling to Pittsburgh for testing at the VA hospital.

The two organizations are collecting food and drink items that will be donated to the Louis A. Johnson VA Medical Center in Clarksburg for its Brown Bags for Veterans program. The Brown

Bags initiative provides non-perishable food items for those veterans traveling from the Clarksburg hospital to the Pittsburgh hospital for testing and procedures not available at the Louis A. Johnson VA Medical Center.

Because fasting is often required prior to the medical appointment in Pittsburgh and because of the travel schedule of the bus transporting the veterans, those patients often do not have the time or opportunity to find a meal before having to leave for the return trip to Clarksburg. Having to wait that extra time before eating can often lead to medical issues. The Brown Bags for Veterans program provides the needed food and water for the veteran's return trip to Clarksburg.

Retired Lt. Col. Joel Miltenberger helped to launch this project with the Mountaineer ChalleNGe Academy cadets, who will be collecting non-perishable food items for the Brown Bags program. Additionally, a local Pepsi distributor helped kick off the partnership by providing 24 cases of water for the Brown Bags program.

The Louis A. Johnson VA Medical Center goes through as many as 250 brown bags per week because of the travel schedule to the Pittsburgh VA hospital. The Brown Bags project, started several months ago by the North Central West Virginia Joining Community Forces organization, helps to provide the needed snack items to veterans. Since its inception, many civic-minded organizations, individuals and churches have provided items for the VA to use on these trips.

For those groups or individuals wishing to contribute to the Brown Bags for Veterans effort, please contact West Virginia University Extension Agent Becky Smith at 304-624-8650.

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7. Supply Chain Modernization

7.1 - Winston-Salem Journal: Court victory means Winston-Salem jobs for visually impaired are safe — for now (3 September, 849k online visitors/mo; Winston Salem, NC)

A federal judge granted a stay Friday of a ruling that could significantly affect the future of IFB Solutions' Winston-Salem optical lab and potentially 52 jobs.

Potentially at stake is $15.4 million in annual revenue for the nonprofit group formerly known as Winston-Salem Industries for the Blind Inc.

The optical lab at IFB has 45 jobs filled by employees who are blind, including 43 locally, and seven filled by veterans, including three locally.

Judge Nancy Firestone entered a judgment June 30 in the U.S. Court of Federal Claims, confirming her May 12 order in favor of PDS Consultants Inc. of Sparta, N.J.

That judgment could have ended IFB's eyeglass manufacturing contracts with the federal Veterans Administration as soon as Oct. 1.

The legal fight involves the VA as the defendant — with IFB joining as an intervenor — and PDS as the plaintiff. PDS says it is a small business owned by a disabled veteran. It has provided visual products to the VA since 1998.

IFB's appeal to the U.S. Appeals Court of the Federal Circuit was filed July 31. That appeal could take up to a year to be resolved.

While the stay is in effect, the VA is not allowed to deviate from its current ordering contracts.

Firestone approved the stay over PDS' objections, which were heard Aug. 23, in part because of IFB's potential for "irreparable harm" from the loss of 62 percent of its optical services revenue and 15 percent of its overall revenue.

She also took into consideration the potential loss of IFB optical lab jobs.

"While it is true that 'no federal contractor has a right to maintain its incumbency in perpetuity" and 'the potential loss of the benefits of incumbency does not give (a bid protest) plaintiff some sort of automatic to a stay pending appeal," Firestone wrote.

"It is also true that IFB, as a nonprofit that exists to provide employment opportunities for the blind, is no ordinary incumbent.

"For this reason, the court finds that IFB's harm is unique from other incumbents and thus it has established that it will suffer irreparable harm."

Dan Kelly, chief operating officer of IFB, said the stay means "that these contracts, which were at immediate risk, will remain in place, thereby protecting jobs for the individuals who are blind or visually impaired working in our optical lab."

Kelly has said his group "will fight for this right to equal opportunity all the way to the Supreme Court if necessary."

PDS' claim has been that businesses owned by disabled veterans should have priority, based on a recent U.S. Supreme Court interpretation of the Veterans Benefits Act of 2006. The act is also known as Veterans First legislation, one of the ways Congress recognizes and repays disabled veterans for their military service.

Meanwhile, IFB's VA contracts have come through the act known as AbilityOne, passed by Congress in the 1930s, that gives federal government preference to companies that employ the blind or severely disabled.

Firestone's ruling in May prevents the VA from entering any new eyewear contracts unless it performs the "rule of two" analysis as required by the Veterans Benefits Act. The rule of two holds that orders for visual-related products and services can be filled first by at least two qualified small businesses owned by disabled veterans.

The most immediate impact of Firestone's ruling is on an IFB contract, known as VISN 7. VISN is the acronym for Veterans Integrated Service Network, which can cover one or multiple clients in differing production amounts.

Kelly said IFB received a VISN 7 contract extension.

“However, the new contract can be terminated at any time by the government pending their ability to identify a ‘qualified and willing’ veteran-owned small business contractor,” Kelly said.

The court order requires a new VISN 7 contract no later than Jan. 31.

Firestone also took into consideration PDS’ potential harm of loss of future revenue.

“PDS has not identified any concrete harm that will flow to it if it is not able to compete for the eyewear products and services work … the harm it identifies is hypothetical,” she wrote.

Firestone said issuing the stay is in the “public interest” to allow IFB to continue to employ the blind and severely handicapped individuals until the appeal is resolved.

“Today, there is great enthusiasm here at IFB Solutions, although we recognize that this is just one legal victory in a long road to ensuring equal rights for people who are blind to seek and maintain the dignity of work,” Kelly said.

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8. Other

8.1 - FOX News (Video): Report: Social Security pays millions to deceased veterans (4 September, 32.5M online visitors/mo; New York, NY)

This short twenty-three second clip reported on coverage from *The Washington Times* about Social Security payments made to Veterans who are deceased. Video description: Social Security Administration blames the VA.

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8.2 - Shape: MDMA Is One Step Closer to Being Used to Treat PTSD - The FDA just gave the drug "breakthrough therapy" status. Here's what that could mean for future PTSD treatment. (4 September, Rachel Jacoby Zoldan, 3.5M online visitors/mo; New York, NY)

If you've ever heard of the party drug ecstasy, you may associate it with raves, Phish concerts, or dance clubs playing bangers till dawn. But the FDA has now granted the psychoactive compound in ecstasy, MDMA, "breakthrough therapy" status. It's now in the final stages of being tested as a treatment for post-traumatic stress disorder (PTSD), as stated in a press release from the Multidisciplinary Association for Psychedelic Studies (MAPS), a nonprofit organization.

Not only does that particular classification mean that MDMA has been effectively treating patients in previous trials, but also that it's so efficacious that its final phases of testing are expedited. Pretty serious for a party drug, right?

"By granting [MDMA] breakthrough therapy designation, the FDA has agreed that this treatment may have a meaningful advantage and greater compliance over available medications for

PTSD," says Amy Emerson, the executive director and director of clinical research at MAPS. "We'll have a meeting with the FDA by the end of this year—2017—to understand more clearly how we will work closely to ensure the project proceeds and where any possible efficiencies in the timeline can be gained."

PTSD is a serious problem. "Approximately 7 percent of the U.S. population—and 11 to 17 percent of U.S. military veterans—will have PTSD sometime in their life," says Emerson. And the past research on using MDMA-assisted psychotherapy on patients with PTSD has been jaw-dropping: Looking at 107 people with chronic PTSD (averaging 17.8 years of suffering per individual), 61 percent no longer qualified as having PTSD after three sessions of MDMA-assisted psychotherapy two months following treatment. At the 12-month follow-up, 68 percent no longer had PTSD, according to MAPS. But since the sample size was so small—and across just six studies, says Emerson—Phase 3 testing with the FDA is needed to prove MDMA's efficacy on a larger scale.

It's important to note that the MDMA these patients are using in their psychotherapy sessions isn't the same as the stuff you'd get at a party. "The MDMA used for the studies is 99.99% pure and made so it follows all regulatory requirements for a drug," says Emerson. "It's also administered under clinical supervision." "Molly," on the other hand, is sold illegally and may contain little to no MDMA, along with other harmful substances.

And unlike taking a street drug, MDMA-assisted psychotherapy is administered in three single-dose psychotherapy sessions spaced three to five weeks apart. It also includes social support, along with mindfulness and breathing exercises. So while this isn't the okay to take a party drug, it's definitely promising research for those suffering from PTSD.

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Subject: [EXTERNAL] 9 September Veterans Affairs Media Summary and News Clips
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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

9 September 2017

1. Top Stories

1.1 - St. Louis Post-Dispatch: VA service center in St. Louis criticized for processing disability claims, overpayments in report (8 September, Chuck Raasch, 8.9M online visitors/mo; Saint Louis, MO)
Investigators found that the St. Louis regional Veterans Affairs service center "did not consistently process" disability claims and that mistakes by processors resulted in almost $130,000 in overpayments of selected cases it reviewed in May.

Hyperlink to Above

1.2 - The Boston Globe: Privatization is not the way to strengthen veterans care (9 September, Suzanne Gordon, Samuel Jay Keyser, Dr. Robert E. Morris and Dan Luker, 8.8M online visitors/mo; Dorchester, MA)
US hospitals stand to benefit financially from the privatization of the Veterans Health Administration and are no fans of the nation's largest and only publicly funded health care system. Many of their top executives and physicians want our tax dollars diverted to them, instead of paying for the dedicated, salaried caregivers who specialize in veterans care at the VHA.

Hyperlink to Above

1.3 - The Tennessean (USA Today Network): 'Reprehensible:' Lawmakers call for change after new details of poor care emerge at Memphis VA (8 September, Jake Lowary, 2.1M online visitors/day; Nashville, TN)
Members of Congress from both parties called disturbing new details about the quality of care at the Memphis VA reprehensible and unacceptable and called for additional changes at the hospital. Members of Tennessee's congressional delegation issued statements on Thursday following an exclusive report by the USA TODAY Network that provided a revealing glimpse at one of the nation's worst VA hospitals.

Hyperlink to Above

1.4 - Union Leader: Inspector General review faults Manchester VA on stroke procedures (8 September, Dave Solomon, 319k online visitors/mo; Manchester, NH)
After reviewing the records of 23 patients who arrived at the Manchester VA Medical Center with stroke symptoms, the VA Office of Inspector General concluded in a report issued Thursday that the medical center did not follow proper VA procedures to treat them for stroke.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - Atlanta Journal-Constitution: Doc delays wedding, stays in hospital to help Harvey victims (8 September, Bo Emerson, 11.8M online visitors/mo; Atlanta, GA)
As his Buckhead church prepares for Hurricane Irma, the Very Rev. Sam G. Candler of Cathedral of St. Philip posted a proud note about his daughter, who postponed her wedding day to help Hurricane Harvey victims in Houston.

Hyperlink to Above

2.2 - Lexington Herald-Leader: Lexington Cemetery was common ground during Civil War. Can it be again? (8 September, Tom Eblen, 2.1M online visitors/mo; Lexington, KY)
The Civil War arrived at the Lexington Cemetery on Sept. 11, 1861. That day, Benjamin Gratz, a cemetery founder and the namesake of Gratz Park, buried his son. Union Army Capt. Cary Gist Gratz, 32, had died a month earlier from wounds suffered in the Battle of Wilson's Creek near Springfield, Mo.

Hyperlink to Above

2.3 - Watertown Daily Times: Skewing numbers? State shouldn't downgrade Veterans Affairs site in Ogdensburg (8 September, 199k online visitors/day; Watertown, NY)
State Sen. Patricia A. Ritchie, R-Heuvelton, recently said a constituent expressed suspicions that the state Division of Veterans Affairs has been attempting to manipulate statistics about how often the Ogdensburg office is used.

Hyperlink to Above

2.4 - Nextgov: VA Needs To Better Track Teleworking Employees (7 September, Caitlin Fairchild, 193k online visitors/mo; Washington, DC)
The Veterans Benefits Administration needs to do a better job recording the hours its employees telework, an oversight agency said. VBA needs to better record when its 5,200 eligible employees telework and assess the effect it has on their performance processing disability claims for veterans, Government Accountability Office concluded in a report.

Hyperlink to Above

2.5 - The Herald-Dispatch: Senate OKs renaming of VA after Williams (8 September, 192k online visitors/mo; Huntington, WV)
The U.S. Senate approved a resolution Thursday to rename the Huntington VA Medical Center after West Virginia hero Hershel "Woody" Williams. A similar measure still needs to be approved by the U.S. House of Representatives. Williams is a West Virginia native and lives in Ona. He is the last surviving Medal of Honor recipient from the Battle of Iwo Jima.

Hyperlink to Above

2.6 - The Dickinson Press: Standing Rock Tribe receives funding for tribal veterans cemetery (8 September, Barry Amundson, 191k online visitors/mo; Dickinson, ND)
The Standing Rock Sioux Tribe will receive a $4.9 million grant to construct a tribal veterans cemetery near Fort Yates. It will be called the All Nations Veterans Cemetery. The Department of Veterans Affairs National Cemetery Administration grant will cover the cost of construction of a main entrance…

Hyperlink to Above

2.7 - New Hampshire Public Radio (AP): VA Report Criticizes Stroke Care at Manchester Facility (8 September, 150k online visitors/mo; Concord, NH)
A report by the Department of Veterans Affairs concludes that stroke patients at its Manchester facility received substandard care, including a failure to transfer them to another facility that could provide the necessary tests and treatment.

Hyperlink to Above

2.8 - Task & Purpose: VA Launches New Process To Turn Around Disability Claims In 30 Days Or Less (8 September, James Clark, 102k online visitors/mo; New York, NY)
In an effort to streamline its claims process, the Department of Veteran Affairs announced the official launch of the Decision Ready Claims program for all regional VA offices on Sept. 8, which promises a decision on claims for upgrading disability compensation within 30 days of filing, and could potentially cut out months of waiting.

Hyperlink to Above

2.9 - WGXA (ABC-24): Dublin VA Medical Center accepting evacuated veterans (8 September, Danielle Apolinar, 63k online visitors/mo; Macon, GA)
The Carl Vinson VA Medical Center in Dublin is preparing to take in veterans, their families and their pets who evacuated from the path of Hurricane Irma. The center will open its doors at 5 p.m. Friday and will hold about 120 people.

Hyperlink to Above

3. Access to Healthcare

3.1 - Fort Worth Star-Telegram: I served for 8 years, then waited 8 months for a VA appointment (8 September, Ben Rangel, 3.8M online visitors/mo; Fort Worth, TX)
When I was 17 years old, I chose to enlist in the United States Marine Corps and fight to defend our country's freedoms. However, as a veteran of several overseas tours and eight years of service, I am unable to choose my own doctor. This year, Congress has a historic opportunity to rectify this paradox by giving veterans like me more health care choices.

Hyperlink to Above

3.2 - The Buffalo News: VA is testing patients with infection risk from scopes (8 September, Henry L. Davis, 1.5M online visitors/mo; Buffalo, NY)
The Buffalo Veterans Affairs Medical Center contacted all but three of the 526 patients who underwent colonoscopies with equipment that may have been inadequately cleaned and most of them have agreed to testing for possible infection.

Hyperlink to Above

3.3 - WLOS (ABC-13, Video): Annual event gives veterans a second chance (8 September, John Le, 486k online visitors/mo; Asheville, NC)
Stand Down, an event Friday at the Stephens-Lee Recreation Center, gave veterans a look at the services available to help them. The Charles George VA Medical Center Health Care for Homeless Veterans program hosted the event with ABCCM.

Hyperlink to Above

3.4 - Savannah Morning News: Area VA clinics closing, ER in Charleston remains open (8 September, 441k online visitors/mo; Savannah, GA)

The Ralph H. Johnson VA Medical Center outpatient clinics located in Hinesville and Savannah will close at the end of day Friday, reopening on Wednesday, Sept. 13, weather permitting. Meanwhile, the emergency department at the medical center in Charleston, will be open throughout the storm.

Hyperlink to Above

3.5 - WRDW (CBS-12): VA hospital activates crisis command center for storm (8 September, 196k online visitors/mo; North Augusta, SC)
In preparation for effects of Hurricane Irma, the director of Charlie Norwood VA Medical Center has activated the Hospital Command Center and appropriate supporting functions. The HCC leadership group meets twice daily in person and via telephone to discuss what VA Augusta is doing to prepare its two hospitals and three community based outpatient clinics for the storm and how it will support other VA facilities in the region…

Hyperlink to Above

3.6 - Inside Sources: Military Struggling With Traumatic Brain Injury Fallout (8 September, Leo Doran, 154k online visitors/mo; Washington, DC)
A Thursday panel at the Brain Futures conference, just outside of Washington D.C., was dedicated to “Military Mental Health.” Retired General Peter Chiarelli, who served in Iraq and as the Vice Chief of Staff of the U.S. Army, was the moderator. Chiarelli was flanked by former U.S. Representative Patrick Kennedy, who has made mental health a priority since leaving Congress, Marsden McGuire, a Veterans Affairs official, and Robert Koffman, a retired Navy medical officer.

Hyperlink to Above

3.7 - Wisconsin Public Radio (AP): Report: Tomah VA Staff Failed To Report Hygiene Lapse. VA Previously Asked Almost 600 Veterans To Be Screened For Possible Infection (8 September, Hope Kirwan, 150k online visitors/mo; Madison, WI)
A new report released by the U.S. Department of Veterans Affairs' inspector general says staff at the Tomah VA Medical Center failed to report a dentist who used improperly sterilized equipment, potentially exposing hundreds of patients to infection.

Hyperlink to Above

3.8 - FierceHealthcare: Botched surgery at Memphis VA leads to amputation (8 September, Matt Kuhrt, 140k online visitors/mo; Washington, DC)
A veteran wound up having his leg amputated at a VA hospital after a previous procedure left plastic tubing in his artery. And that’s far from the first horror story to come out of the Memphis VA Medical Center. The Memphis VA Medical Center scores only one out of five stars in the VA’s quality-of-care rankings, according to a USA Today article describing the facility’s shortcomings.

Hyperlink to Above

3.9 - North Platte Telegraph: Veterans attend pre-screening of documentary (8 September, Kamie Stephen, 61k online visitors/mo; North Platte, NE)

Community members got a sneak peek at a new documentary series about the Vietnam War on Thursday. A special pre-screening of “The Vietnam War,” directed by Ken Burns and Lynn Novick, was shown at North Platte Community College.

Hyperlink to Above

3.10 - Curry Coastal Pilot: New VA clinic opens Monday (8 September, 51k online visitors/mo; Brookings, OR)
The Veterans Administration’s new clinic on Railroad Street in Brookings is set to open Monday — and festivities will begin the retiring of the U.S. Flag at the old facility on Fifth Street and raising it at the new one. The retiring of the flag is scheduled for 10:15 a.m and will be performed by the Calvin Murphy Detachment 578 of the Marine Corps League.

Hyperlink to Above

3.11 - WFSU (Audio): In Preparation For Hurricane Irma, Local VA Facilities Closed Monday (8 September, Sascha Cordner, 38k online visitors/mo; Tallahassee, FL)
In preparation for Hurricane Irma, several VA facilities in the North Florida and South Georgia areas will be closed Monday to local veterans. The North Florida/South Georgia Veterans Health System has announced it’s closing 12 facilities Monday.

Hyperlink to Above

3.12 - Courier of Montgomery County: Mobile clinic provides relief for local veterans (8 September, Jacob McAdams, 15k online visitors/mo; Conroe, TX)
Hurricane Harvey has affected many individuals in the greater Houston area in more than just physical ways, prompting the U.S. Department of Veterans Affairs to provide assistance to local veterans affected by the hurricanes through mobile clinics. The Vet Center provided mobile clinics to assist area veterans in the aftermath of Harvey.

Hyperlink to Above

3.13 - The Monett Times: VA leaders confident new clinics will improve service (8 September, Murray Bishoff, 14k online visitors/mo; Monett, MO)
During a town hall meeting in Mt. Vernon on Tuesday, Veterans Administration representatives spoke highly of plans to improve service to local veterans through the opening of new clinics in Springfield and Joplin. Nonetheless, issues with care surfaced in comments presented by the audience.

Hyperlink to Above

3.14 - Boomer: Within the Walls of the McGuire VA Medical Center. A new documentary highlights the benefits of polytrauma rehab for veterans (8 September, 10k online visitors/mo; Richmond, VA)
In hearing of American soldiers and veterans who have suffered traumatic injuries, seeing their faces, their scars, their families and their dramatic comebacks makes their stories real. A new documentary showcases these military heroes and the medical heroes who aided in their healing.

Hyperlink to Above

3.15 - Mississippi News: Jackson VA Medical Center sends unit to Harvey victims in Houston (8 September, Sarah Ulmer, Jackson, MS)
The G.V. (Sonny) Montgomery VA Medical Center staff from Mississippi sent a Mobile Medical Unit (MMU) on Friday Sept. 1 to Crosby, Texas. The team went to Crosby Texas to provide medical support to veterans and the community. Three staff were part of the team, Dr. Rachel Peery, Nurses Emilio Lindo and Patrice Perry and they were driven by VA Driver Wendell Henderson.

Hyperlink to Above

3.16 - Statehouse News Bureau (Audio): Documentary Helps Open Conversation About Veteran Suicide (8 September, Andy Chow, Columbus, OH)
In July, a northeast Ohio man killed himself inside the Veterans Affairs Outpatient Clinic in Warren, while he was there for an appointment. His wife says he was a 23-year veteran of the Air Force Reserves who suffered with post-traumatic stress disorder. There are concerns for the 850,000 veterans in Ohio, some of whom may be struggling with PTSD as well. A new documentary hopes to bring attention to the issue, and help to those who need it.

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - The Topeka Capital-Journal: VA enlists community organizations to target veteran mental health, suicide (8 September, Allison Kite, 853k online visitors/mo; Topeka, KS)
Kansas Army National Guard Master Sgt. Lyle Babcock said he, like many veterans, struggled to admit he was suffering from post-traumatic stress disorder when he came home from Afghanistan in 2013. Now, he helps run a nonprofit that partners with veteran health officials who are looking to reduce high rates of suicide among veterans.

Hyperlink to Above

6.2 - The Intelligencer: Bucks County set to open virtual health clinic for veterans (8 September, James Boyle, 80k online visitors/mo; Doylestown, PA)
A technology upgrade at the Lower Bucks County government services building will give veterans a state-of-the-art alternative to driving down to Philadelphia for health check ups. The Bucks County commissioners recently approved a partnership with the U.S. Department of Veteran Affairs that will create a telehealth clinic at the county service center on New Falls Road in Bristol Township.

Hyperlink to Above

7. Supply Chain Modernization – No Coverage

8. Other – No Coverage

1. Top Stories

1.1 - St. Louis Post-Dispatch: VA service center in St. Louis criticized for processing disability claims, overpayments in report (8 September, Chuck Raasch, 8.9M online visitors/mo; Saint Louis, MO)

WASHINGTON - Investigators found that the St. Louis regional Veterans Affairs service center "did not consistently process" disability claims and that mistakes by processors resulted in almost $130,000 in overpayments of selected cases it reviewed in May.

The report by the VA's Office of Inspector General gave the St. Louis office, which processes claims of Missouri veterans and those around the nation, high marks in some cases. But it said that in others, errors occurred because of "ineffective training" or because processors had not seen certain types of claims often enough to be familiar with them. In some areas, mistakes were discovered in more than half of processed claims reviewed by the Office of Inspector General.

"(Veterans Service Center) staff needed to improve accuracy of data entered into electronic systems during claims establishment," the Inspector General's report said. "OIG reviewed 30 claims and found staff did not correctly establish 16 due to ineffective training."

OIG did find that St. Louis staff accurately processed 29 of 30 claims of traumatic brain injury and 26 of 30 claims for "ancillary" benefits.

The Inspector General's report recommended better training and said St. Louis regional director Mitzi Marsh "concurred with the recommendations, and planned actions are responsive."

Her office issued this response to the Post-Dispatch: "The regional office carefully reviewed the OIG report, concurs with its findings/recommendations, and has provided targeted training for employees in the identified areas. In addition, the regional office has taken action on the recommendations in the report, including those regarding staffing assignments and subject matter expert reviews."

One of the new initiatives of the new national VA Director David Shulkin is to streamline record-keeping and make it "seamless" with veterans' military service records at the Department of Defense. Shulkin has been given wide latitude by President Donald Trump to reform the troubled agency, which had been plagued by reports of long waits for service and bad service in some centers earlier this decade.

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1.2 - The Boston Globe: Privatization is not the way to strengthen veterans care (9 September, Suzanne Gordon, Samuel Jay Keyser, Dr. Robert E. Morris and Dan Luker, 8.8M online visitors/mo; Dorchester, MA)

Private hospitals stand to gain from taking on vets care

US hospitals stand to benefit financially from the privatization of the Veterans Health Administration and are no fans of the nation's largest and only publicly funded health care

system. Many of their top executives and physicians want our tax dollars diverted to them, instead of paying for the dedicated, salaried caregivers who specialize in veterans care at the VHA. Dr. Cary W. Akins (“Keeping a promise to veterans,” Opinion, Sept. 1) promotes an outsourcing scheme that would benefit private-sector hospitals such as Massachusetts General. Akins seizes on fixable VHA problems, such as those in Manchester, N.H., reported by the Globe, to urge dismantling a system with a record of patient safety, quality of care, and accountability that is every bit as good as that of private hospitals, if not better.

Studies document that these hospitals are not prepared to meet the needs of 9 million patients with complex military-service-related conditions. The cost of outsourced care would exceed care delivered at VHA. Privatization, opposed by a majority of veterans, is not the way to fulfill our “promise to veterans.” Strengthening and improving the VHA is a far better path.

Suzanne Gordon

Richmond, Calif.

The writer is the author of “The Battle for Veterans’ Healthcare: Dispatches from the Frontlines of Policy Making and Patient Care.”

For this veteran, VA care was essential to his recovery
The consequences of closing Veterans Health Administration hospitals, as proposed by Dr. Cary W. Akins in “Keeping a promise to veterans,” would be disastrous for sick veterans. I know. I am one of them.

Three and a half years ago, I suffered a catastrophic spinal cord injury. I was initially sent to a non-VA rehabilitation hospital. After seven weeks, my insurance ran out and I was discharged. The nature of my injury qualified me for VA health care at the VA hospital in West Roxbury. There money was never an issue. The only issue was my recovery.

According to a recent study published in the Journal of the American Medical Association, VA hospitals outperform non-VA hospitals on many important safety and quality indicators.

Taking this into account, the proposal to close down inpatient care would amount to providing sick veterans with diminished care so that homeless veterans can have a place to sleep.

In my case I have no doubt that that would have consigned me to a hospital bed for the rest of my life.

Talk about turning one group against another under the guise of humanitarian care for all. The harsh fact is that we need to fund both.

Samuel Jay Keyser

Cambridge

Homeless veterans need our help, but not in this way

As veterans, we appreciated the Globe’s highlighting a national health concern: homeless veterans. However, Dr. Cary W. Akins’s op-ed “Keeping a promise to veterans,” which

advocates moving veterans' inpatient care to community hospitals and converting VA beds to housing for homeless veterans, misses the mark on several counts.

The articles and statistics he cites to buttress the policy recommendations are weak. For example, Akins states that the VA spends more money per patient than is spent on the general population of the United States. That makes sense, because veterans make up a clinically significant population different from the general population, which includes a healthy subset. The VA patient pool is a sick population of wounded warriors with long-term health problems.

Akins also notes that veterans stay longer in the hospital. Well, of course they do, given the significance of their health issues.

At the same time, Akins fails to demonstrate that VA hospitals, veterans, or the public would benefit from the warehousing of the homeless in hospitals. Can he cite even one article demonstrating that the homeless should live in hospitals, which are active incubators of antibiotic-resistant organisms waiting to infect the long-term patient?

The illnesses veterans suffer are an extraordinary challenge to the health profession. This is self-evident. Our warrior heroes suffer from addictions, post-traumatic stress disorder, diabetes, heart conditions, mental illness, and physical injuries.

Are community hospitals proven competent to integrate such extensive patient-centric care? We argue that they are not.

Until science and epidemiology prove otherwise, we reject Akins's recommendation, most particularly the warehousing of the homeless.

Dr. Robert E. Morris

South Boston

Dan Luker

Dorchester

The writers serve on the executive committee of the Smedley D. Butler Brigade, Chapter 9, of Veterans for Peace. Morris has a master's degree in international health policy from the Harvard T. H. Chan School of Public Health.

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1.3 - The Tennessean (USA Today Network): 'Reprehensible:' Lawmakers call for change after new details of poor care emerge at Memphis VA (8 September, Jake Lowary, 2.1M online visitors/day; Nashville, TN)

Members of Congress from both parties called disturbing new details about the quality of care at the Memphis VA reprehensible and unacceptable and called for additional changes at the hospital.

Members of Tennessee's congressional delegation issued statements on Thursday following an exclusive report by the USA TODAY Network that provided a revealing glimpse at one of the nation's worst VA hospitals.

"Poor care at the Memphis VA Medical Center is unacceptable," said U.S. Rep. Steve Cohen, D-Memphis.

U.S. Rep. Diane Black, R-Gallatin, said veterans put their lives on the line for the nation.

These reports of patient denial, delays and botched procedures are reprehensible, and the thousands of veterans that rely on the services of the Memphis VA deserve better care," Black said in a statement.

The criticism comes as a trove of documents obtained by the USA TODAY Network show years of medical care that resulted in unintended amputations and paralyzations, and government-led investigations that date back to at least 2011 that have revealed a host of other issues at the troubled facility.

Memphis' veterans hospital has been under heightened scrutiny since VA's internal ratings placed it among the worst in the country, giving it just one out of five stars.

Now, it is one of four VA hospitals in the country monitored weekly by VA's top health official, acting Undersecretary of Health Dr. Poonam Allaigh, according to the documents. The others are in Washington, D.C., Manchester, N.H., and Marion, Ill.

Cohen and Black also both called for additional accountability and an end to "shameful mismanagement."

"Those responsible for this blatant neglect should be held accountable and the shameful mismanagement must end immediately," Black said. "The men and women who fought to protect the United States deserve far better."

U.S. Rep. David Kustoff, R-Germantown, represents Tennessee's 8th district that includes the outskirts of Memphis. He said he was "deeply concerned with the continued reports of medical malpractice and negligence."

The VA hired a new director, David Dunning, who took over the Memphis hospital in May after a decades-long career in the Army. He deployed twice during his career and ran a hospital in Hawaii similar to the Memphis VA in scope and size.

"It is my understanding that the new director has been reviewing the practices at the hospital and has begun to implement changes to improve the quality of care," Cohen said. "Clearly more improvements are needed."

Cohen said he called VA Secretary David Shulkin on Thursday to share his concerns and would push for more funding and staff.

Rep. Jim Cooper, D-Nashville, said he was "shocked" to hear of the "malpractice" in Memphis.

"Hospitals cannot fail our veterans — the VA needs to clean up its act," Cooper said.

Cooper also called for Congress to investigate the problems in Memphis "immediately." Rep. Phil Roe told the USA TODAY Network that the House Veterans Affairs Committee has been investigating the facility since January when videos surfaced that purportedly showed hospital workers beating patients.

Shulkin was confirmed as VA secretary in February, and has pushed for greater accountability within the agency and protection of whistleblowers, though that effort has been met with skepticism from those it aims to protect.

This is a developing story.

Donovan Slack in Washington contributed.

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1.4 - Union Leader: Inspector General review faults Manchester VA on stroke procedures
(8 September, Dave Solomon, 319k online visitors/mo; Manchester, NH)

After reviewing the records of 23 patients who arrived at the Manchester VA Medical Center with stroke symptoms, the VA Office of Inspector General concluded in a report issued Thursday that the medical center did not follow proper VA procedures to treat them for stroke.

The review was triggered at the request of Rep, Ann McLane Kuster, D-N.H., after a 60-year-old Navy veteran, left a prisoner in his own body, was awarded a $21 million malpractice verdict against the Manchester VA center in 2015.

A federal judge at the time assailed the local medical center for “carelessly prescribing the wrong medication” and leaving the patient “medically abandoned.”

The patient, Michael Farley of Bennington, now lives with “locked-in syndrome” after suffering two strokes within two months in 2010. He remains fully conscious but has no voluntary muscle movement other than the very limited ability to move his eyes and his head.

“The purpose of the review was to determine whether system issues may have led to poor care of the patient, and to evaluate changes the facility may have made in response to this incident,” according to the report.

To determine compliance with Veterans Health Administrative policy, inspectors reviewed stroke patient records from June 2014 to May 2015.

“Contrary to VHA policy and process, the (Manchester clinic) was inconsistent in the management of the patient reviews,” according to the report.

The clinic did not always transfer patients to a nearby hospital as required by VHA policy, and did not consistently involve the patient’s primary care physician in emergency treatment.

The inspector general recommended the Manchester clinic “consistently transfer stroke patients to an appropriate acute care facility in accordance with VHA and facility policies and procedures.”

The Manchester VA Medical Center is not a full-service hospital equipped to properly diagnose and treat stroke victims, but is within 2.5 miles of acute care hospitals, the report notes.

The report also calls for a clinical review of 13 stroke patients not transferred “to determine whether patient harm occurred and take action, as appropriate.”

During a follow-up visit in February of 2016, Manchester medical center managers reported on changes made in light of inspector general recommendations.

All Urgent Care Clinic providers at the Manchester medical center have been reminded that a patient’s primary care physician must be alerted to any clinic visits and that all clinic providers have completed stroke management training.

“We appreciate the Office of Inspector General’s review and recommendations for improvement. To date, we have closed two of the IG’s three recommendations and anticipate closing the remaining recommendation this month," said Alfred Montoya, acting medical center director.

"Since the review, Manchester VAMC has improved its stroke care services by enhancing its documentation practices and establishing an urgent care transfer process to address veterans who present with stroke-like symptoms.”

The report from the VA Office of Inspector General comes as the Manchester VA Medical Center is under fire by a group of doctors and nurses citing a variety of problems in the way the medical center has been managed.

“The report emphasizes the need to improve services for our veterans at the Manchester VAMC and at centers of care around the country," said Kuster. "While I’m hopeful that the lessons learned from this report will prevent any veteran that suffers a stroke from receiving substandard care, this report still underscores the need to reform the VA’s community care programs, including the Veterans Choice Program.”

At Kuster's request, the House Veterans’ Affairs Subcommittee on Oversight and Investigations will host a field hearing in New Hampshire on Sept. 18 to hear the whistleblower concerns.

Secretary of Veterans Affairs David Shulkin recently removed the hospital’s top management and ordered a review after the Boston Globe reported on the whistleblower complaints.

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2. Veteran and Employee Experience

2.1 - Atlanta Journal-Constitution: Doc delays wedding, stays in hospital to help Harvey victims (8 September, Bo Emerson, 11.8M online visitors/mo; Atlanta, GA)

As his Buckhead church prepares for Hurricane Irma, the Very Rev. Sam G. Candler of Cathedral of St. Philip posted a proud note about his daughter, who postponed her wedding day to help Hurricane Harvey victims in Houston.

Former Atlantan Dr. Sarah Candler, primary care physician of the Houston VA Medical Center, had scheduled her wedding to Ted McKenna for Sept. 3, but instead volunteered to stay overnight at the VA hospital as Harvey made landfall.

“I think that anybody that goes into medicine does it because they like to take care of people,” said Sarah Candler, according to VAntage, the blog of the U.S. Department of Veterans Affairs. “Friday, I made the decision to sleep at the hospital. When somebody needs you right then and there and you’re the best-qualified person to do it, I feel I signed up for that. I signed up to be there for people, so that was my priority.”

Candler and McKenna then had to deal with flooding at their own property, gutting and cleaning their flooded home. The home was brand-new, and one of the unpacked boxes included her wedding veil.

Candler donned it briefly for the cameras, then went back to work. The couple is planning a rescheduled wedding for next February.

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2.2 - Lexington Herald-Leader: Lexington Cemetery was common ground during Civil War. Can it be again? (8 September, Tom Eblen, 2.1M online visitors/mo; Lexington, KY)

The Civil War arrived at the Lexington Cemetery on Sept. 11, 1861.

That day, Benjamin Gratz, a cemetery founder and the namesake of Gratz Park, buried his son. Union Army Capt. Cary Gist Gratz, 32, had died a month earlier from wounds suffered in the Battle of Wilson’s Creek near Springfield, Mo.

During the next four years, 964 more Union dead, white and black, would join Gratz there. So would more than 102 Confederate casualties, including Gen. John Hunt Morgan, who was ambushed Sept. 4, 1864, in Greeneville, Tenn.

The Civil War split Lexington families and society like nothing before or since. In that time of crisis, the Lexington Cemetery literally became our common ground.

In the years that followed, many Union and Confederate veterans found final resting places there, including John C. Breckinridge, the U.S. vice president, Confederate general and Confederate secretary of war, who before his death in 1875 broke with many of his comrades and denounced the Ku Klux Klan.

Decades after the war, at the height of the Jim Crow era, Confederate memorial groups sought to recast their war to preserve slavery as a noble “lost cause” that romanticized the Old South. As not-so-subtle statements of white supremacy, they erected dozens of monuments to Confederate heroes, including those on the Fayette County courthouse lawn to Breckinridge in 1887 and Morgan in 1911.

On Monday — 156 years to the day after young Capt. Gratz’s burial — the Lexington Cemetery’s trustees will meet to consider a request by Mayor Jim Gray to allow the

controversial Breckinridge and Morgan monuments to be moved from the old courthouse grounds to Lexington's common ground.

I thought this would be a good time to examine the Lexington Cemetery's Civil War legacy. Besides, there are worse ways to spend a lovely afternoon than wandering around this remarkable place, which opened in an old-growth forest in 1849 and has become one of the nation's most beautiful cemeteries.

Burton Milward's 1989 book, "A History of the Lexington Cemetery" says the Lexington Cemetery Co. maintained strict neutrality during and after the Civil War. This continued during both Union and Confederate occupations of Lexington.

In addition to family plots, the cemetery trustees set aside soldiers' plots along the West Main Street side of the grounds — one for Union dead, another for Confederates.

After the war, the cemetery donated the Union plot to the federal government, which bought additional space and created the National Cemetery. It has a plaque with the text of Lincoln's Gettysburg address. Another plaque has an excerpt from Theodore O'Hara's famous poem "The Bivouac of the Dead."

The still-active National Cemetery has grown with each subsequent war. It is now in the midst of a renovation to replace sod around the neat rows of white marble headstones.

The Southern soldiers' plot, across a small valley and road from the National Cemetery, was sold for $1 in 1891 to the Confederate Veterans Association, which then bought additional space. It is a very different place from the symmetrical and rather sterile Union cemetery.

The Confederate plot has two large monuments. The Ladies' Memorial and Monument Association of Lexington erected one in 1875 that was designed by local historian George Washington Ranck and was described by a leading national magazine of the day as "probably the most perfect thing of its kind in the South." Breckinridge's widow, Mary, helped lead the fundraising effort.

The monument shows a rugged log cross atop a pile of stones and a Confederate battle flag dangling from a broken staff. The back of the cross proclaims: "Our Dead." It was said to have been inspired by a poem, "The Conquered Banner," by Father Abram Joseph Ryan.

Many Confederate graves don't have headstones, so the Confederate Veterans Association erected a monument in 1893. Its granite pedestal lists dozens of those buried around it. The monument is topped by a Confederate sentry carved from white Italian marble. Milward's book says donors included "at least one Union officer who made a large contribution."

Scattered around the plot are a few individual tombstones. Some are military-style, bearing the United Daughters of the Confederacy's Southern Cross of Honor; others are of unique design. Capt. Thomas Quirk, an Irishman who died seven years after the war, is remembered by his men as "Our Tom." Likewise, the comrades of B.B. Bigstaff memorialized him in limestone as "a sinner saved by grace."

Many Civil War veterans' graves are mixed throughout the cemetery. Among them are Confederate generals Basil Duke and Randall Gibson, and Union generals Sanders Dewees

Bruce, Henry Clay Dunlap and Gordon Granger. He is best known for proclaiming the end of slavery while in command of post-war Texas, setting off the first “Juneteenth” celebration.

Morgan and Breckinridge are buried in family plots are in adjoining sections separated by a small road. On each side of that road, the cemetery has placed small signs guiding visitors to their graves. On the afternoon I visited, there were several small Confederate battle flags and Bonnie Blue flags, as well as a Kentucky flag, at the foot of Morgan’s headstone, apparently placed there by admirers.

As William Faulkner famously said, “The past is never dead. It’s not even past.”

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2.3 - Watertown Daily Times: Skewing numbers? State shouldn’t downgrade Veterans Affairs site in Ogdensburg (8 September, 199k online visitors/day; Watertown, NY)

State Sen. Patricia A. Ritchie, R-Heuvelton, recently said a constituent expressed suspicions that the state Division of Veterans Affairs has been attempting to manipulate statistics about how often the Ogdensburg office is used.

“A constituent recently shared with me their belief that New York State Division of Veterans Affairs has been forcing veterans from Ogdensburg and other parts of St. Lawrence County to travel to Massena in a deliberate effort to reduce usage of the Ogdensburg office and, in turn, create the appearance that the Massena office should be converted from a satellite to a main office location,” Mrs. Ritchie said in a letter to Col. Eric J. Hesse, director of the state VA.

Personnel in the Ogdensburg office work with veterans, particularly older individuals, to make sense of regulations established by the federal VA. They also help these veterans access information online from the VA’s website or through the department’s telephone menus.

Mrs. Ritchie said she discovered that the state VA wants to close the Ogdensburg office and convert the one in Massena from a satellite facility to a main office location; a counselor would be available once a month to work with veterans in Ogdensburg. If claims about its efforts to dissuade veterans from obtaining assistance from VA staff members in Ogdensburg are to be believed, the results of such a move would justify closing this facility.

These are serious allegations. They must be substantiated or refuted. We need to know if the state VA is using its influence to reduce the usage of the Ogdensburg office by veterans to promote the Massena facility as a better alternative.

This is important because Massena would not make a good site for a centralized office in St. Lawrence County. Many older veterans have a difficult enough time traveling to Ogdensburg to obtain the VA services they need. Massena is not at all convenient for them, and being able to meet with a counselor in Ogdensburg only once a month would create a tremendous hardship for them.

For the state VA to move its primary office to a geographically remote area of St. Lawrence County would make no sense. The agency must consider how this would affect its clientele — this factor must drive its decisions. The result would have adverse consequences on veterans

who live closer to Ogdensburg, and this means that officials should go back to the drawing board and devise a new plan.

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2.4 - Nextgov: VA Needs To Better Track Teleworking Employees (7 September, Caitlin Fairchild, 193k online visitors/mo; Washington, DC)

The Veterans Benefits Administration needs to do a better job recording the hours its employees telework, an oversight agency said.

VBA needs to better record when its 5,200 eligible employees telework and assess the effect it has on their performance processing disability claims for veterans, Government Accountability Office concluded in a report.

Starting in March 2017, the Veterans Affairs Department required its components to record telework hours for each pay period. But according to the report, the agency didn't change much in their processes to reflect that new requirement, with no official change in VA's agencywide policy and minimal communication to employees.

The watchdog found that nearly half of the employees with regularly scheduled plans to telework did not have any telework hours recorded in VA's time and attendance system as of April 2017.

"GAO was unable to determine the impact of telework on disability claims processing because VBA does not have complete or reliable data on employees' telework hours," the report stated.

GAO made several recommendations to the VA, including that the agency should update its policies to state that telework hours should be officially recorded in the VA's system, that it should communicate to regional office employees that they need to record their telework hours in the system and that it should develop a process to monitor whether employees' telework hours are being recorded accurately.

The VA said it would comply with the recommendations.

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2.5 - The Herald-Dispatch: Senate OKs renaming of VA after Williams (8 September, 192k online visitors/mo; Huntington, WV)

WASHINGTON - The U.S. Senate approved a resolution Thursday to rename the Huntington VA Medical Center after West Virginia hero Hershel "Woody" Williams. A similar measure still needs to be approved by the U.S. House of Representatives.

Williams is a West Virginia native and lives in Ona. He is the last surviving Medal of Honor recipient from the Battle of Iwo Jima. After completing his military service, he worked for the Department of Veterans Affairs as a veterans service representative for 33 years.

He also founded the Hershel Woody Williams Medal of Honor Foundation to recognize the sacrifices of the nation's Gold Star families.

Sens. Joe Manchin, D-WVa., and Shelley Moore Captio, R-W.Va., introduced the measure in the Senate. Rep. Evan Jenkins, R-W.Va., sponsored the bill in the House, along with co-sponsors Reps. David McKinley and Alex Mooney.

If enacted, the full name of the hospital would be the Hershel "Woody" Williams VA Medical Center.

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2.6 - The Dickinson Press: Standing Rock Tribe receives funding for tribal veterans cemetery (8 September, Barry Amundson, 191k online visitors/mo; Dickinson, ND)

FORT YATES, N.D. -- The Standing Rock Sioux Tribe will receive a $4.9 million grant to construct a tribal veterans cemetery near Fort Yates.

It will be called the All Nations Veterans Cemetery.

The Department of Veterans Affairs National Cemetery Administration grant will cover the cost of construction of a main entrance, an administration building, a maintenance building, roads, an assembly area, a committal shelter, 128 pre-placed single depth crypts, 28 standard full casket sites, 12 cremated remains gravesites and landscaping.

The Tribe has been working on developing the 8-acre site for the past couple years. The project will serve 2,264 tribal veterans and their families.

U.S. Sen. Heidi Heitkamp said Native Americans serve in the armed forces at a higher rate than any other ethnic group. She said making sure Native American veterans and their families, as well as other veterans, have the support from the federal government is one of her priorities in the Senate.

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2.7 - New Hampshire Public Radio (AP): VA Report Criticizes Stroke Care at Manchester Facility (8 September, 150k online visitors/mo; Concord, NH)

A report by the Department of Veterans Affairs concludes that stroke patients at its Manchester facility received substandard care, including a failure to transfer them to another facility that could provide the necessary tests and treatment.

The report released Thursday is the latest criticism of the facility that first emerged after the Boston Globe on a whistleblower complaint filed by physicians alleging substandard care at state's only medical center for veterans. They described a fly-infested operating room, surgical instruments that weren't always sterilized and patients whose conditions were ignored.

Inspired by a 2010 complaint from a patient, the report by the VA Office of Inspector General found that Manchester officials provided inconsistent care from a review of two dozen patients who arrived with stroke symptoms in 2014 and 2015.

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2.8 - Task & Purpose: VA Launches New Process To Turn Around Disability Claims In 30 Days Or Less (8 September, James Clark, 102k online visitors/mo; New York, NY)

In an effort to streamline its claims process, the Department of Veteran Affairs announced the official launch of the Decision Ready Claims program for all regional VA offices on Sept. 8, which promises a decision on claims for upgrading disability compensation within 30 days of filing, and could potentially cut out months of waiting.

The system, which has been in the pilot phase since May 1, requires veterans to work with accredited veteran service organizations, such as Disabled American Veterans, the American Legion, and Veterans of Foreign Wars, to ensure a veteran has all necessary documentation for their disability compensation upgrade prior to submitting the paperwork. Veterans in need of VSO services can locate the nearest office by searching on the VA website.

Currently, veterans can submit a claim with little additional paperwork, which places the impetus on the VA to collect the required documents, schedule any necessary exams, and generally, do most of the heavy lifting. Under the Decision Ready Claims process, veterans can opt to do that legwork themselves ahead of time.

“For veterans who need more flexibility in scheduling doctors appointments and to gather evidence, it might help,” Ryan Gallucci, VFW’s director of the national veterans service, told Task & Purpose. “Right now DRC is making it so veterans take on a lot of the responsibility to take on their own claim. That may be good for some, but probably not the best way for most.”

Veterans opting for the new claims process will have to gather the required documentation then have a VSO representative review the documents to ensure everything is in order. The VSO rep can then mandate additional evidence for the claim if it’s needed before the claim is submitted. Once filed, the VA has 30 days to respond.

While the DRC currently is limited to claims for increased disability compensation, which represent about 10% of VA’s total claims, according to Military Times, the department plans to expand the types of claims accepted under DRC in the coming months.

While 30 days is a vast improvement, officials warn that collecting the information needed for the claim can be time-consuming.

“Gathering their military personnel records, military medical records, any private medical evidence you might have, any statements from your family members or people you served with in support of your claim, that can take a long time,” Gallucci told Task & Purpose, adding that it could take months, maybe even a year for a veteran to gather all the requisite material for the DRC.

It's possible that by shifting the legwork from VA representatives to veterans and VSOs, the department is attempting to tackle an issue that's plagued it for years: the claims backlog.

"In a way it takes the development time off of VA's books and has the potential to artificially make the backlog look better or make the pending workload look better, because that time still exists, the veteran is still responsible for going to exams and collecting evidence," Gallucci said. "With how the paperwork would be filed, it would no longer be considered part of the pending workload."

In March 2013, the VA came under fire when its backlog of claims peaked at 610,000, drawing harsh criticism and calls for reform. In the years since, it has shrunk, fluctuating around 100,000, according to Military Times.

Ultimately, it's up to the individual veteran to decide whether DRC will work in their case.

"It's an aggressive pilot program, and we're going to work with VA to make sure it works and meets the needs of veterans, that's our top priority," said Gallucci. "Anyone interested in this program should have an honest conversation with your veteran service officer."

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2.9 - WGXA (ABC-24): Dublin VA Medical Center accepting evacuated veterans (8 September, 63k online visitors/mo; Macon, GA)

DUBLIN, Ga. -- The Carl Vinson VA Medical Center in Dublin is preparing to take in veterans, their families and their pets who evacuated from the path of Hurricane Irma.

The center will open its doors at 5 p.m. Friday and will hold about 120 people.

Director Maryalice Morro said she thinks it is important for veterans to know they have a safe place to stay. She said those who seek shelter at the medical center will be provided with food, water and medical services if needed during their stay there.

She said they are also taking in some patients from their Brunswick branch of the medical center. Those patients will be evacuating Friday.

Morro encouraged those who plan to bring their children with them to bring things to keep their kids occupied.

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3. Access to Healthcare

3.1 - Fort Worth Star-Telegram: I served for 8 years, then waited 8 months for a VA appointment (8 September, Ben Rangel, 3.8M online visitors/mo; Fort Worth, TX)

When I was 17 years old, I chose to enlist in the United States Marine Corps and fight to defend our country's freedoms. However, as a veteran of several overseas tours and eight years of service, I am unable to choose my own doctor. This year, Congress has a historic opportunity to rectify this paradox by giving veterans like me more health care choices.

While I was on a convoy in the Al-Anbar Province of Iraq in 2004, my unit was ambushed by enemy combatants and the vehicle I was in was hit by an IED. I didn't realize until after the firefight was over that I received shrapnel on the left side of my body.

After two more tours, including another combat tour in Iraq, I was honorably discharged from the Marines. A month later, I went to my Department of Veterans Affairs medical facility for the first time to get physical therapy for several injuries, including rehabilitation for a rotator cuff tear. I was expecting to be cared for immediately, but what they told me astonished me.

The VA said I had to wait a shocking eight months just to get an appointment to receive therapy for my service connected injuries.

Even worse: by the time I got my appointment, I was told that my shoulder hadn't healed properly. I was upset — if I had been given proper care in a timely fashion, that would have been prevented.

Unfortunately, my story is all too common for veterans around the country. From long wait times, unsanitary conditions, and negligent management, veterans have been subjected to a system that has repeatedly failed us.

The men and women I served with are first-class people; we should not have second-class care. If the VA is unable to provide high quality and timely care for veterans, they need to let us go elsewhere.

Although Veterans Affairs Secretary David Shulkin has done a great job of pushing real reforms in the VA this year — he was instrumental in passing VA Accountability and Whistleblower Protection Act — much more needs to be done.

President Trump recently signed a bill that authorized emergency funding for the Veterans Choice Program. This imperfect program allows veterans to see doctors outside the VA if someone meets certain requirements — such as if you have to wait more than 30 days or travel over 40 miles for an appointment.

The Veterans Choice Program has seen a large increase in demand over the past year as veterans opt for choice more than ever. Yet, many issues remain with this program, which was passed as a temporary response to the Phoenix VA scandal and was never intended to be a permanent solution to veterans' health care choice needs.

Right now, the Choice Program is similar to many other government programs — an ineffective system filled with administrative and bureaucratic rules. Secretary Shulkin himself has recognized these flaws and declared the status quo is not acceptable.

Permanent, broader reform must center on the veteran and their clinical needs. We need a system that will allow us to use our benefits inside or outside of the VA, at our own discretion, and remove the VA as the middleman. The Veterans Health Administration should also test new

governance structures and innovative pilot programs that deliver better care for the changing veteran population.

Freedom and the dignity of the individual are the cornerstone of this country and what I fought to defend. My experience with the VA left me discouraged with the quality of care I received, and I lost faith in the department's ability to help me. But it pushed me to dedicate my post-military career to help reform the VA so future veterans did not have to go through what I did — and I won't give up.

Congress must respect veterans' freedom and self-worth, and empower us with real health care choice this year. Choice isn't just common sense — it's what veterans deserve.

Ben Rangel is the Texas field director for Concerned Veterans for America. Rangel served in the U.S. Marine Corps and was awarded a Purple Heart medal for his injuries sustained in combat. Rangel currently lives in McKinney with his wife and family.

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3.2 - The Buffalo News: VA is testing patients with infection risk from scopes (8 September, Henry L. Davis, 1.5M online visitors/mo; Buffalo, NY)

The Buffalo Veterans Affairs Medical Center contacted all but three of the 526 patients who underwent colonoscopies with equipment that may have been inadequately cleaned and most of them have agreed to testing for possible infection.

To date, more than 360 veterans have been screened for hepatitis B, hepatitis C and HIV, the virus that causes AIDS, hospital officials said. The VA has said the risk of infection is "very low," and notification of the screening does not mean a patient is infected. The VA made multiple attempts to reach the three patients, officials said.

Asked whether any patients developed infections, officials said in a statement test results will be communicated directly to patients and treatment, if needed, provided. The Veterans Health Administration, through the office of Public Health Surveillance and Research, will publish the outcomes after completion of an investigation, officials said in a statement.

VA officials have declined repeated requests for interviews about the case, reporting in statements only that a recent review of the disinfection process found that repetitive steps in the manufacturer's instructions for cleaning the reusable endoscopes may not have been followed in some cases by an employee between April 19, 2015, and June 23, 2017.

"Each scope used in these colonoscopies was disinfected. However, this letter is to inform you that one technician may not have followed a part of the established disinfection procedure when cleaning scopes," according to a letter sent to patients.

Despite assurances from the medical center about the low risk of infection, the incident prompted concern.

"It's upsetting," said Ronald Stevenson, a Vietnam War veteran.

Stevenson, of Jamestown, said he underwent a colonoscopy at the medical center in October 2015 and, the day after, developed a bacterial infection that required treatment with antibiotics. He said he received a letter about the free screening, was tested and is awaiting results.

"You have to wonder if there are people who were infected from a scope and never realized it," Stevenson said.

VA officials said the employee, a sterile processing technician, was removed from his cleaning responsibilities and issued a notice of proposed removal from federal service in accordance with recent legislation that gives the VA secretary greater authority in disciplinary cases, including shortening the time employees have to respond to disciplinary action.

In a conference call last week that included a staff member representing Rep. Brian Higgins, D-Buffalo, hospital medical and administrative officials described the technician's error as brushing a part of the equipment once instead of three times before placing it in a device for sterilization, according to a person familiar with the discussion. The time period of concern coincided with the technician's employment, according to a fact sheet the VA provided at the time of the call.

"We are deeply sorry this situation occurred and are committed to the safety and well-being of all the patients we serve. Please be advised that when this issue was identified, we took immediate action to ensure our patients' safety," the VA wrote in its letter to patients.

For years, there has been increasing concern about infections linked to endoscopes, the flexible tubes that doctors use to peer inside patients' bodies. Certain parts of the devices can be difficult to clean, with steps prone to human error, and require strict adherence to manufacturers' instructions to remove tissue and body fluids, as well as to prepare for reuse in another patient. Technicians also must know which disinfectants and reprocessing machines are compatible with a particular endoscope.

Outbreaks have been associated with a number of different medical scopes, including duodenoscopes threaded into the top of the small intestine, gastroscopes passed into the stomach, bronchoscopes to view airways and colonoscopes inserted into the rectum to view the large intestine.

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3.3 - WLOS (ABC-13, Video): Annual event gives veterans a second chance (8 September, John Le, 486k online visitors/mo; Asheville, NC)

Stand Down, an event Friday at the Stephens-Lee Recreation Center, gave veterans a look at the services available to help them.

The Charles George VA Medical Center Health Care for Homeless Veterans program hosted the event with ABCCM.

Local services can help veterans with employment, mental health, education and even haircuts.

"But it's a great event to make sure veterans who are receiving services are plugged in with the resources they need. And it also gives us a chance to reach out to new veterans who are unsheltered," homeless program coordinator Whitney Lott said.

Organizers strive to make the annual Stand Down event informative and fun for the veterans.

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3.4 - Savannah Morning News: Area VA clinics closing, ER in Charleston remains open (8 September, 441k online visitors/mo; Savannah, GA)

The Ralph H. Johnson VA Medical Center outpatient clinics located in Hinesville and Savannah will close at the end of day Friday, reopening on Wednesday, Sept. 13, weather permitting. Meanwhile, the emergency department at the medical center in Charleston, will be open throughout the storm.

“While we are cancelling our outpatient clinics in anticipation of Hurricane Irma, our hospital is committed to serving our local Veteran population through the duration of the storm,” said Ralph H. Johnson Medical Center Director Scott Isaacks. “Our Emergency Department will remain open and we will have all appropriate support staff on site to care for the urgent needs of our patients – including dozens of Veteran inpatients who will be sheltering in place here at the hospital.”

Patients with appointments at any of the closed clinics will be contacted to reschedule. Should additional patient appointments be cancelled moving forward, patients will be notified by the clinics.

Employees and Veteran patients can stay up-to-date with the most recent medical center and outpatient clinic statuses by visiting the Charleston VAMC website at www.charleston.va.gov or following the medical center on Facebook at VAMCCharleston or on Twitter at CharlestonVAMC.

Additional information will be communicated as it becomes available.

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3.5 - WRDW (CBS-12): VA hospital activates crisis command center for storm (8 September, 196k online visitors/mo; North Augusta, SC)

AUGUSTA, Ga. -- In preparation for effects of Hurricane Irma, the director of Charlie Norwood VA Medical Center has activated the Hospital Command Center and appropriate supporting functions.

The HCC leadership group meets twice daily in person and via telephone to discuss what VA Augusta is doing to prepare its two hospitals and three community based outpatient clinics for the storm and how it will support other VA facilities in the region, according to a press release.

The two hospitals are located here while the clinics are located in Aiken, S.C., Athens and Statesboro, Ga.

In coordination with the facility safety officer and emergency management lead, the HCC team discusses and prepares for continued patient care, power outages, flooding and other contingencies. From the discussions, employees take action to ensure patient safety and continuity of operations for the hospital. Matters are coordinated with the Veterans Health Administration regional office in Atlanta and the Department of Veterans Affairs Central Office in Washington D.C.

Questions about hospital operations can be directed to the VA Augusta Public Affairs Office by calling 706-733-0188, exts. 7501/1742/1733, or emailing vhaaugpublicaffairs@va.gov. VA Augusta will have a Facebook Live broadcast each day at 1pm until the storm passes at facebook.com/VAAugusta. The medical center will also publish updates via Facebook at and on Twitter @VAAugusta.

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3.6 - Inside Sources: Military Struggling With Traumatic Brain Injury Fallout (8 September, Leo Doran, 154k online visitors/mo; Washington, DC)

Top current and former officials in the U.S. Military are raising the alarm over the disturbing combination of high rates of Traumatic Brain Injury in the armed forces and a lack of public policy solutions to adequetly address the problem. Researchers are only now getting their arms around the magnitude of the class of injuries that are difficult to treat and have affected an estimated 400,000 service members since the September 11th attacks in 2001.

A Thursday panel at the Brain Futures conference, just outside of Washington D.C., was dedicated to “Military Mental Health.” Retired General Peter Chiarelli, who served in Iraq and as the Vice Chief of Staff of the U.S. Army, was the moderator. Chiarelli was flanked by former U.S. Representative Patrick Kennedy, who has made mental health a priority since leaving Congress, Marsden McGuire, a Veterans Affairs official, and Robert Koffman, a retired Navy medical officer.

The full effects of Traumatic Brain Injuries are only recently breaking into the public understanding. In addition to the scrutiny faced by the National Football League for its halting response to the long-term effects of concussive blows, the military and the federal bureaucracy has also had their high-profile difficulties in handling the hundreds of thousands of injured veterans returning from long wars in Afghanistan and Iraq.

“They say that every war, the [Department of Veterans Affairs] and the military, have an ‘aha’ moment on what they need to address, in terms of their health care,” said Kennedy. “Clearly brain health issues are the issues of this recent war.”

Head trauma in particular has been linked to Post Traumatic Stress Disorder, addiction problems, depression, and a suicide rate that doubled in the decade after 2001. Because the scars associated with the injuries are internal, and symptoms straddle the line between the physical and the psychological, officials have struggled to adequately diagnose and treat the influx of cases.

Further muddying the waters, according to Chiarelli, is an under-discussed side effect of legislative action taken by Congress to address Post Traumatic Stress Disorder. Because disability benefits are significantly greater for veterans with the illness, and because the illness is diagnosed through questionnaires, there is worry that some are gaming the system to qualify for benefits. Furthermore, once a medical professional has diagnosed and treated a veteran with Post Traumatic Stress Disorder, the patients are almost never taken off the benefit rolls, according to Chiarelli.

“This culture of dependency is really a sad, sad thing that we as a nation have got to take a look at, but when it comes to veteran service organizations, there is no way that you are going to go in after a war and start taking away from benefits that which they feel they have earned in combat,” said Chiarelli.

On the other hand, in many cases veterans—and civilians—with mental health problems are not getting the support they need. In his remarks, Kennedy raged against a private insurance system that he said treats those suffering from Traumatic Brain Injury unfairly.

“Our medical system has always segregated things of the brain, mental health, as something separate and unequal from the rest of the medical system. The insurance system doesn’t pay for it in the same way that it pays for other medical, physical, surgical costs. And then we all wonder why we’ve got such a public health crisis on our hands,” said Kennedy, who has had his own struggles with addiction.

Among the most striking statistics to emerge from the discussion was that most Traumatic Brain Injury cases suffered by members of the military actually don’t occur during combat operations. In fact, according to Surgeon General statistics cited by multiple panelists, about 80 percent of head trauma cases in the military happen during training.

In other words, even without the two major wars the country has been embroiled in, head trauma cases would still be a fact of life for men and women in uniform. Chiarelli indicated that it would be impossible to eliminate the risks of Traumatic Brain Injury from routine training.

After citing the high rates of brain injury in everyday life among civilians, Chiarelli argued that the military wasn’t “doing anything wrong” when it comes to training its soldiers. “Quite frankly, the military can be a contact sport, and you’re gonna see some concussions occur when you’re jumping out of perfectly good aircraft,” he said.

Later, after the panel broke up , Chiarelli told InsideSources that the military could be doing more to look at how training impacts all kinds of brain health. “We need to understand what it means to stand behind a 150 millimeter artillery piece for an entire career for 15 years. I spent my time in the turret of a tank, shooting off 120 millimeter rounds. We’ve got to understand more about sub-concussive events as well as concussive events.”

When asked whether he thought the military is actually following up and leading enough of these research studies into brain health and training, however, Chiarelli was unequivocal.

“No. No, I don’t. I really don’t.”

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3.7 - Wisconsin Public Radio (AP): Report: Tomah VA Staff Failed To Report Hygiene Lapse. VA Previously Asked Almost 600 Veterans To Be Screened For Possible Infection (8 September, Hope Kirwan, 150k online visitors/mo; Madison, WI)

A new report released by the U.S. Department of Veterans Affairs' inspector general says staff at the Tomah VA Medical Center failed to report a dentist who used improperly sterilized equipment, potentially exposing hundreds of patients to infection.

The Tomah VA asked nearly 600 veterans to be screened for possible infections after learning of the violations in November. The report from the Office of Inspector General released Thursday says the facility's leaders took appropriate action once they found out about the problem.

The OIG investigation found "fear of reprisal and lack of appropriate action by leadership after prior reports" kept a staff member from alerting their supervisor about the dentist's unsterile practices.

These concerns were also cited by staff when the death of a veteran revealed unsafe prescribing practices at the Tomah VA in 2014.

But officials at the medical center said this culture of fear is no longer an issue.

"There are multiple methods of being able to report items anonymously throughout the VA," said Matthew Gowan, spokesman for the Tomah VA.

The OIG report also recommended changes to the way the clinic is inspected, including more unannounced inspections.

Gowan said more than 90 percent of the affected patients have been tested and no infections were found.

The dentist, Thomas Schiller, was suspended and resigned in December.

The investigation was done at the request of U.S. Sens. Ron Johnson and Tammy Baldwin, Rep. Ron Kind and Rep. Tim Walz, of Minnesota.

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3.8 - FierceHealthcare: Botched surgery at Memphis VA leads to amputation (8 September, Matt Kuhrt, 140k online visitors/mo; Washington, DC)

A veteran wound up having his leg amputated at a VA hospital after a previous procedure left plastic tubing in his artery. And that's far from the first horror story to come out of the Memphis VA Medical Center.

The Memphis VA Medical Center scores only one out of five stars in the VA's quality-of-care rankings, according to a USA Today article describing the facility's shortcomings. A string of

serious medical errors under investigation in 2016 included a perforated colon during a colonoscopy and a biopsy that had to be redone after the facility mishandled a tissue sample.

In the latest incident, a diabetic veteran wound up with 10 inches of plastic tubing embedded in an artery in his leg after VA doctors apparently failed to remove the protective cover from a catheter before inserting it. Surgeons found the tubing more than three weeks later when they amputated the leg, according to the article.

Due to its poor safety and outcome measures, including strikingly high mortality rates after pneumonia treatment and acute care, acting Under Secretary for Health Poonam Alaigh gets weekly briefings on the hospital, according to the article. A VA review led to a new director in May and a series of staff changes that reportedly stemmed from issues in multiple departments, including surgery, nursing and human resources.

VA Secretary David Shulkin has made addressing issues such as these a priority, noting that in many cases, they have developed over many years. VA Press Secretary Curt Cashour told USA Today that the agency is committed to addressing issues at facilities that “need extra attention,” such as the one in Memphis.

“We are not hesitating to take swift accountability actions when warranted,” Cashour said.

Over the past several years, the VA has dealt with a series of challenges, highlighted by the 2014 scandal involving long wait times for appointments, which the agency continues to address.

In addition, the Veterans’ Choice program, put in place to improve access to care among veterans who had difficulty traveling to the nearest VA hospital, has proven so popular that it prematurely run out of funding, requiring emergency congressional assistance.

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3.9 - North Platte Telegraph: Veterans attend pre-screening of documentary (8 September, Kamie Stephen, 61k online visitors/mo; North Platte, NE)

Community members got a sneak peek at a new documentary series about the Vietnam War on Thursday.

A special pre-screening of “The Vietnam War,” directed by Ken Burns and Lynn Novick, was shown at North Platte Community College. The screening features excerpts from all 10 of episodes of the series, which totals 18 hours and officially premiers on Sept. 17 on NET.

The documentary uses accounts from nearly 100 witnesses, including Americans who fought in the war and those who opposed it, as well as Vietnamese combatants and civilians from both the winning and losing sides. These testimonies are combined with footage from the time to tell the story of the war.

Those who missed Thursday’s screening, another will take place at noon on Sept. 15 at the Prairie Arts Center. It is free and open to the public.

A panel of local veterans including Kevin Kennedy, Duane Deterding, Ron Books and Larry Steele discussed their take on the film and answered questions from the audience, which included a number of Vietnam veterans.

“I thought the movie was outstanding,” said Books, who served in the U.S. Army. “I thought it was a part of history that not many of use take a look at completely.”

Kennedy thought the film was good, but worried it didn’t focus enough on the soldiers who were trying to help people.

“We didn’t shoot kids and burn down buildings,” said Kennedy, a former Marine. “We were too busy protecting the South

Vietnamese.”

As a result of his service, Kennedy ended up with Agent Orange poisoning — a topic that was brought up by a veteran in the audience who said he’s been able to get help from the VA.

“How many veterans here have Agent Orange poisoning?” another asked from the audience.

Nine men raised their hands, a reminder of the lasting effects of war. Kennedy returned to Vietnam six years ago and said the people and the country are also suffering from the effects of chemical warfare. Kennedy said he believed the VA was making strides in providing treatment, but agreed that many veterans have had to wait too long for help.

He said it was important to continue contacting representatives, sharing stories and educating as many people as possible about the war as well as the more than 58,220 soldiers who never came home.

“What we need to do is spread the word more about what we are and what our country is about,” Kennedy said, encouraging people to stand with one another. “Good, bad or indifferent, we take care of each other ... War is politics, but people are people.”

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3.10 - Curry Coastal Pilot: New VA clinic opens Monday (8 September, 51k online visitors/mo; Brookings, OR)

The Veterans Administration’s new clinic on Railroad Street in Brookings is set to open Monday — and festivities will begin the retiring of the U.S. Flag at the old facility on Fifth Street and raising it at the new one.

The retiring of the flag is scheduled for 10:15 a.m and will be performed by the Calvin Murphy Detachment 578 of the Marine Corps League. It will be followed by a grand opening and open house at 11 a.m. featuring VA staff and local leaders, along with veterans’ groups.

The public is welcome to meet the staff and tour the clinic at 840 Railroad St.

Guests include Barbara Galbraith, chief of nursing at the Roseburg VA facility, Brookings Mayor Jake Pieper, Curry County Veterans Service Officer Tony Voudy, Oregon Coast Community Action representative David Hubbard, and Brookings VA Clinic manager Marlene McBride.

The Vietnam Veterans of America, Chapter 757, will provide the cake, sandwiches and vegetable plate.

New clinic

The 7,920-square-foot facility will be more than three times larger than the clinic on Fifth Street, offer the same health-care services, and expanded mental health assistance, said Shanon Goodwin, public affairs officer for the VA in Roseburg.

“We’re very happy about this new development and change within our system,” Goodwin said. “We’ll (have the space) to allow our staff to spread out more, which in turn will increase clinical efficiency as they won’t be competing for space.”

Goodwin said the VA is adding more mental health and telehealth opportunities.

But most importantly, the new building will provide more room.

“We have staff tripping over themselves in the old space,” Goodwin said of the clinic on Fifth Street in Brookings. “By doubling the space, they’ll have a little more room to breathe. The flow of patients will be a lot better.”

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3.11 - WFSU (Audio): In Preparation For Hurricane Irma, Local VA Facilities Closed Monday (8 September, Sascha Cordner, 38k online visitors/mo; Tallahassee, FL)

In preparation for Hurricane Irma, several VA facilities in the North Florida and South Georgia areas will be closed Monday to local veterans.

The North Florida/South Georgia Veterans Health System has announced it’s closing 12 facilities Monday.

They include Tallahassee Health Care Center as well as Community Based Outpatient Clinics in Marianna, Valdosta, and Waycross.

Any Primary Care, Specialty and Mental Health appointments made Monday at the Lake City and Malcom Randall VA Medical Center are now cancelled, and patients should be contacted soon.

Officials say any vets unable to obtain their normal pharmacy refills at their local VA facility, can pick up a 14-day supply at any CVS, Walgreens, or Publix until September 15th.

See below for the complete list of closed facilities:

Jacksonville OPC (and Jacksonville Southpoint and University)

Lecanto CBOC
Marianna CBOC
Ocala CBOC (and Ocala West Specialty)
Palatka CBOC
Perry CBOC
St. Augustine CBOC
St. Marys CBOC
Tallahassee HCC
The Villages OPC
Valdosta CBOC
Waycross CBOC

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3.12 - Courier of Montgomery County: Mobile clinic provides relief for local veterans (8 September, Jacob McAdams, 15k online visitors/mo; Conroe, TX)

Hurricane Harvey has affected many individuals in the greater Houston area in more than just physical ways, prompting the U.S. Department of Veterans Affairs to provide assistance to local veterans affected by the hurricanes through mobile clinics.

The Vet Center provided mobile clinics to assist area veterans in the aftermath of Harvey. One of the clinics will be located at the Walmart

at 23561 U.S. 59 in Porter through the end of September.

"We are a support, counseling and referral outreach for the VA," said Craig Schlattman, of the Vet Center system. "We were tasked to come down here from Colorado Springs."

Schlattman and Brian Murphy provided assistance to local veterans, giving information on benefits through the VA while also providing counseling services for those who were affected by the floods.

Numerous veterans visited the mobile clinic in Porter along with family members and concerned citizens. According to Schlattman, a veteran's own mother came to find help for her son.

"She's actually seeing if she can find him some mental health services," he said.

Murphy discussed how major storms can affect veterans. With many veterans suffering from the effects of post-traumatic stress disorder, a situation such as a devastating hurricane can become very stressful.

"It certainly can trigger a lot of issues and emotions for them," Murphy said.

Marcus Smith, of the Spring Vet Service location, describes how important the organization is for veterans. The organization goes back to the end of the Vietnam War when veterans came home to a negative reception from the United States public, which made the transition back to civilian life even more difficult.

"They really weren't appreciated," he said.

The Vet Center provides counseling for veterans in these matters and also gives them referrals. One veteran was even looking for work after having lost employment due to the flooding.

"We looked up how to do that and help him get connected," Schlattman said.

Schlattman said even non-veterans have come to the mobile center to take pictures and spread the word throughout the community. A veteran himself, Schlattman commented on how much an action such as that means to veterans seeking help.

"I think it's neighbors trying to help neighbors," he said. "When Mother Nature gives us its worst, human nature gives us its best."

Schlattman explained how he and Murphy, along with Smith being veterans allows them to relate to those they serve.

"There's a brotherhood that goes on there," he said. "Some of them have said that has saved their lives."

The mobile clinic had 15-20 visitors Sept. 6 and nine more Sept. 7, with an equal number of concerned citizens and family members also stopping by for information.

Veteran Matt Bonefas was one of them seeking assistance at the clinic, describing his home's garage and shed flooded, which ruined many of his machines. He expressed thanks to the mobile clinic for helping veterans.

"I think it's great," he said. "I just happened to stop because I saw the Vet Center."

Milton Emerson, an Army Ranger veteran from Houston, lost his machine shop to the flooding and is staying with his cousin in Porter. He also expressed how helpful the mobile clinic is to his needs.

"There were certain benefits that I didn't know about," he said. "This is a relief. You have so much you've got to do and not enough time to do it."

For more information on the Vet Centers or the Department of Veterans Affairs, call 1-877-WAR-VETS or visit www.vetcenter.va.gov.

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3.13 - The Monett Times: VA leaders confident new clinics will improve service (8 September, Murray Bishoff, 14k online visitors/mo; Monett, MO)

Meeting provides details on replacing Mt. Vernon clinic

During a town hall meeting in Mt. Vernon on Tuesday, Veterans Administration representatives spoke highly of plans to improve service to local veterans through the opening of new clinics in Springfield and Joplin.

Nonetheless, issues with care surfaced in comments presented by the audience.

Bryan Matthews, medical center director for the Veterans Healthcare System of the Ozarks, spoke about plans to expand service in southwest Missouri as part of the plan to decommission the Gene Taylor Clinic based at the former Missouri Rehabilitation Center in Mt. Vernon.

Ground was broken in October for the new clinic in Springfield. Contractors expect to have the 68,000 square foot facility enclosed by winter, enabling them to continue work on the way to finishing the facility by the end of 2018. The new facility will have all the services available in Mt. Vernon plus audiology and dental care available.

The VA has secured an existing building in Joplin that was never occupied. That 25,000-square-foot clinic will also offer audiology services. Matthews expected 60 percent of the veterans seeking care in Mt. Vernon to go to Springfield, and 40 percent to go to Joplin.

The Mt. Vernon clinic will be decommissioned when both new clinics have become fully operational. The system overseen by Matthews includes the main campus in Fayetteville, Ark., community clinics in the Arkansas towns of Fort Smith, Ozark and Harrisonville, plus Jay, Okla., and Branson.

“We don’t want any vet to drive more than 30 minutes to get care,” Matthews said.

He listed five priorities for VA in providing services:

• Focusing resources, including primary care, mental health and post traumatic stress syndrome;

• Improve timeliness;

• Greater choice, expanding the option of seeking private care for those needing faster help;

• Modernization of systems, providing state of the art services;

• Suicide prevention, reducing the number of 20 per day, of which only six have been enrolled in the VA system, including finding ways to reach out to veterans who may have developed bad behavior due to their service that resulted in an other than honorable discharges.

The biggest challenge, Matthews continued, has been providing mental health care. This includes filling staffing gaps. In addition, the Fayetteville campus is presently adding a 20-bed residential mental health rehabilitation wing that will also treat substance abuse. Matthews expected to have that service added by the end of the year.

While audience members praised the quality of care they have received through the VA, several had concerns. One said in the three years he had gone to the Mt. Vernon clinic, he had had nine doctors and had never seen one doctor more than twice.

Although the VA clinics have no urgent care, they do offer same day service. In response to reports that an area veteran was told to drive to Fayetteville for care on two occasions that needed immediate care, Matthews said the veterans should have been referred to a local hospital. “That should not have happened,” Matthews said.

Janet Curl, the nurse manager at the Gene Taylor Clinic, said veterans who have concerns about the care they are receiving locally can call her directly at 417-466-4000.

In addition to Matthews, speaking at the town hall meeting was Dr. Rickey Kime, associate chief of staff for primary care, who works out of Mt. Vernon but is based in Fayetteville. Three other administrators in the system were also present to answer questions about eligibility and enrollment.

Matthews said Dr. David Shulkin, the new secretary of veterans affairs in the Trump Administration, considers himself to be an “agent of change.” Matthews added he believes Dr. Shulkin will act effectively in that role.

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3.14 - Boomer: Within the Walls of the McGuire VA Medical Center. A new documentary highlights the benefits of polytrauma rehab for veterans (8 September, 10k online visitors/mo; Richmond, VA)

In hearing of American soldiers and veterans who have suffered traumatic injuries, seeing their faces, their scars, their families and their dramatic comebacks makes their stories real. A new documentary showcases these military heroes and the medical heroes who aided in their healing.

To create this documentary, two unlikely partners came together for one very strong cause. The Community Idea Stations connected with the Hunter Holmes McGuire VA Medical Center to create a documentary to detail the work of the medical staff, and to give a voice to the active-duty service members who found recovery through the hospital’s services. The one-hour film, Polytrauma Rehab in the VA: Compassionate Care, gives a look at what goes on within the walls of the hospital. It provides the perspective of doctors, medical staff, and family members, along with personal stories of the trials and triumphs of patients themselves.

Through the individual narratives, it becomes clear that the McGuire VA Medical Center isn’t simply a hospital for veterans. The documentary captures the bond that staff and patients form, which harbors not only physical healing, but emotional recovery. Because, as David Cifu, MD at the McGuire Medical Center, confirms: “Our heroes deserve everything.”

The McGuire VA Medical Center, a veteran’s hospital located in South Richmond, provides a medical facility for injured service members, with both long-term and short-term afflictions. But this is not your average hospital. Its polytrauma unit, one of only five in the country, provides physical recovery and rehabilitation, plus services for physical, mental, emotional and spiritual wellbeing. Each treatment is tailored around the individual patient, to make it as purposeful and beneficial as possible.

The film premieres on Sept. 14 at 9 p.m. on WCVE PBS and Sept. 15 at 9 p.m. on WCVW PBS.

Have tissues ready.

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3.15 - Mississippi News: Jackson VA Medical Center sends unit to Harvey victims in Houston (8 September, Sarah Ulmer, Jackson, MS)

The G.V. (Sonny) Montgomery VA Medical Center staff from Mississippi sent a Mobile Medical Unit (MMU) on Friday Sept. 1 to Crosby, Texas.

The team went to Crosby Texas to provide medical support to veterans and the community.

Three staff were part of the team, Dr. Rachel Peery, Nurses Emilio Lindo and Patrice Perry and they were driven by VA Driver Wendell Henderson.

They are offering services to Houston area Veterans and the community that is affected by Hurricane Harvey. The MMU moved locations on Sept. 6 to Beaumont, Texas where they are assisting residents there.

The Beaumont VA Outpatient Clinic remains closed, however staff are working hard to repair damages and get the doors open as soon as possible.

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3.16 - Statehouse News Bureau (Audio): Documentary Helps Open Conversation About Veteran Suicide (8 September, Andy Chow, Columbus, OH)

In July, a northeast Ohio man killed himself inside the Veterans Affairs Outpatient Clinic in Warren, while he was there for an appointment. His wife says he was a 23-year veteran of the Air Force Reserves who suffered with post-traumatic stress disorder. There are concerns for the 850,000 veterans in Ohio, some of whom may be struggling with PTSD as well. A new documentary hopes to bring attention to the issue, and help to those who need it.

The documentary “Almost Sunrise” opens with home video of Tom Voss as a toddler carrying tiny American flags for Memorial Day. The voice of Voss, now an adult, comes in over the home video explaining why he joined the U.S. Army and why he took on a new mission to walk 2,700 miles, cross country.

“It really came to me that I need to do something now quickly to help myself,” said Voss.

Emmet Cullen served with Voss in Iraq. As he explains, Voss started the trek as a way to deal with his personal trauma.

“It’s pretty clear when someone says ‘I’m gonna drop what I’m doing and walk from Wisconsin to California,’ he’s dealing with something,” Cullen said.

The film follows the journey of Voss and fellow Iraq War Veteran Anthony Anderson as they both struggle with PTSD, thoughts of suicide, and a newer term known as “moral injury,” which in the context of war can mean dealing with harming or killing someone else during combat.

Voss and Anderson’s walk from Wisconsin to California, which was dubbed Veterans Trek, gained national attention in 2013 and was aimed at raising awareness of soldier suicide. The documentary is their next step in that effort.

Danny Eakins, policy administrator for Ohio’s department of veteran services, was at the Gateway Film Center in Columbus for a special screening of the film.

Eakins served in the U.S. Army as a platoon leader serving in Iraq and was promoted to the rank of Major.

He says it’s always helpful to have new books, TV shows and films like “Almost Sunrise” to come out and help connect civilians to issues veterans face.

“Media can be very powerful in that way and I think if it’s properly leveraged in a way that, rather than enforcing stereotypes helps ameliorate the mountain of emotion let’s say between one individual and another and the ability to talk about how they feel,” Eakins said.

A study from the U.S. Department of Veteran Affairs reports that about 20 veterans die by suicide every day. Service members make up 18% of all suicides nationwide.

Ryan Sargent works with veterans who struggle with trauma on a daily basis. He’s a licensed counselor with the Military Veteran Resource Center who also served in the Ohio Army National Guard. Sargent agrees that these pieces of pop culture can bridge a challenging divide.

“I think it is helpful to raise awareness and I think it provides a third party way for veterans to communicate their story to a broader audience where it may be more awkward to have a face to face conversation to talk about things that they’ve seen or experienced,” said Sargent.

There’s a turning point in the documentary where Anderson, one of the Iraq War vets, realizes that he’s been closed off.

“And so meeting a lot of these new people has helped me restore maybe some level of faith in people.”

Sargent says family and friends need to become advocates for their loved one in the military, to broach those conversations and help connect veterans with the resources they need to get help.

Eakins has advice for people who learn more about veteran issues such as PTSD through pop culture.

“The important part is to keep everything in context, that this is the experience of these two veterans and their loved ones and what’s worked for them. But to understand that every veteran is going to have their own individual story,” said Eakins.

September is National Suicide Prevention Month. Eakins says the department of veteran services has been working on outreach programs that help facilitate more conversations

between civilians and veterans in hopes of encouraging military members to open up about their trauma.

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5. Appeals Modernization

6. Strategic Partnerships

6.1 - The Topeka Capital-Journal: VA enlists community organizations to target veteran mental health, suicide (8 September, Allison Kite, 853k online visitors/mo; Topeka, KS)

LEAVENWORTH — Kansas Army National Guard Master Sgt. Lyle Babcock said he, like many veterans, struggled to admit he was suffering from post-traumatic stress disorder when he came home from Afghanistan in 2013. Now, he helps run a nonprofit that partners with veteran health officials who are looking to reduce high rates of suicide among veterans.

Babcock serves as coordinator for Heroes on the Water, an organization that takes Veterans Affairs hospital patients fishing. He said fishing brought him peace when he came home from deployment.

According to the U.S. Department of Veterans Affairs, 20 veterans die by suicide every day. That has dropped from 22 a few years ago, but the suicide rate among veterans remains higher than among civilians. Part of the problem, VA officials said, is that just six out of those 20 veterans get treatment from VA hospitals.

“If we can’t get them in, we can’t help them,” said Stephanie Davis, suicide prevention coordinator for the VA Eastern Kansas Health Care System.

Davis called veteran suicide a “nationwide epidemic.”

To combat that, the VA Eastern Kansas Health Care System is looking to community partners to help reach veterans who may be reluctant to get help. The organization hosted its fifth-annual Mental Health Summit on Friday to connect veterans and veteran-focused organizations, like Babcock’s. Other organizations are aimed at helping veterans cope with mental health problems, raising awareness and helping veterans transition to civilian life. The goal, Davis said, is to reach veterans who may be suffering through those other organizations.

“They’re seeing the 14 out there,” Davis said.

Gina Graham, assistant director of VA Eastern Kansas Health Care System, called on organizations to help the VA reach suffering veterans.

“You may have access to them,” Graham said. “You may be able to help identify them, or you may be able to help educate their families in helping to get them in here, and so your partnership is inspiring to me.”

Babcock said he had his first panic attack on his first day at work after deployment, but he was reluctant to let co-workers and superiors know he was suffering. He had a service dog, Gunther, but didn’t bring him to work. Eventually, he worked with his National Guard superiors and now brings Gunther to work every day. He said other full-time Guard employees now bring their service dogs, too. He said Gunther and fishing help him manage his PTSD.

“Through that taking the ownership of it, you’re starting to control it versus it controlling you,” Babcock said. “Because if you don’t control it, it’s like a tornado.”

Babcock said his organization doesn’t require donations from veterans or a high level of commitment. It just lets them relax and fish. He said he thought veterans were private people and generally didn’t want to reach out for help. His organization, he said, engages veterans where they are.

Davis said it was difficult to assess how many veterans are suffering from mental illness in Kansas.

“I know that we are always consistently filled to the brim and ever-expanding our resources,” she said.

Davis said she didn’t expect to see what she called an “ever-expanding need for mental health care” end anytime soon.

Lt. Gov. Jeff Colyer, an Overland Park plastic surgeon, said he thought better coordination between veterans’ resources and a larger number of providers could help.

“These specialized services, this collaboration is so important,” Colyer said. “We’re now thinking about the whole person.”

Colyer has served as a surgeon in war zones, including Iraq and Afghanistan. He said in his practice he has seen veterans who have attempted suicide or are addicted to opioid drugs.

State Sen. Steve Fitzgerald, a Leavenworth Republican who is running for Congress, said he was concerned about mental health among both veterans and civilians. He attributed mental health problems to the “breakdown” of society and divorced couples or broken families. Fitzgerald said soldiers have support systems when they’re in the military, but might not have support when they retire.

“When soldiers get out, they go from a supportive environment to a non-supportive environment,” Fitzgerald said.

The goal, Graham said, is to bring the daily suicide number to zero.

“We still have a lot of work to do, because one is too many and 20 is far too many,” Graham said.

Veterans in crisis can call 1 (800) 273-8255.

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6.2 - The Intelligencer: Bucks County set to open virtual health clinic for veterans (8 September, James Boyle, 80k online visitors/mo; Doylestown, PA)

A technology upgrade at the Lower Bucks County government services building will give veterans a state-of-the-art alternative to driving down to Philadelphia for health check ups.

The Bucks County commissioners recently approved a partnership with the U.S. Department of Veteran Affairs that will create a telehealth clinic at the county service center on New Falls Road in Bristol Township. Once it is up and running, veterans will have the opportunity to make an appointment there and virtually interact with a physician located at the Philadelphia VA hospital using monitors and devices connected through the internet.

"This is basically a way for the VA to do more outreach and see veterans in remote locations," said Dan Fraley, director of military affairs for Bucks County.

Fraley said the VA will provide the equipment and an on-site clinician at no charge to the county.

"We may be the first county in Pennsylvania to offer this service," said Fraley. "A clinic in New Jersey uses telehealth technology, but it's only for mental health cases."

The clinic will be open to all Bucks County veterans, but Fraley anticipates the bulk of clientele will come from the lower Bucks County neighborhoods. Patients from places like Croydon, Morrisville and Bensalem typically crossed the Burlington-Bristol Bridge to use the VA clinic located at Fort Dix in Burlington County.

Last year, those services were moved to a facility in Marlton, New Jersey, making the drive more of an inconvenience for the 449 Bucks veterans who frequented the base.

Appointments at the clinic will be available Wednesdays and Fridays, Fraley said. A VA clinician will operate the instruments and technology, and the patients will have a real-time check up and consultation with their doctor.

"The clinician will put the blood pressure cuff around the veteran's arm and plug it into a USB port, and the physician in Philadelphia will be able to see the results on his monitor," Fraley said. "They can check the temperature. The doctor can tell him to open his mouth and use a camera with an LED light attached to a three-foot cord running to the computer."

Fraley said it also would be possible to conduct initial dermatological consults if a veteran wants the doctor to look at a mole or other skin growth. Some mental health services also could be provided through the telehealth link.

"We have a veterans mental health clinic in Bucks County for those suffering from post-traumatic stress disorder or a traumatic brain injury," said Fraley. "However, sometimes they have to go down to the Philadelphia VA center to see a psychiatrist and have their meds adjusted. That could potentially be done from the Levittown clinic through the telehealth link."

If a more in-depth examination is necessary, such as an x-ray or MRI, the veteran would need to make an in-person appointment at the VA hospital. Veterans feeling apprehensive about driving lengthy distances to either the hospital in Philadelphia or Coatesville in Chester County can use Bucks County's free transportation to those locations.

"It's a free service offered five days a week," said Fraley. "The 15-passenger bus was bought with grants and money raised in our annual golf outing. We make several stops throughout the county, then go to the VA hospital either in Philadelphia or Coatesville."

Representatives from the VA will start installing the equipment and software this week at the Bristol Township government services building. Once it is tested and free of any bugs, the virtual check-ups will begin. Fraley anticipates a mid-October start date.

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7. Supply Chain Modernization

8. Other

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

9 September 2017

1. Top Stories

1.1 - St. Louis Post-Dispatch: VA service center in St. Louis criticized for processing disability claims, overpayments in report (8 September, Chuck Raasch, 8.9M online visitors/mo; Saint Louis, MO)
Investigators found that the St. Louis regional Veterans Affairs service center “did not consistently process” disability claims and that mistakes by processors resulted in almost $130,000 in overpayments of selected cases it reviewed in May.

Hyperlink to Above

1.2 - The Boston Globe: Privatization is not the way to strengthen veterans care (9 September, Suzanne Gordon, Samuel Jay Keyser, Dr. Robert E. Morris and Dan Luker, 8.8M online visitors/mo; Dorchester, MA)
US hospitals stand to benefit financially from the privatization of the Veterans Health Administration and are no fans of the nation’s largest and only publicly funded health care system. Many of their top executives and physicians want our tax dollars diverted to them, instead of paying for the dedicated, salaried caregivers who specialize in veterans care at the VHA.

Hyperlink to Above

1.3 - The Tennessean (USA Today Network): 'Reprehensible:' Lawmakers call for change after new details of poor care emerge at Memphis VA (8 September, Jake Lowary, 2.1M online visitors/day; Nashville, TN)
Members of Congress from both parties called disturbing new details about the quality of care at the Memphis VA reprehensible and unacceptable and called for additional changes at the hospital. Members of Tennessee's congressional delegation issued statements on Thursday following an exclusive report by the USA TODAY Network that provided a revealing glimpse at one of the nation's worst VA hospitals.

Hyperlink to Above

1.4 - Union Leader: Inspector General review faults Manchester VA on stroke procedures (8 September, Dave Solomon, 319k online visitors/mo; Manchester, NH)
After reviewing the records of 23 patients who arrived at the Manchester VA Medical Center with stroke symptoms, the VA Office of Inspector General concluded in a report issued Thursday that the medical center did not follow proper VA procedures to treat them for stroke.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - Atlanta Journal-Constitution: Doc delays wedding, stays in hospital to help Harvey victims (8 September, Bo Emerson, 11.8M online visitors/mo; Atlanta, GA)
As his Buckhead church prepares for Hurricane Irma, the Very Rev. Sam G. Candler of Cathedral of St. Philip posted a proud note about his daughter, who postponed her wedding day to help Hurricane Harvey victims in Houston.

Hyperlink to Above

2.2 - Lexington Herald-Leader: Lexington Cemetery was common ground during Civil War. Can it be again? (8 September, Tom Eblen, 2.1M online visitors/mo; Lexington, KY)
The Civil War arrived at the Lexington Cemetery on Sept. 11, 1861. That day, Benjamin Gratz, a cemetery founder and the namesake of Gratz Park, buried his son. Union Army Capt. Cary Gist Gratz, 32, had died a month earlier from wounds suffered in the Battle of Wilson's Creek near Springfield, Mo.

Hyperlink to Above

2.3 - Watertown Daily Times: Skewing numbers? State shouldn't downgrade Veterans Affairs site in Ogdensburg (8 September, 199k online visitors/day; Watertown, NY)
State Sen. Patricia A. Ritchie, R-Heuvelton, recently said a constituent expressed suspicions that the state Division of Veterans Affairs has been attempting to manipulate statistics about how often the Ogdensburg office is used.

Hyperlink to Above

2.4 - Nextgov: VA Needs To Better Track Teleworking Employees (7 September, Caitlin Fairchild, 193k online visitors/mo; Washington, DC)
The Veterans Benefits Administration needs to do a better job recording the hours its employees telework, an oversight agency said. VBA needs to better record when its 5,200 eligible employees telework and assess the effect it has on their performance processing disability claims for veterans, Government Accountability Office concluded in a report.

Hyperlink to Above

2.5 - The Herald-Dispatch: Senate OKs renaming of VA after Williams (8 September, 192k online visitors/mo; Huntington, WV)
The U.S. Senate approved a resolution Thursday to rename the Huntington VA Medical Center after West Virginia hero Hershel "Woody" Williams. A similar measure still needs to be approved by the U.S. House of Representatives. Williams is a West Virginia native and lives in Ona. He is the last surviving Medal of Honor recipient from the Battle of Iwo Jima.

Hyperlink to Above

2.6 - The Dickinson Press: Standing Rock Tribe receives funding for tribal veterans cemetery (8 September, Barry Amundson, 191k online visitors/mo; Dickinson, ND)
The Standing Rock Sioux Tribe will receive a $4.9 million grant to construct a tribal veterans cemetery near Fort Yates. It will be called the All Nations Veterans Cemetery. The Department of Veterans Affairs National Cemetery Administration grant will cover the cost of construction of a main entrance…

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2.7 - New Hampshire Public Radio (AP): VA Report Criticizes Stroke Care at Manchester Facility (8 September, 150k online visitors/mo; Concord, NH)
A report by the Department of Veterans Affairs concludes that stroke patients at its Manchester facility received substandard care, including a failure to transfer them to another facility that could provide the necessary tests and treatment.

Hyperlink to Above

2.8 - Task & Purpose: VA Launches New Process To Turn Around Disability Claims In 30 Days Or Less (8 September, James Clark, 102k online visitors/mo; New York, NY)
In an effort to streamline its claims process, the Department of Veteran Affairs announced the official launch of the Decision Ready Claims program for all regional VA offices on Sept. 8, which promises a decision on claims for upgrading disability compensation within 30 days of filing, and could potentially cut out months of waiting.

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2.9 - WGXA (ABC-24): Dublin VA Medical Center accepting evacuated veterans (8 September, Danielle Apolinar, 63k online visitors/mo; Macon, GA)
The Carl Vinson VA Medical Center in Dublin is preparing to take in veterans, their families and their pets who evacuated from the path of Hurricane Irma. The center will open its doors at 5 p.m. Friday and will hold about 120 people.

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3. Access to Healthcare

3.1 - Fort Worth Star-Telegram: I served for 8 years, then waited 8 months for a VA appointment (8 September, Ben Rangel, 3.8M online visitors/mo; Fort Worth, TX)
When I was 17 years old, I chose to enlist in the United States Marine Corps and fight to defend our country's freedoms. However, as a veteran of several overseas tours and eight years of service, I am unable to choose my own doctor. This year, Congress has a historic opportunity to rectify this paradox by giving veterans like me more health care choices.

Hyperlink to Above

3.2 - The Buffalo News: VA is testing patients with infection risk from scopes (8 September, Henry L. Davis, 1.5M online visitors/mo; Buffalo, NY)
The Buffalo Veterans Affairs Medical Center contacted all but three of the 526 patients who underwent colonoscopies with equipment that may have been inadequately cleaned and most of them have agreed to testing for possible infection.

Hyperlink to Above

3.3 - WLOS (ABC-13, Video): Annual event gives veterans a second chance (8 September, John Le, 486k online visitors/mo; Asheville, NC)
Stand Down, an event Friday at the Stephens-Lee Recreation Center, gave veterans a look at the services available to help them. The Charles George VA Medical Center Health Care for Homeless Veterans program hosted the event with ABCCM.

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3.4 - Savannah Morning News: Area VA clinics closing, ER in Charleston remains open (8 September, 441k online visitors/mo; Savannah, GA)

The Ralph H. Johnson VA Medical Center outpatient clinics located in Hinesville and Savannah will close at the end of day Friday, reopening on Wednesday, Sept. 13, weather permitting. Meanwhile, the emergency department at the medical center in Charleston, will be open throughout the storm.

Hyperlink to Above

3.5 - WRDW (CBS-12): VA hospital activates crisis command center for storm (8 September, 196k online visitors/mo; North Augusta, SC)
In preparation for effects of Hurricane Irma, the director of Charlie Norwood VA Medical Center has activated the Hospital Command Center and appropriate supporting functions. The HCC leadership group meets twice daily in person and via telephone to discuss what VA Augusta is doing to prepare its two hospitals and three community based outpatient clinics for the storm and how it will support other VA facilities in the region…

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3.6 - Inside Sources: Military Struggling With Traumatic Brain Injury Fallout (8 September, Leo Doran, 154k online visitors/mo; Washington, DC)
A Thursday panel at the Brain Futures conference, just outside of Washington D.C., was dedicated to "Military Mental Health." Retired General Peter Chiarelli, who served in Iraq and as the Vice Chief of Staff of the U.S. Army, was the moderator. Chiarelli was flanked by former U.S. Representative Patrick Kennedy, who has made mental health a priority since leaving Congress, Marsden McGuire, a Veterans Affairs official, and Robert Koffman, a retired Navy medical officer.

Hyperlink to Above

3.7 - Wisconsin Public Radio (AP): Report: Tomah VA Staff Failed To Report Hygiene Lapse. VA Previously Asked Almost 600 Veterans To Be Screened For Possible Infection (8 September, Hope Kirwan, 150k online visitors/mo; Madison, WI)
A new report released by the U.S. Department of Veterans Affairs' inspector general says staff at the Tomah VA Medical Center failed to report a dentist who used improperly sterilized equipment, potentially exposing hundreds of patients to infection.

Hyperlink to Above

3.8 - FierceHealthcare: Botched surgery at Memphis VA leads to amputation (8 September, Matt Kuhrt, 140k online visitors/mo; Washington, DC)
A veteran wound up having his leg amputated at a VA hospital after a previous procedure left plastic tubing in his artery. And that's far from the first horror story to come out of the Memphis VA Medical Center. The Memphis VA Medical Center scores only one out of five stars in the VA's quality-of-care rankings, according to a USA Today article describing the facility's shortcomings.

Hyperlink to Above

3.9 - North Platte Telegraph: Veterans attend pre-screening of documentary (8 September, Kamie Stephen, 61k online visitors/mo; North Platte, NE)

Community members got a sneak peek at a new documentary series about the Vietnam War on Thursday. A special pre-screening of "The Vietnam War," directed by Ken Burns and Lynn Novick, was shown at North Platte Community College.

Hyperlink to Above

3.10 - Curry Coastal Pilot: New VA clinic opens Monday (8 September, 51k online visitors/mo; Brookings, OR)
The Veterans Administration's new clinic on Railroad Street in Brookings is set to open Monday — and festivities will begin the retiring of the U.S. Flag at the old facility on Fifth Street and raising it at the new one. The retiring of the flag is scheduled for 10:15 a.m and will be performed by the Calvin Murphy Detachment 578 of the Marine Corps League.

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3.11 - WFSU (Audio): In Preparation For Hurricane Irma, Local VA Facilities Closed Monday (8 September, Sascha Cordner, 38k online visitors/mo; Tallahassee, FL)
In preparation for Hurricane Irma, several VA facilities in the North Florida and South Georgia areas will be closed Monday to local veterans. The North Florida/South Georgia Veterans Health System has announced it's closing 12 facilities Monday.

Hyperlink to Above

3.12 - Courier of Montgomery County: Mobile clinic provides relief for local veterans (8 September, Jacob McAdams, 15k online visitors/mo; Conroe, TX)
Hurricane Harvey has affected many individuals in the greater Houston area in more than just physical ways, prompting the U.S. Department of Veterans Affairs to provide assistance to local veterans affected by the hurricanes through mobile clinics. The Vet Center provided mobile clinics to assist area veterans in the aftermath of Harvey.

Hyperlink to Above

3.13 - The Monett Times: VA leaders confident new clinics will improve service (8 September, Murray Bishoff, 14k online visitors/mo; Monett, MO)
During a town hall meeting in Mt. Vernon on Tuesday, Veterans Administration representatives spoke highly of plans to improve service to local veterans through the opening of new clinics in Springfield and Joplin. Nonetheless, issues with care surfaced in comments presented by the audience.

Hyperlink to Above

3.14 - Boomer: Within the Walls of the McGuire VA Medical Center. A new documentary highlights the benefits of polytrauma rehab for veterans (8 September, 10k online visitors/mo; Richmond, VA)
In hearing of American soldiers and veterans who have suffered traumatic injuries, seeing their faces, their scars, their families and their dramatic comebacks makes their stories real. A new documentary showcases these military heroes and the medical heroes who aided in their healing.

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3.15 - Mississippi News: Jackson VA Medical Center sends unit to Harvey victims in Houston (8 September, Sarah Ulmer, Jackson, MS)
The G.V. (Sonny) Montgomery VA Medical Center staff from Mississippi sent a Mobile Medical Unit (MMU) on Friday Sept. 1 to Crosby, Texas. The team went to Crosby Texas to provide medical support to veterans and the community. Three staff were part of the team, Dr. Rachel Peery, Nurses Emilio Lindo and Patrice Perry and they were driven by VA Driver Wendell Henderson.

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3.16 - Statehouse News Bureau (Audio): Documentary Helps Open Conversation About Veteran Suicide (8 September, Andy Chow, Columbus, OH)
In July, a northeast Ohio man killed himself inside the Veterans Affairs Outpatient Clinic in Warren, while he was there for an appointment. His wife says he was a 23-year veteran of the Air Force Reserves who suffered with post-traumatic stress disorder. There are concerns for the 850,000 veterans in Ohio, some of whom may be struggling with PTSD as well. A new documentary hopes to bring attention to the issue, and help to those who need it.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - The Topeka Capital-Journal: VA enlists community organizations to target veteran mental health, suicide (8 September, Allison Kite, 853k online visitors/mo; Topeka, KS)
Kansas Army National Guard Master Sgt. Lyle Babcock said he, like many veterans, struggled to admit he was suffering from post-traumatic stress disorder when he came home from Afghanistan in 2013. Now, he helps run a nonprofit that partners with veteran health officials who are looking to reduce high rates of suicide among veterans.

Hyperlink to Above

6.2 - The Intelligencer: Bucks County set to open virtual health clinic for veterans (8 September, James Boyle, 80k online visitors/mo; Doylestown, PA)
A technology upgrade at the Lower Bucks County government services building will give veterans a state-of-the-art alternative to driving down to Philadelphia for health check ups. The Bucks County commissioners recently approved a partnership with the U.S. Department of Veteran Affairs that will create a telehealth clinic at the county service center on New Falls Road in Bristol Township.

Hyperlink to Above

7. Supply Chain Modernization – No Coverage

8. Other – No Coverage

1. Top Stories

1.1 - St. Louis Post-Dispatch: VA service center in St. Louis criticized for processing disability claims, overpayments in report (8 September, Chuck Raasch, 8.9M online visitors/mo; Saint Louis, MO)

WASHINGTON - Investigators found that the St. Louis regional Veterans Affairs service center "did not consistently process" disability claims and that mistakes by processors resulted in almost $130,000 in overpayments of selected cases it reviewed in May.

The report by the VA's Office of Inspector General gave the St. Louis office, which processes claims of Missouri veterans and those around the nation, high marks in some cases. But it said that in others, errors occurred because of "ineffective training" or because processors had not seen certain types of claims often enough to be familiar with them. In some areas, mistakes were discovered in more than half of processed claims reviewed by the Office of Inspector General.

"(Veterans Service Center) staff needed to improve accuracy of data entered into electronic systems during claims establishment," the Inspector General's report said. "OIG reviewed 30 claims and found staff did not correctly establish 16 due to ineffective training."

OIG did find that St. Louis staff accurately processed 29 of 30 claims of traumatic brain injury and 26 of 30 claims for "ancillary" benefits.

The Inspector General's report recommended better training and said St. Louis regional director Mitzi Marsh "concurred with the recommendations, and planned actions are responsive."

Her office issued this response to the Post-Dispatch: "The regional office carefully reviewed the OIG report, concurs with its findings/recommendations, and has provided targeted training for employees in the identified areas. In addition, the regional office has taken action on the recommendations in the report, including those regarding staffing assignments and subject matter expert reviews."

One of the new initiatives of the new national VA Director David Shulkin is to streamline record-keeping and make it "seamless" with veterans' military service records at the Department of Defense. Shulkin has been given wide latitude by President Donald Trump to reform the troubled agency, which had been plagued by reports of long waits for service and bad service in some centers earlier this decade.

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1.2 - The Boston Globe: Privatization is not the way to strengthen veterans care (9 September, Suzanne Gordon, Samuel Jay Keyser, Dr. Robert E. Morris and Dan Luker, 8.8M online visitors/mo; Dorchester, MA)

Private hospitals stand to gain from taking on vets care

US hospitals stand to benefit financially from the privatization of the Veterans Health Administration and are no fans of the nation's largest and only publicly funded health care

system. Many of their top executives and physicians want our tax dollars diverted to them, instead of paying for the dedicated, salaried caregivers who specialize in veterans care at the VHA. Dr. Cary W. Akins ("Keeping a promise to veterans," Opinion, Sept. 1) promotes an outsourcing scheme that would benefit private-sector hospitals such as Massachusetts General. Akins seizes on fixable VHA problems, such as those in Manchester, N.H., reported by the Globe, to urge dismantling a system with a record of patient safety, quality of care, and accountability that is every bit as good as that of private hospitals, if not better.

Studies document that these hospitals are not prepared to meet the needs of 9 million patients with complex military-service-related conditions. The cost of outsourced care would exceed care delivered at VHA. Privatization, opposed by a majority of veterans, is not the way to fulfill our "promise to veterans." Strengthening and improving the VHA is a far better path.

Suzanne Gordon

Richmond, Calif.

The writer is the author of "The Battle for Veterans' Healthcare: Dispatches from the Frontlines of Policy Making and Patient Care."

For this veteran, VA care was essential to his recovery
The consequences of closing Veterans Health Administration hospitals, as proposed by Dr. Cary W. Akins in "Keeping a promise to veterans," would be disastrous for sick veterans. I know. I am one of them.

Three and a half years ago, I suffered a catastrophic spinal cord injury. I was initially sent to a non-VA rehabilitation hospital. After seven weeks, my insurance ran out and I was discharged. The nature of my injury qualified me for VA health care at the VA hospital in West Roxbury. There money was never an issue. The only issue was my recovery.

According to a recent study published in the Journal of the American Medical Association, VA hospitals outperform non-VA hospitals on many important safety and quality indicators.

Taking this into account, the proposal to close down inpatient care would amount to providing sick veterans with diminished care so that homeless veterans can have a place to sleep.

In my case I have no doubt that that would have consigned me to a hospital bed for the rest of my life.

Talk about turning one group against another under the guise of humanitarian care for all. The harsh fact is that we need to fund both.

Samuel Jay Keyser

Cambridge

Homeless veterans need our help, but not in this way

As veterans, we appreciated the Globe's highlighting a national health concern: homeless veterans. However, Dr. Cary W. Akins's op-ed "Keeping a promise to veterans," which

advocates moving veterans' inpatient care to community hospitals and converting VA beds to housing for homeless veterans, misses the mark on several counts.

The articles and statistics he cites to buttress the policy recommendations are weak. For example, Akins states that the VA spends more money per patient than is spent on the general population of the United States. That makes sense, because veterans make up a clinically significant population different from the general population, which includes a healthy subset. The VA patient pool is a sick population of wounded warriors with long-term health problems.

Akins also notes that veterans stay longer in the hospital. Well, of course they do, given the significance of their health issues.

At the same time, Akins fails to demonstrate that VA hospitals, veterans, or the public would benefit from the warehousing of the homeless in hospitals. Can he cite even one article demonstrating that the homeless should live in hospitals, which are active incubators of antibiotic-resistant organisms waiting to infect the long-term patient?

The illnesses veterans suffer are an extraordinary challenge to the health profession. This is self-evident. Our warrior heroes suffer from addictions, post-traumatic stress disorder, diabetes, heart conditions, mental illness, and physical injuries.

Are community hospitals proven competent to integrate such extensive patient-centric care? We argue that they are not.

Until science and epidemiology prove otherwise, we reject Akins's recommendation, most particularly the warehousing of the homeless.

Dr. Robert E. Morris

South Boston

Dan Luker

Dorchester

The writers serve on the executive committee of the Smedley D. Butler Brigade, Chapter 9, of Veterans for Peace. Morris has a master's degree in international health policy from the Harvard T. H. Chan School of Public Health.

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1.3 - The Tennessean (USA Today Network): 'Reprehensible:' Lawmakers call for change after new details of poor care emerge at Memphis VA (8 September, Jake Lowary, 2.1M online visitors/day; Nashville, TN)

Members of Congress from both parties called disturbing new details about the quality of care at the Memphis VA reprehensible and unacceptable and called for additional changes at the hospital.

Members of Tennessee's congressional delegation issued statements on Thursday following an exclusive report by the USA TODAY Network that provided a revealing glimpse at one of the nation's worst VA hospitals.

"Poor care at the Memphis VA Medical Center is unacceptable," said U.S. Rep. Steve Cohen, D-Memphis.

U.S. Rep. Diane Black, R-Gallatin, said veterans put their lives on the line for the nation.

These reports of patient denial, delays and botched procedures are reprehensible, and the thousands of veterans that rely on the services of the Memphis VA deserve better care," Black said in a statement.

The criticism comes as a trove of documents obtained by the USA TODAY Network show years of medical care that resulted in unintended amputations and paralyzations, and government-led investigations that date back to at least 2011 that have revealed a host of other issues at the troubled facility.

Memphis' veterans hospital has been under heightened scrutiny since VA's internal ratings placed it among the worst in the country, giving it just one out of five stars.

Now, it is one of four VA hospitals in the country monitored weekly by VA's top health official, acting Undersecretary of Health Dr. Poonam Allaigh, according to the documents. The others are in Washington, D.C., Manchester, N.H., and Marion, Ill.

Cohen and Black also both called for additional accountability and an end to "shameful mismanagement."

"Those responsible for this blatant neglect should be held accountable and the shameful mismanagement must end immediately," Black said. "The men and women who fought to protect the United States deserve far better."

U.S. Rep. David Kustoff, R-Germantown, represents Tennessee's 8th district that includes the outskirts of Memphis. He said he was "deeply concerned with the continued reports of medical malpractice and negligence."

The VA hired a new director, David Dunning, who took over the Memphis hospital in May after a decades-long career in the Army. He deployed twice during his career and ran a hospital in Hawaii similar to the Memphis VA in scope and size.

"It is my understanding that the new director has been reviewing the practices at the hospital and has begun to implement changes to improve the quality of care," Cohen said. "Clearly more improvements are needed."

Cohen said he called VA Secretary David Shulkin on Thursday to share his concerns and would push for more funding and staff.

Rep. Jim Cooper, D-Nashville, said he was "shocked" to hear of the "malpractice" in Memphis.

"Hospitals cannot fail our veterans — the VA needs to clean up its act," Cooper said.

Cooper also called for Congress to investigate the problems in Memphis "immediately." Rep. Phil Roe told the USA TODAY Network that the House Veterans Affairs Committee has been investigating the facility since January when videos surfaced that purportedly showed hospital workers beating patients.

Shulkin was confirmed as VA secretary in February, and has pushed for greater accountability within the agency and protection of whistleblowers, though that effort has been met with skepticism from those it aims to protect.

This is a developing story.

Donovan Slack in Washington contributed.

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1.4 - Union Leader: Inspector General review faults Manchester VA on stroke procedures
(8 September, Dave Solomon, 319k online visitors/mo; Manchester, NH)

After reviewing the records of 23 patients who arrived at the Manchester VA Medical Center with stroke symptoms, the VA Office of Inspector General concluded in a report issued Thursday that the medical center did not follow proper VA procedures to treat them for stroke.

The review was triggered at the request of Rep, Ann McLane Kuster, D-N.H., after a 60-year-old Navy veteran, left a prisoner in his own body, was awarded a $21 million malpractice verdict against the Manchester VA center in 2015.

A federal judge at the time assailed the local medical center for “carelessly prescribing the wrong medication” and leaving the patient “medically abandoned.”

The patient, Michael Farley of Bennington, now lives with “locked-in syndrome” after suffering two strokes within two months in 2010. He remains fully conscious but has no voluntary muscle movement other than the very limited ability to move his eyes and his head.

“The purpose of the review was to determine whether system issues may have led to poor care of the patient, and to evaluate changes the facility may have made in response to this incident,” according to the report.

To determine compliance with Veterans Health Administrative policy, inspectors reviewed stroke patient records from June 2014 to May 2015.

“Contrary to VHA policy and process, the (Manchester clinic) was inconsistent in the management of the patient reviews,” according to the report.

The clinic did not always transfer patients to a nearby hospital as required by VHA policy, and did not consistently involve the patient’s primary care physician in emergency treatment.

The inspector general recommended the Manchester clinic “consistently transfer stroke patients to an appropriate acute care facility in accordance with VHA and facility policies and procedures.”

The Manchester VA Medical Center is not a full-service hospital equipped to properly diagnose and treat stroke victims, but is within 2.5 miles of acute care hospitals, the report notes.

The report also calls for a clinical review of 13 stroke patients not transferred “to determine whether patient harm occurred and take action, as appropriate.”

During a follow-up visit in February of 2016, Manchester medical center managers reported on changes made in light of inspector general recommendations.

All Urgent Care Clinic providers at the Manchester medical center have been reminded that a patient’s primary care physician must be alerted to any clinic visits and that all clinic providers have completed stroke management training.

“We appreciate the Office of Inspector General’s review and recommendations for improvement. To date, we have closed two of the IG’s three recommendations and anticipate closing the remaining recommendation this month," said Alfred Montoya, acting medical center director.

"Since the review, Manchester VAMC has improved its stroke care services by enhancing its documentation practices and establishing an urgent care transfer process to address veterans who present with stroke-like symptoms.”

The report from the VA Office of Inspector General comes as the Manchester VA Medical Center is under fire by a group of doctors and nurses citing a variety of problems in the way the medical center has been managed.

“The report emphasizes the need to improve services for our veterans at the Manchester VAMC and at centers of care around the country," said Kuster. "While I’m hopeful that the lessons learned from this report will prevent any veteran that suffers a stroke from receiving substandard care, this report still underscores the need to reform the VA’s community care programs, including the Veterans Choice Program.”

At Kuster's request, the House Veterans’ Affairs Subcommittee on Oversight and Investigations will host a field hearing in New Hampshire on Sept. 18 to hear the whistleblower concerns.

Secretary of Veterans Affairs David Shulkin recently removed the hospital’s top management and ordered a review after the Boston Globe reported on the whistleblower complaints.

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2. Veteran and Employee Experience

2.1 - Atlanta Journal-Constitution: Doc delays wedding, stays in hospital to help Harvey victims (8 September, Bo Emerson, 11.8M online visitors/mo; Atlanta, GA)

As his Buckhead church prepares for Hurricane Irma, the Very Rev. Sam G. Candler of Cathedral of St. Philip posted a proud note about his daughter, who postponed her wedding day to help Hurricane Harvey victims in Houston.

Former Atlantan Dr. Sarah Candler, primary care physician of the Houston VA Medical Center, had scheduled her wedding to Ted McKenna for Sept. 3, but instead volunteered to stay overnight at the VA hospital as Harvey made landfall.

“I think that anybody that goes into medicine does it because they like to take care of people,” said Sarah Candler, according to VAntage, the blog of the U.S. Department of Veterans Affairs. “Friday, I made the decision to sleep at the hospital. When somebody needs you right then and there and you’re the best-qualified person to do it, I feel I signed up for that. I signed up to be there for people, so that was my priority.”

Candler and McKenna then had to deal with flooding at their own property, gutting and cleaning their flooded home. The home was brand-new, and one of the unpacked boxes included her wedding veil.

Candler donned it briefly for the cameras, then went back to work. The couple is planning a rescheduled wedding for next February.

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2.2 - Lexington Herald-Leader: Lexington Cemetery was common ground during Civil War. Can it be again? (8 September, Tom Eblen, 2.1M online visitors/mo; Lexington, KY)

The Civil War arrived at the Lexington Cemetery on Sept. 11, 1861.

That day, Benjamin Gratz, a cemetery founder and the namesake of Gratz Park, buried his son. Union Army Capt. Cary Gist Gratz, 32, had died a month earlier from wounds suffered in the Battle of Wilson’s Creek near Springfield, Mo.

During the next four years, 964 more Union dead, white and black, would join Gratz there. So would more than 102 Confederate casualties, including Gen. John Hunt Morgan, who was ambushed Sept. 4, 1864, in Greeneville, Tenn.

The Civil War split Lexington families and society like nothing before or since. In that time of crisis, the Lexington Cemetery literally became our common ground.

In the years that followed, many Union and Confederate veterans found final resting places there, including John C. Breckinridge, the U.S. vice president, Confederate general and Confederate secretary of war, who before his death in 1875 broke with many of his comrades and denounced the Ku Klux Klan.

Decades after the war, at the height of the Jim Crow era, Confederate memorial groups sought to recast their war to preserve slavery as a noble “lost cause” that romanticized the Old South. As not-so-subtle statements of white supremacy, they erected dozens of monuments to Confederate heroes, including those on the Fayette County courthouse lawn to Breckinridge in 1887 and Morgan in 1911.

On Monday — 156 years to the day after young Capt. Gratz’s burial — the Lexington Cemetery’s trustees will meet to consider a request by Mayor Jim Gray to allow the

controversial Breckinridge and Morgan monuments to be moved from the old courthouse grounds to Lexington's common ground.

I thought this would be a good time to examine the Lexington Cemetery's Civil War legacy. Besides, there are worse ways to spend a lovely afternoon than wandering around this remarkable place, which opened in an old-growth forest in 1849 and has become one of the nation's most beautiful cemeteries.

Burton Milward's 1989 book, "A History of the Lexington Cemetery" says the Lexington Cemetery Co. maintained strict neutrality during and after the Civil War. This continued during both Union and Confederate occupations of Lexington.

In addition to family plots, the cemetery trustees set aside soldiers' plots along the West Main Street side of the grounds — one for Union dead, another for Confederates.

After the war, the cemetery donated the Union plot to the federal government, which bought additional space and created the National Cemetery. It has a plaque with the text of Lincoln's Gettysburg address. Another plaque has an excerpt from Theodore O'Hara's famous poem "The Bivouac of the Dead."

The still-active National Cemetery has grown with each subsequent war. It is now in the midst of a renovation to replace sod around the neat rows of white marble headstones.

The Southern soldiers' plot, across a small valley and road from the National Cemetery, was sold for $1 in 1891 to the Confederate Veterans Association, which then bought additional space. It is a very different place from the symmetrical and rather sterile Union cemetery.

The Confederate plot has two large monuments. The Ladies' Memorial and Monument Association of Lexington erected one in 1875 that was designed by local historian George Washington Ranck and was described by a leading national magazine of the day as "probably the most perfect thing of its kind in the South." Breckinridge's widow, Mary, helped lead the fundraising effort.

The monument shows a rugged log cross atop a pile of stones and a Confederate battle flag dangling from a broken staff. The back of the cross proclaims: "Our Dead." It was said to have been inspired by a poem, "The Conquered Banner," by Father Abram Joseph Ryan.

Many Confederate graves don't have headstones, so the Confederate Veterans Association erected a monument in 1893. Its granite pedestal lists dozens of those buried around it. The monument is topped by a Confederate sentry carved from white Italian marble. Milward's book says donors included "at least one Union officer who made a large contribution."

Scattered around the plot are a few individual tombstones. Some are military-style, bearing the United Daughters of the Confederacy's Southern Cross of Honor; others are of unique design. Capt. Thomas Quirk, an Irishman who died seven years after the war, is remembered by his men as "Our Tom." Likewise, the comrades of B.B. Bigstaff memorialized him in limestone as "a sinner saved by grace."

Many Civil War veterans' graves are mixed throughout the cemetery. Among them are Confederate generals Basil Duke and Randall Gibson, and Union generals Sanders Dewees

Bruce, Henry Clay Dunlap and Gordon Granger. He is best known for proclaiming the end of slavery while in command of post-war Texas, setting off the first “Juneteenth” celebration.

Morgan and Breckinridge are buried in family plots are in adjoining sections separated by a small road. On each side of that road, the cemetery has placed small signs guiding visitors to their graves. On the afternoon I visited, there were several small Confederate battle flags and Bonnie Blue flags, as well as a Kentucky flag, at the foot of Morgan’s headstone, apparently placed there by admirers.

As William Faulkner famously said, “The past is never dead. It’s not even past.”

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2.3 - Watertown Daily Times: Skewing numbers? State shouldn’t downgrade Veterans Affairs site in Ogdensburg (8 September, 199k online visitors/day; Watertown, NY)

State Sen. Patricia A. Ritchie, R-Heuvelton, recently said a constituent expressed suspicions that the state Division of Veterans Affairs has been attempting to manipulate statistics about how often the Ogdensburg office is used.

“A constituent recently shared with me their belief that New York State Division of Veterans Affairs has been forcing veterans from Ogdensburg and other parts of St. Lawrence County to travel to Massena in a deliberate effort to reduce usage of the Ogdensburg office and, in turn, create the appearance that the Massena office should be converted from a satellite to a main office location,” Mrs. Ritchie said in a letter to Col. Eric J. Hesse, director of the state VA.

Personnel in the Ogdensburg office work with veterans, particularly older individuals, to make sense of regulations established by the federal VA. They also help these veterans access information online from the VA’s website or through the department’s telephone menus.

Mrs. Ritchie said she discovered that the state VA wants to close the Ogdensburg office and convert the one in Massena from a satellite facility to a main office location; a counselor would be available once a month to work with veterans in Ogdensburg. If claims about its efforts to dissuade veterans from obtaining assistance from VA staff members in Ogdensburg are to be believed, the results of such a move would justify closing this facility.

These are serious allegations. They must be substantiated or refuted. We need to know if the state VA is using its influence to reduce the usage of the Ogdensburg office by veterans to promote the Massena facility as a better alternative.

This is important because Massena would not make a good site for a centralized office in St. Lawrence County. Many older veterans have a difficult enough time traveling to Ogdensburg to obtain the VA services they need. Massena is not at all convenient for them, and being able to meet with a counselor in Ogdensburg only once a month would create a tremendous hardship for them.

For the state VA to move its primary office to a geographically remote area of St. Lawrence County would make no sense. The agency must consider how this would affect its clientele — this factor must drive its decisions. The result would have adverse consequences on veterans

who live closer to Ogdensburg, and this means that officials should go back to the drawing board and devise a new plan.

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2.4 - Nextgov: VA Needs To Better Track Teleworking Employees (7 September, Caitlin Fairchild, 193k online visitors/mo; Washington, DC)

The Veterans Benefits Administration needs to do a better job recording the hours its employees telework, an oversight agency said.

VBA needs to better record when its 5,200 eligible employees telework and assess the effect it has on their performance processing disability claims for veterans, Government Accountability Office concluded in a report.

Starting in March 2017, the Veterans Affairs Department required its components to record telework hours for each pay period. But according to the report, the agency didn't change much in their processes to reflect that new requirement, with no official change in VA's agencywide policy and minimal communication to employees.

The watchdog found that nearly half of the employees with regularly scheduled plans to telework did not have any telework hours recorded in VA's time and attendance system as of April 2017.

"GAO was unable to determine the impact of telework on disability claims processing because VBA does not have complete or reliable data on employees' telework hours," the report stated.

GAO made several recommendations to the VA, including that the agency should update its policies to state that telework hours should be officially recorded in the VA's system, that it should communicate to regional office employees that they need to record their telework hours in the system and that it should develop a process to monitor whether employees' telework hours are being recorded accurately.

The VA said it would comply with the recommendations.

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2.5 - The Herald-Dispatch: Senate OKs renaming of VA after Williams (8 September, 192k online visitors/mo; Huntington, WV)

WASHINGTON - The U.S. Senate approved a resolution Thursday to rename the Huntington VA Medical Center after West Virginia hero Hershel "Woody" Williams. A similar measure still needs to be approved by the U.S. House of Representatives.

Williams is a West Virginia native and lives in Ona. He is the last surviving Medal of Honor recipient from the Battle of Iwo Jima. After completing his military service, he worked for the Department of Veterans Affairs as a veterans service representative for 33 years.

He also founded the Hershel Woody Williams Medal of Honor Foundation to recognize the sacrifices of the nation's Gold Star families.

Sens. Joe Manchin, D-WVa., and Shelley Moore Captio, R-W.Va., introduced the measure in the Senate. Rep. Evan Jenkins, R-W.Va., sponsored the bill in the House, along with co-sponsors Reps. David McKinley and Alex Mooney.

If enacted, the full name of the hospital would be the Hershel "Woody" Williams VA Medical Center.

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2.6 - The Dickinson Press: Standing Rock Tribe receives funding for tribal veterans cemetery (8 September, Barry Amundson, 191k online visitors/mo; Dickinson, ND)

FORT YATES, N.D. -- The Standing Rock Sioux Tribe will receive a $4.9 million grant to construct a tribal veterans cemetery near Fort Yates.

It will be called the All Nations Veterans Cemetery.

The Department of Veterans Affairs National Cemetery Administration grant will cover the cost of construction of a main entrance, an administration building, a maintenance building, roads, an assembly area, a committal shelter, 128 pre-placed single depth crypts, 28 standard full casket sites, 12 cremated remains gravesites and landscaping.

The Tribe has been working on developing the 8-acre site for the past couple years. The project will serve 2,264 tribal veterans and their families.

U.S. Sen. Heidi Heitkamp said Native Americans serve in the armed forces at a higher rate than any other ethnic group. She said making sure Native American veterans and their families, as well as other veterans, have the support from the federal government is one of her priorities in the Senate.

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2.7 - New Hampshire Public Radio (AP): VA Report Criticizes Stroke Care at Manchester Facility (8 September, 150k online visitors/mo; Concord, NH)

A report by the Department of Veterans Affairs concludes that stroke patients at its Manchester facility received substandard care, including a failure to transfer them to another facility that could provide the necessary tests and treatment.

The report released Thursday is the latest criticism of the facility that first emerged after the Boston Globe on a whistleblower complaint filed by physicians alleging substandard care at state's only medical center for veterans. They described a fly-infested operating room, surgical instruments that weren't always sterilized and patients whose conditions were ignored.

Inspired by a 2010 complaint from a patient, the report by the VA Office of Inspector General found that Manchester officials provided inconsistent care from a review of two dozen patients who arrived with stroke symptoms in 2014 and 2015.

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2.8 - Task & Purpose: VA Launches New Process To Turn Around Disability Claims In 30 Days Or Less (8 September, James Clark, 102k online visitors/mo; New York, NY)

In an effort to streamline its claims process, the Department of Veteran Affairs announced the official launch of the Decision Ready Claims program for all regional VA offices on Sept. 8, which promises a decision on claims for upgrading disability compensation within 30 days of filing, and could potentially cut out months of waiting.

The system, which has been in the pilot phase since May 1, requires veterans to work with accredited veteran service organizations, such as Disabled American Veterans, the American Legion, and Veterans of Foreign Wars, to ensure a veteran has all necessary documentation for their disability compensation upgrade prior to submitting the paperwork. Veterans in need of VSO services can locate the nearest office by searching on the VA website.

Currently, veterans can submit a claim with little additional paperwork, which places the impetus on the VA to collect the required documents, schedule any necessary exams, and generally, do most of the heavy lifting. Under the Decision Ready Claims process, veterans can opt to do that legwork themselves ahead of time.

“For veterans who need more flexibility in scheduling doctors appointments and to gather evidence, it might help,” Ryan Gallucci, VFW’s director of the national veterans service, told Task & Purpose. “Right now DRC is making it so veterans take on a lot of the responsibility to take on their own claim. That may be good for some, but probably not the best way for most.”

Veterans opting for the new claims process will have to gather the required documentation then have a VSO representative review the documents to ensure everything is in order. The VSO rep can then mandate additional evidence for the claim if it’s needed before the claim is submitted. Once filed, the VA has 30 days to respond.

While the DRC currently is limited to claims for increased disability compensation, which represent about 10% of VA’s total claims, according to Military Times, the department plans to expand the types of claims accepted under DRC in the coming months.

While 30 days is a vast improvement, officials warn that collecting the information needed for the claim can be time-consuming.

“Gathering their military personnel records, military medical records, any private medical evidence you might have, any statements from your family members or people you served with in support of your claim, that can take a long time,” Gallucci told Task & Purpose, adding that it could take months, maybe even a year for a veteran to gather all the requisite material for the DRC.

It's possible that by shifting the legwork from VA representatives to veterans and VSOs, the department is attempting to tackle an issue that's plagued it for years: the claims backlog.

"In a way it takes the development time off of VA's books and has the potential to artificially make the backlog look better or make the pending workload look better, because that time still exists, the veteran is still responsible for going to exams and collecting evidence," Gallucci said. "With how the paperwork would be filed, it would no longer be considered part of the pending workload."

In March 2013, the VA came under fire when its backlog of claims peaked at 610,000, drawing harsh criticism and calls for reform. In the years since, it has shrunk, fluctuating around 100,000, according to Military Times.

Ultimately, it's up to the individual veteran to decide whether DRC will work in their case.

"It's an aggressive pilot program, and we're going to work with VA to make sure it works and meets the needs of veterans, that's our top priority," said Gallucci. "Anyone interested in this program should have an honest conversation with your veteran service officer."

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2.9 - WGXA (ABC-24): Dublin VA Medical Center accepting evacuated veterans (8 September, 63k online visitors/mo; Macon, GA)

DUBLIN, Ga. -- The Carl Vinson VA Medical Center in Dublin is preparing to take in veterans, their families and their pets who evacuated from the path of Hurricane Irma.

The center will open its doors at 5 p.m. Friday and will hold about 120 people.

Director Maryalice Morro said she thinks it is important for veterans to know they have a safe place to stay. She said those who seek shelter at the medical center will be provided with food, water and medical services if needed during their stay there.

She said they are also taking in some patients from their Brunswick branch of the medical center. Those patients will be evacuating Friday.

Morro encouraged those who plan to bring their children with them to bring things to keep their kids occupied.

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3. Access to Healthcare

3.1 - Fort Worth Star-Telegram: I served for 8 years, then waited 8 months for a VA appointment (8 September, Ben Rangel, 3.8M online visitors/mo; Fort Worth, TX)

When I was 17 years old, I chose to enlist in the United States Marine Corps and fight to defend our country's freedoms. However, as a veteran of several overseas tours and eight years of service, I am unable to choose my own doctor. This year, Congress has a historic opportunity to rectify this paradox by giving veterans like me more health care choices.

While I was on a convoy in the Al-Anbar Province of Iraq in 2004, my unit was ambushed by enemy combatants and the vehicle I was in was hit by an IED. I didn't realize until after the firefight was over that I received shrapnel on the left side of my body.

After two more tours, including another combat tour in Iraq, I was honorably discharged from the Marines. A month later, I went to my Department of Veterans Affairs medical facility for the first time to get physical therapy for several injuries, including rehabilitation for a rotator cuff tear. I was expecting to be cared for immediately, but what they told me astonished me.

The VA said I had to wait a shocking eight months just to get an appointment to receive therapy for my service connected injuries.

Even worse: by the time I got my appointment, I was told that my shoulder hadn't healed properly. I was upset — if I had been given proper care in a timely fashion, that would have been prevented.

Unfortunately, my story is all too common for veterans around the country. From long wait times, unsanitary conditions, and negligent management, veterans have been subjected to a system that has repeatedly failed us.

The men and women I served with are first-class people; we should not have second-class care. If the VA is unable to provide high quality and timely care for veterans, they need to let us go elsewhere.

Although Veterans Affairs Secretary David Shulkin has done a great job of pushing real reforms in the VA this year — he was instrumental in passing VA Accountability and Whistleblower Protection Act — much more needs to be done.

President Trump recently signed a bill that authorized emergency funding for the Veterans Choice Program. This imperfect program allows veterans to see doctors outside the VA if someone meets certain requirements — such as if you have to wait more than 30 days or travel over 40 miles for an appointment.

The Veterans Choice Program has seen a large increase in demand over the past year as veterans opt for choice more than ever. Yet, many issues remain with this program, which was passed as a temporary response to the Phoenix VA scandal and was never intended to be a permanent solution to veterans' health care choice needs.

Right now, the Choice Program is similar to many other government programs — an ineffective system filled with administrative and bureaucratic rules. Secretary Shulkin himself has recognized these flaws and declared the status quo is not acceptable.

Permanent, broader reform must center on the veteran and their clinical needs. We need a system that will allow us to use our benefits inside or outside of the VA, at our own discretion, and remove the VA as the middleman. The Veterans Health Administration should also test new

governance structures and innovative pilot programs that deliver better care for the changing veteran population.

Freedom and the dignity of the individual are the cornerstone of this country and what I fought to defend. My experience with the VA left me discouraged with the quality of care I received, and I lost faith in the department's ability to help me. But it pushed me to dedicate my post-military career to help reform the VA so future veterans did not have to go through what I did — and I won't give up.

Congress must respect veterans' freedom and self-worth, and empower us with real health care choice this year. Choice isn't just common sense — it's what veterans deserve.

Ben Rangel is the Texas field director for Concerned Veterans for America. Rangel served in the U.S. Marine Corps and was awarded a Purple Heart medal for his injuries sustained in combat. Rangel currently lives in McKinney with his wife and family.

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3.2 - The Buffalo News: VA is testing patients with infection risk from scopes (8 September, Henry L. Davis, 1.5M online visitors/mo; Buffalo, NY)

The Buffalo Veterans Affairs Medical Center contacted all but three of the 526 patients who underwent colonoscopies with equipment that may have been inadequately cleaned and most of them have agreed to testing for possible infection.

To date, more than 360 veterans have been screened for hepatitis B, hepatitis C and HIV, the virus that causes AIDS, hospital officials said. The VA has said the risk of infection is "very low," and notification of the screening does not mean a patient is infected. The VA made multiple attempts to reach the three patients, officials said.

Asked whether any patients developed infections, officials said in a statement test results will be communicated directly to patients and treatment, if needed, provided. The Veterans Health Administration, through the office of Public Health Surveillance and Research, will publish the outcomes after completion of an investigation, officials said in a statement.

VA officials have declined repeated requests for interviews about the case, reporting in statements only that a recent review of the disinfection process found that repetitive steps in the manufacturer's instructions for cleaning the reusable endoscopes may not have been followed in some cases by an employee between April 19, 2015, and June 23, 2017.

"Each scope used in these colonoscopies was disinfected. However, this letter is to inform you that one technician may not have followed a part of the established disinfection procedure when cleaning scopes," according to a letter sent to patients.

Despite assurances from the medical center about the low risk of infection, the incident prompted concern.

"It's upsetting," said Ronald Stevenson, a Vietnam War veteran.

Stevenson, of Jamestown, said he underwent a colonoscopy at the medical center in October 2015 and, the day after, developed a bacterial infection that required treatment with antibiotics. He said he received a letter about the free screening, was tested and is awaiting results.

"You have to wonder if there are people who were infected from a scope and never realized it," Stevenson said.

VA officials said the employee, a sterile processing technician, was removed from his cleaning responsibilities and issued a notice of proposed removal from federal service in accordance with recent legislation that gives the VA secretary greater authority in disciplinary cases, including shortening the time employees have to respond to disciplinary action.

In a conference call last week that included a staff member representing Rep. Brian Higgins, D-Buffalo, hospital medical and administrative officials described the technician's error as brushing a part of the equipment once instead of three times before placing it in a device for sterilization, according to a person familiar with the discussion. The time period of concern coincided with the technician's employment, according to a fact sheet the VA provided at the time of the call.

"We are deeply sorry this situation occurred and are committed to the safety and well-being of all the patients we serve. Please be advised that when this issue was identified, we took immediate action to ensure our patients' safety," the VA wrote in its letter to patients.

For years, there has been increasing concern about infections linked to endoscopes, the flexible tubes that doctors use to peer inside patients' bodies. Certain parts of the devices can be difficult to clean, with steps prone to human error, and require strict adherence to manufacturers' instructions to remove tissue and body fluids, as well as to prepare for reuse in another patient. Technicians also must know which disinfectants and reprocessing machines are compatible with a particular endoscope.

Outbreaks have been associated with a number of different medical scopes, including duodenoscopes threaded into the top of the small intestine, gastroscopes passed into the stomach, bronchoscopes to view airways and colonoscopes inserted into the rectum to view the large intestine.

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3.3 - WLOS (ABC-13, Video): Annual event gives veterans a second chance (8 September, John Le, 486k online visitors/mo; Asheville, NC)

Stand Down, an event Friday at the Stephens-Lee Recreation Center, gave veterans a look at the services available to help them.

The Charles George VA Medical Center Health Care for Homeless Veterans program hosted the event with ABCCM.

Local services can help veterans with employment, mental health, education and even haircuts.

"But it's a great event to make sure veterans who are receiving services are plugged in with the resources they need. And it also gives us a chance to reach out to new veterans who are unsheltered," homeless program coordinator Whitney Lott said.

Organizers strive to make the annual Stand Down event informative and fun for the veterans.

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3.4 - Savannah Morning News: Area VA clinics closing, ER in Charleston remains open (8 September, 441k online visitors/mo; Savannah, GA)

The Ralph H. Johnson VA Medical Center outpatient clinics located in Hinesville and Savannah will close at the end of day Friday, reopening on Wednesday, Sept. 13, weather permitting. Meanwhile, the emergency department at the medical center in Charleston, will be open throughout the storm.

“While we are cancelling our outpatient clinics in anticipation of Hurricane Irma, our hospital is committed to serving our local Veteran population through the duration of the storm,” said Ralph H. Johnson Medical Center Director Scott Isaacks. “Our Emergency Department will remain open and we will have all appropriate support staff on site to care for the urgent needs of our patients – including dozens of Veteran inpatients who will be sheltering in place here at the hospital.”

Patients with appointments at any of the closed clinics will be contacted to reschedule. Should additional patient appointments be cancelled moving forward, patients will be notified by the clinics.

Employees and Veteran patients can stay up-to-date with the most recent medical center and outpatient clinic statuses by visiting the Charleston VAMC website at www.charleston.va.gov or following the medical center on Facebook at VAMCCharleston or on Twitter at CharlestonVAMC.

Additional information will be communicated as it becomes available.

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3.5 - WRDW (CBS-12): VA hospital activates crisis command center for storm (8 September, 196k online visitors/mo; North Augusta, SC)

AUGUSTA, Ga. -- In preparation for effects of Hurricane Irma, the director of Charlie Norwood VA Medical Center has activated the Hospital Command Center and appropriate supporting functions.

The HCC leadership group meets twice daily in person and via telephone to discuss what VA Augusta is doing to prepare its two hospitals and three community based outpatient clinics for the storm and how it will support other VA facilities in the region, according to a press release.

The two hospitals are located here while the clinics are located in Aiken, S.C., Athens and Statesboro, Ga.

In coordination with the facility safety officer and emergency management lead, the HCC team discusses and prepares for continued patient care, power outages, flooding and other contingencies. From the discussions, employees take action to ensure patient safety and continuity of operations for the hospital. Matters are coordinated with the Veterans Health Administration regional office in Atlanta and the Department of Veterans Affairs Central Office in Washington D.C.

Questions about hospital operations can be directed to the VA Augusta Public Affairs Office by calling 706-733-0188, exts. 7501/1742/1733, or emailing vhaaugpublicaffairs@va.gov. VA Augusta will have a Facebook Live broadcast each day at 1pm until the storm passes at facebook.com/VAAugusta. The medical center will also publish updates via Facebook at and on Twitter @VAAugusta.

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3.6 - Inside Sources: Military Struggling With Traumatic Brain Injury Fallout (8 September, Leo Doran, 154k online visitors/mo; Washington, DC)

Top current and former officials in the U.S. Military are raising the alarm over the disturbing combination of high rates of Traumatic Brain Injury in the armed forces and a lack of public policy solutions to adequetly address the problem. Researchers are only now getting their arms around the magnitude of the class of injuries that are difficult to treat and have affected an estimated 400,000 service members since the September 11th attacks in 2001.

A Thursday panel at the Brain Futures conference, just outside of Washington D.C., was dedicated to “Military Mental Health.” Retired General Peter Chiarelli, who served in Iraq and as the Vice Chief of Staff of the U.S. Army, was the moderator. Chiarelli was flanked by former U.S. Representative Patrick Kennedy, who has made mental health a priority since leaving Congress, Marsden McGuire, a Veterans Affairs official, and Robert Koffman, a retired Navy medical officer.

The full effects of Traumatic Brain Injuries are only recently breaking into the public understanding. In addition to the scrutiny faced by the National Football League for its halting response to the long-term effects of concussive blows, the military and the federal bureaucracy has also had their high-profile difficulties in handling the hundreds of thousands of injured veterans returning from long wars in Afghanistan and Iraq.

“They say that every war, the [Department of Veterans Affairs] and the military, have an ‘aha’ moment on what they need to address, in terms of their health care,” said Kennedy. “Clearly brain health issues are the issues of this recent war.”

Head trauma in particular has been linked to Post Traumatic Stress Disorder, addiction problems, depression, and a suicide rate that doubled in the decade after 2001. Because the scars associated with the injuries are internal, and symptoms straddle the line between the physical and the psychological, officials have struggled to adequately diagnose and treat the influx of cases.

Further muddying the waters, according to Chiarelli, is an under-discussed side effect of legislative action taken by Congress to address Post Traumatic Stress Disorder. Because disability benefits are significantly greater for veterans with the illness, and because the illness is diagnosed through questionnaires, there is worry that some are gaming the system to qualify for benefits. Furthermore, once a medical professional has diagnosed and treated a veteran with Post Traumatic Stress Disorder, the patients are almost never taken off the benefit rolls, according to Chiarelli.

“This culture of dependency is really a sad, sad thing that we as a nation have got to take a look at, but when it comes to veteran service organizations, there is no way that you are going to go in after a war and start taking away from benefits that which they feel they have earned in combat,” said Chiarelli.

On the other hand, in many cases veterans—and civilians—with mental health problems are not getting the support they need. In his remarks, Kennedy raged against a private insurance system that he said treats those suffering from Traumatic Brain Injury unfairly.

“Our medical system has always segregated things of the brain, mental health, as something separate and unequal from the rest of the medical system. The insurance system doesn’t pay for it in the same way that it pays for other medical, physical, surgical costs. And then we all wonder why we’ve got such a public health crisis on our hands,” said Kennedy, who has had his own struggles with addiction.

Among the most striking statistics to emerge from the discussion was that most Traumatic Brain Injury cases suffered by members of the military actually don’t occur during combat operations. In fact, according to Surgeon General statistics cited by multiple panelists, about 80 percent of head trauma cases in the military happen during training.

In other words, even without the two major wars the country has been embroiled in, head trauma cases would still be a fact of life for men and women in uniform. Chiarelli indicated that it would be impossible to eliminate the risks of Traumatic Brain Injury from routine training.

After citing the high rates of brain injury in everyday life among civilians, Chiarelli argued that the military wasn’t “doing anything wrong” when it comes to training its soldiers. “Quite frankly, the military can be a contact sport, and you’re gonna see some concussions occur when you’re jumping out of perfectly good aircraft,” he said.

Later, after the panel broke up , Chiarelli told InsideSources that the military could be doing more to look at how training impacts all kinds of brain health. “We need to understand what it means to stand behind a 150 millimeter artillery piece for an entire career for 15 years. I spent my time in the turret of a tank, shooting off 120 millimeter rounds. We’ve got to understand more about sub-concussive events as well as concussive events.”

When asked whether he thought the military is actually following up and leading enough of these research studies into brain health and training, however, Chiarelli was unequivocal.

“No. No, I don’t. I really don’t.”

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3.7 - Wisconsin Public Radio (AP): Report: Tomah VA Staff Failed To Report Hygiene Lapse. VA Previously Asked Almost 600 Veterans To Be Screened For Possible Infection (8 September, Hope Kirwan, 150k online visitors/mo; Madison, WI)

A new report released by the U.S. Department of Veterans Affairs' inspector general says staff at the Tomah VA Medical Center failed to report a dentist who used improperly sterilized equipment, potentially exposing hundreds of patients to infection.

The Tomah VA asked nearly 600 veterans to be screened for possible infections after learning of the violations in November. The report from the Office of Inspector General released Thursday says the facility's leaders took appropriate action once they found out about the problem.

The OIG investigation found "fear of reprisal and lack of appropriate action by leadership after prior reports" kept a staff member from alerting their supervisor about the dentist's unsterile practices.

These concerns were also cited by staff when the death of a veteran revealed unsafe prescribing practices at the Tomah VA in 2014.

But officials at the medical center said this culture of fear is no longer an issue.

"There are multiple methods of being able to report items anonymously throughout the VA," said Matthew Gowan, spokesman for the Tomah VA.

The OIG report also recommended changes to the way the clinic is inspected, including more unannounced inspections.

Gowan said more than 90 percent of the affected patients have been tested and no infections were found.

The dentist, Thomas Schiller, was suspended and resigned in December.

The investigation was done at the request of U.S. Sens. Ron Johnson and Tammy Baldwin, Rep. Ron Kind and Rep. Tim Walz, of Minnesota.

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3.8 - FierceHealthcare: Botched surgery at Memphis VA leads to amputation (8 September, Matt Kuhrt, 140k online visitors/mo; Washington, DC)

A veteran wound up having his leg amputated at a VA hospital after a previous procedure left plastic tubing in his artery. And that's far from the first horror story to come out of the Memphis VA Medical Center.

The Memphis VA Medical Center scores only one out of five stars in the VA's quality-of-care rankings, according to a USA Today article describing the facility's shortcomings. A string of

serious medical errors under investigation in 2016 included a perforated colon during a colonoscopy and a biopsy that had to be redone after the facility mishandled a tissue sample.

In the latest incident, a diabetic veteran wound up with 10 inches of plastic tubing embedded in an artery in his leg after VA doctors apparently failed to remove the protective cover from a catheter before inserting it. Surgeons found the tubing more than three weeks later when they amputated the leg, according to the article.

Due to its poor safety and outcome measures, including strikingly high mortality rates after pneumonia treatment and acute care, acting Under Secretary for Health Poonam Alaigh gets weekly briefings on the hospital, according to the article. A VA review led to a new director in May and a series of staff changes that reportedly stemmed from issues in multiple departments, including surgery, nursing and human resources.

VA Secretary David Shulkin has made addressing issues such as these a priority, noting that in many cases, they have developed over many years. VA Press Secretary Curt Cashour told USA Today that the agency is committed to addressing issues at facilities that “need extra attention,” such as the one in Memphis.

“We are not hesitating to take swift accountability actions when warranted,” Cashour said.

Over the past several years, the VA has dealt with a series of challenges, highlighted by the 2014 scandal involving long wait times for appointments, which the agency continues to address.

In addition, the Veterans’ Choice program, put in place to improve access to care among veterans who had difficulty traveling to the nearest VA hospital, has proven so popular that it prematurely run out of funding, requiring emergency congressional assistance.

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3.9 - North Platte Telegraph: Veterans attend pre-screening of documentary (8 September, Kamie Stephen, 61k online visitors/mo; North Platte, NE)

Community members got a sneak peek at a new documentary series about the Vietnam War on Thursday.

A special pre-screening of “The Vietnam War,” directed by Ken Burns and Lynn Novick, was shown at North Platte Community College. The screening features excerpts from all 10 of episodes of the series, which totals 18 hours and officially premiers on Sept. 17 on NET.

The documentary uses accounts from nearly 100 witnesses, including Americans who fought in the war and those who opposed it, as well as Vietnamese combatants and civilians from both the winning and losing sides. These testimonies are combined with footage from the time to tell the story of the war.

Those who missed Thursday’s screening, another will take place at noon on Sept. 15 at the Prairie Arts Center. It is free and open to the public.

A panel of local veterans including Kevin Kennedy, Duane Deterding, Ron Books and Larry Steele discussed their take on the film and answered questions from the audience, which included a number of Vietnam veterans.

“I thought the movie was outstanding,” said Books, who served in the U.S. Army. “I thought it was a part of history that not many of use take a look at completely.”

Kennedy thought the film was good, but worried it didn’t focus enough on the soldiers who were trying to help people.

“We didn’t shoot kids and burn down buildings,” said Kennedy, a former Marine. “We were too busy protecting the South

Vietnamese.”

As a result of his service, Kennedy ended up with Agent Orange poisoning — a topic that was brought up by a veteran in the audience who said he’s been able to get help from the VA.

“How many veterans here have Agent Orange poisoning?” another asked from the audience.

Nine men raised their hands, a reminder of the lasting effects of war. Kennedy returned to Vietnam six years ago and said the people and the country are also suffering from the effects of chemical warfare. Kennedy said he believed the VA was making strides in providing treatment, but agreed that many veterans have had to wait too long for help.

He said it was important to continue contacting representatives, sharing stories and educating as many people as possible about the war as well as the more than 58,220 soldiers who never came home.

“What we need to do is spread the word more about what we are and what our country is about,” Kennedy said, encouraging people to stand with one another. “Good, bad or indifferent, we take care of each other ... War is politics, but people are people.”

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3.10 - Curry Coastal Pilot: New VA clinic opens Monday (8 September, 51k online visitors/mo; Brookings, OR)

The Veterans Administration’s new clinic on Railroad Street in Brookings is set to open Monday — and festivities will begin the retiring of the U.S. Flag at the old facility on Fifth Street and raising it at the new one.

The retiring of the flag is scheduled for 10:15 a.m and will be performed by the Calvin Murphy Detachment 578 of the Marine Corps League. It will be followed by a grand opening and open house at 11 a.m. featuring VA staff and local leaders, along with veterans’ groups.

The public is welcome to meet the staff and tour the clinic at 840 Railroad St.

Guests include Barbara Galbraith, chief of nursing at the Roseburg VA facility, Brookings Mayor Jake Pieper, Curry County Veterans Service Officer Tony Voudy, Oregon Coast Community Action representative David Hubbard, and Brookings VA Clinic manager Marlene McBride.

The Vietnam Veterans of America, Chapter 757, will provide the cake, sandwiches and vegetable plate.

New clinic

The 7,920-square-foot facility will be more than three times larger than the clinic on Fifth Street, offer the same health-care services, and expanded mental health assistance, said Shanon Goodwin, public affairs officer for the VA in Roseburg.

“We’re very happy about this new development and change within our system,” Goodwin said. “We’ll (have the space) to allow our staff to spread out more, which in turn will increase clinical efficiency as they won’t be competing for space.”

Goodwin said the VA is adding more mental health and telehealth opportunities.

But most importantly, the new building will provide more room.

“We have staff tripping over themselves in the old space,” Goodwin said of the clinic on Fifth Street in Brookings. “By doubling the space, they’ll have a little more room to breathe. The flow of patients will be a lot better.”

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3.11 - WFSU (Audio): In Preparation For Hurricane Irma, Local VA Facilities Closed Monday (8 September, Sascha Cordner, 38k online visitors/mo; Tallahassee, FL)

In preparation for Hurricane Irma, several VA facilities in the North Florida and South Georgia areas will be closed Monday to local veterans.

The North Florida/South Georgia Veterans Health System has announced it’s closing 12 facilities Monday.

They include Tallahassee Health Care Center as well as Community Based Outpatient Clinics in Marianna, Valdosta, and Waycross.

Any Primary Care, Specialty and Mental Health appointments made Monday at the Lake City and Malcom Randall VA Medical Center are now cancelled, and patients should be contacted soon.

Officials say any vets unable to obtain their normal pharmacy refills at their local VA facility, can pick up a 14-day supply at any CVS, Walgreens, or Publix until September 15th.

See below for the complete list of closed facilities:

- Jacksonville OPC (and Jacksonville Southpoint and University)

- Lecanto CBOC
- Marianna CBOC
- Ocala CBOC (and Ocala West Specialty)
- Palatka CBOC
- Perry CBOC
- St. Augustine CBOC
- St. Marys CBOC
- Tallahassee HCC
- The Villages OPC
- Valdosta CBOC
- Waycross CBOC

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3.12 - Courier of Montgomery County: Mobile clinic provides relief for local veterans (8 September, Jacob McAdams, 15k online visitors/mo; Conroe, TX)

Hurricane Harvey has affected many individuals in the greater Houston area in more than just physical ways, prompting the U.S. Department of Veterans Affairs to provide assistance to local veterans affected by the hurricanes through mobile clinics.

The Vet Center provided mobile clinics to assist area veterans in the aftermath of Harvey. One of the clinics will be located at the Walmart

at 23561 U.S. 59 in Porter through the end of September.

"We are a support, counseling and referral outreach for the VA," said Craig Schlattman, of the Vet Center system. "We were tasked to come down here from Colorado Springs."

Schlattman and Brian Murphy provided assistance to local veterans, giving information on benefits through the VA while also providing counseling services for those who were affected by the floods.

Numerous veterans visited the mobile clinic in Porter along with family members and concerned citizens. According to Schlattman, a veteran's own mother came to find help for her son.

"She's actually seeing if she can find him some mental health services," he said.

Murphy discussed how major storms can affect veterans. With many veterans suffering from the effects of post-traumatic stress disorder, a situation such as a devastating hurricane can become very stressful.

"It certainly can trigger a lot of issues and emotions for them," Murphy said.

Marcus Smith, of the Spring Vet Service location, describes how important the organization is for veterans. The organization goes back to the end of the Vietnam War when veterans came home to a negative reception from the United States public, which made the transition back to civilian life even more difficult.

"They really weren't appreciated," he said.

The Vet Center provides counseling for veterans in these matters and also gives them referrals. One veteran was even looking for work after having lost employment due to the flooding.

"We looked up how to do that and help him get connected," Schlattman said.

Schlattman said even non-veterans have come to the mobile center to take pictures and spread the word throughout the community. A veteran himself, Schlattman commented on how much an action such as that means to veterans seeking help.

"I think it's neighbors trying to help neighbors," he said. "When Mother Nature gives us its worst, human nature gives us its best."

Schlattman explained how he and Murphy, along with Smith being veterans allows them to relate to those they serve.

"There's a brotherhood that goes on there," he said. "Some of them have said that has saved their lives."

The mobile clinic had 15-20 visitors Sept. 6 and nine more Sept. 7, with an equal number of concerned citizens and family members also stopping by for information.

Veteran Matt Bonefas was one of them seeking assistance at the clinic, describing his home's garage and shed flooded, which ruined many of his machines. He expressed thanks to the mobile clinic for helping veterans.

"I think it's great," he said. "I just happened to stop because I saw the Vet Center."

Milton Emerson, an Army Ranger veteran from Houston, lost his machine shop to the flooding and is staying with his cousin in Porter. He also expressed how helpful the mobile clinic is to his needs.

"There were certain benefits that I didn't know about," he said. "This is a relief. You have so much you've got to do and not enough time to do it."

For more information on the Vet Centers or the Department of Veterans Affairs, call 1-877-WAR-VETS or visit www.vetcenter.va.gov.

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3.13 - The Monett Times: VA leaders confident new clinics will improve service (8 September, Murray Bishoff, 14k online visitors/mo; Monett, MO)

Meeting provides details on replacing Mt. Vernon clinic

During a town hall meeting in Mt. Vernon on Tuesday, Veterans Administration representatives spoke highly of plans to improve service to local veterans through the opening of new clinics in Springfield and Joplin.

Nonetheless, issues with care surfaced in comments presented by the audience.

Bryan Matthews, medical center director for the Veterans Healthcare System of the Ozarks, spoke about plans to expand service in southwest Missouri as part of the plan to decommission the Gene Taylor Clinic based at the former Missouri Rehabilitation Center in Mt. Vernon.

Ground was broken in October for the new clinic in Springfield. Contractors expect to have the 68,000 square foot facility enclosed by winter, enabling them to continue work on the way to finishing the facility by the end of 2018. The new facility will have all the services available in Mt. Vernon plus audiology and dental care available.

The VA has secured an existing building in Joplin that was never occupied. That 25,000-square-foot clinic will also offer audiology services. Matthews expected 60 percent of the veterans seeking care in Mt. Vernon to go to Springfield, and 40 percent to go to Joplin.

The Mt. Vernon clinic will be decommissioned when both new clinics have become fully operational. The system overseen by Matthews includes the main campus in Fayetteville, Ark., community clinics in the Arkansas towns of Fort Smith, Ozark and Harrisonville, plus Jay, Okla., and Branson.

“We don’t want any vet to drive more than 30 minutes to get care,” Matthews said.

He listed five priorities for VA in providing services:

• Focusing resources, including primary care, mental health and post traumatic stress syndrome;

• Improve timeliness;

• Greater choice, expanding the option of seeking private care for those needing faster help;

• Modernization of systems, providing state of the art services;

• Suicide prevention, reducing the number of 20 per day, of which only six have been enrolled in the VA system, including finding ways to reach out to veterans who may have developed bad behavior due to their service that resulted in an other than honorable discharges.

The biggest challenge, Matthews continued, has been providing mental health care. This includes filling staffing gaps. In addition, the Fayetteville campus is presently adding a 20-bed residential mental health rehabilitation wing that will also treat substance abuse. Matthews expected to have that service added by the end of the year.

While audience members praised the quality of care they have received through the VA, several had concerns. One said in the three years he had gone to the Mt. Vernon clinic, he had had nine doctors and had never seen one doctor more than twice.

Although the VA clinics have no urgent care, they do offer same day service. In response to reports that an area veteran was told to drive to Fayetteville for care on two occasions that needed immediate care, Matthews said the veterans should have been referred to a local hospital. “That should not have happened,” Matthews said.

Janet Curl, the nurse manager at the Gene Taylor Clinic, said veterans who have concerns about the care they are receiving locally can call her directly at 417-466-4000.

In addition to Matthews, speaking at the town hall meeting was Dr. Rickey Kime, associate chief of staff for primary care, who works out of Mt. Vernon but is based in Fayetteville. Three other administrators in the system were also present to answer questions about eligibility and enrollment.

Matthews said Dr. David Shulkin, the new secretary of veterans affairs in the Trump Administration, considers himself to be an “agent of change.” Matthews added he believes Dr. Shulkin will act effectively in that role.

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3.14 - Boomer: Within the Walls of the McGuire VA Medical Center. A new documentary highlights the benefits of polytrauma rehab for veterans (8 September, 10k online visitors/mo; Richmond, VA)

In hearing of American soldiers and veterans who have suffered traumatic injuries, seeing their faces, their scars, their families and their dramatic comebacks makes their stories real. A new documentary showcases these military heroes and the medical heroes who aided in their healing.

To create this documentary, two unlikely partners came together for one very strong cause. The Community Idea Stations connected with the Hunter Holmes McGuire VA Medical Center to create a documentary to detail the work of the medical staff, and to give a voice to the active-duty service members who found recovery through the hospital’s services. The one-hour film, Polytrauma Rehab in the VA: Compassionate Care, gives a look at what goes on within the walls of the hospital. It provides the perspective of doctors, medical staff, and family members, along with personal stories of the trials and triumphs of patients themselves.

Through the individual narratives, it becomes clear that the McGuire VA Medical Center isn’t simply a hospital for veterans. The documentary captures the bond that staff and patients form, which harbors not only physical healing, but emotional recovery. Because, as David Cifu, MD at the McGuire Medical Center, confirms: “Our heroes deserve everything.”

The McGuire VA Medical Center, a veteran’s hospital located in South Richmond, provides a medical facility for injured service members, with both long-term and short-term afflictions. But this is not your average hospital. Its polytrauma unit, one of only five in the country, provides physical recovery and rehabilitation, plus services for physical, mental, emotional and spiritual wellbeing. Each treatment is tailored around the individual patient, to make it as purposeful and beneficial as possible.

The film premieres on Sept. 14 at 9 p.m. on WCVE PBS and Sept. 15 at 9 p.m. on WCVW PBS.

Have tissues ready.

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3.15 - Mississippi News: Jackson VA Medical Center sends unit to Harvey victims in Houston (8 September, Sarah Ulmer, Jackson, MS)

The G.V. (Sonny) Montgomery VA Medical Center staff from Mississippi sent a Mobile Medical Unit (MMU) on Friday Sept. 1 to Crosby, Texas.

The team went to Crosby Texas to provide medical support to veterans and the community.

Three staff were part of the team, Dr. Rachel Peery, Nurses Emilio Lindo and Patrice Perry and they were driven by VA Driver Wendell Henderson.

They are offering services to Houston area Veterans and the community that is affected by Hurricane Harvey. The MMU moved locations on Sept. 6 to Beaumont, Texas where they are assisting residents there.

The Beaumont VA Outpatient Clinic remains closed, however staff are working hard to repair damages and get the doors open as soon as possible.

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3.16 - Statehouse News Bureau (Audio): Documentary Helps Open Conversation About Veteran Suicide (8 September, Andy Chow, Columbus, OH)

In July, a northeast Ohio man killed himself inside the Veterans Affairs Outpatient Clinic in Warren, while he was there for an appointment. His wife says he was a 23-year veteran of the Air Force Reserves who suffered with post-traumatic stress disorder. There are concerns for the 850,000 veterans in Ohio, some of whom may be struggling with PTSD as well. A new documentary hopes to bring attention to the issue, and help to those who need it.

The documentary “Almost Sunrise” opens with home video of Tom Voss as a toddler carrying tiny American flags for Memorial Day. The voice of Voss, now an adult, comes in over the home video explaining why he joined the U.S. Army and why he took on a new mission to walk 2,700 miles, cross country.

“It really came to me that I need to do something now quickly to help myself,” said Voss.

Emmet Cullen served with Voss in Iraq. As he explains, Voss started the trek as a way to deal with his personal trauma.

“It’s pretty clear when someone says ‘I’m gonna drop what I’m doing and walk from Wisconsin to California,’ he’s dealing with something,” Cullen said.

The film follows the journey of Voss and fellow Iraq War Veteran Anthony Anderson as they both struggle with PTSD, thoughts of suicide, and a newer term known as “moral injury,” which in the context of war can mean dealing with harming or killing someone else during combat.

Voss and Anderson’s walk from Wisconsin to California, which was dubbed Veterans Trek, gained national attention in 2013 and was aimed at raising awareness of soldier suicide. The documentary is their next step in that effort.

Danny Eakins, policy administrator for Ohio’s department of veteran services, was at the Gateway Film Center in Columbus for a special screening of the film.

Eakins served in the U.S. Army as a platoon leader serving in Iraq and was promoted to the rank of Major.

He says it’s always helpful to have new books, TV shows and films like “Almost Sunrise” to come out and help connect civilians to issues veterans face.

“Media can be very powerful in that way and I think if it’s properly leveraged in a way that, rather than enforcing stereotypes helps ameliorate the mountain of emotion let’s say between one individual and another and the ability to talk about how they feel,” Eakins said.

A study from the U.S. Department of Veteran Affairs reports that about 20 veterans die by suicide every day. Service members make up 18% of all suicides nationwide.

Ryan Sargent works with veterans who struggle with trauma on a daily basis. He’s a licensed counselor with the Military Veteran Resource Center who also served in the Ohio Army National Guard. Sargent agrees that these pieces of pop culture can bridge a challenging divide.

“I think it is helpful to raise awareness and I think it provides a third party way for veterans to communicate their story to a broader audience where it may be more awkward to have a face to face conversation to talk about things that they’ve seen or experienced,” said Sargent.

There’s a turning point in the documentary where Anderson, one of the Iraq War vets, realizes that he’s been closed off.

“And so meeting a lot of these new people has helped me restore maybe some level of faith in people.”

Sargent says family and friends need to become advocates for their loved one in the military, to broach those conversations and help connect veterans with the resources they need to get help.

Eakins has advice for people who learn more about veteran issues such as PTSD through pop culture.

“The important part is to keep everything in context, that this is the experience of these two veterans and their loved ones and what’s worked for them. But to understand that every veteran is going to have their own individual story,” said Eakins.

September is National Suicide Prevention Month. Eakins says the department of veteran services has been working on outreach programs that help facilitate more conversations

between civilians and veterans in hopes of encouraging military members to open up about their trauma.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - The Topeka Capital-Journal: VA enlists community organizations to target veteran mental health, suicide (8 September, Allison Kite, 853k online visitors/mo; Topeka, KS)

LEAVENWORTH — Kansas Army National Guard Master Sgt. Lyle Babcock said he, like many veterans, struggled to admit he was suffering from post-traumatic stress disorder when he came home from Afghanistan in 2013. Now, he helps run a nonprofit that partners with veteran health officials who are looking to reduce high rates of suicide among veterans.

Babcock serves as coordinator for Heroes on the Water, an organization that takes Veterans Affairs hospital patients fishing. He said fishing brought him peace when he came home from deployment.

According to the U.S. Department of Veterans Affairs, 20 veterans die by suicide every day. That has dropped from 22 a few years ago, but the suicide rate among veterans remains higher than among civilians. Part of the problem, VA officials said, is that just six out of those 20 veterans get treatment from VA hospitals.

“If we can’t get them in, we can’t help them,” said Stephanie Davis, suicide prevention coordinator for the VA Eastern Kansas Health Care System.

Davis called veteran suicide a “nationwide epidemic.”

To combat that, the VA Eastern Kansas Health Care System is looking to community partners to help reach veterans who may be reluctant to get help. The organization hosted its fifth-annual Mental Health Summit on Friday to connect veterans and veteran-focused organizations, like Babcock’s. Other organizations are aimed at helping veterans cope with mental health problems, raising awareness and helping veterans transition to civilian life. The goal, Davis said, is to reach veterans who may be suffering through those other organizations.

“They’re seeing the 14 out there,” Davis said.

Gina Graham, assistant director of VA Eastern Kansas Health Care System, called on organizations to help the VA reach suffering veterans.

“You may have access to them,” Graham said. “You may be able to help identify them, or you may be able to help educate their families in helping to get them in here, and so your partnership is inspiring to me.”

Babcock said he had his first panic attack on his first day at work after deployment, but he was reluctant to let co-workers and superiors know he was suffering. He had a service dog, Gunther, but didn’t bring him to work. Eventually, he worked with his National Guard superiors and now brings Gunther to work every day. He said other full-time Guard employees now bring their service dogs, too. He said Gunther and fishing help him manage his PTSD.

“Through that taking the ownership of it, you’re starting to control it versus it controlling you,” Babcock said. “Because if you don’t control it, it’s like a tornado.”

Babcock said his organization doesn’t require donations from veterans or a high level of commitment. It just lets them relax and fish. He said he thought veterans were private people and generally didn’t want to reach out for help. His organization, he said, engages veterans where they are.

Davis said it was difficult to assess how many veterans are suffering from mental illness in Kansas.

“I know that we are always consistently filled to the brim and ever-expanding our resources,” she said.

Davis said she didn’t expect to see what she called an “ever-expanding need for mental health care” end anytime soon.

Lt. Gov. Jeff Colyer, an Overland Park plastic surgeon, said he thought better coordination between veterans’ resources and a larger number of providers could help.

“These specialized services, this collaboration is so important,” Colyer said. “We’re now thinking about the whole person.”

Colyer has served as a surgeon in war zones, including Iraq and Afghanistan. He said in his practice he has seen veterans who have attempted suicide or are addicted to opioid drugs.

State Sen. Steve Fitzgerald, a Leavenworth Republican who is running for Congress, said he was concerned about mental health among both veterans and civilians. He attributed mental health problems to the “breakdown” of society and divorced couples or broken families. Fitzgerald said soldiers have support systems when they’re in the military, but might not have support when they retire.

“When soldiers get out, they go from a supportive environment to a non-supportive environment,” Fitzgerald said.

The goal, Graham said, is to bring the daily suicide number to zero.

“We still have a lot of work to do, because one is too many and 20 is far too many,” Graham said.

Veterans in crisis can call 1 (800) 273-8255.

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6.2 - The Intelligencer: Bucks County set to open virtual health clinic for veterans (8 September, James Boyle, 80k online visitors/mo; Doylestown, PA)

A technology upgrade at the Lower Bucks County government services building will give veterans a state-of-the-art alternative to driving down to Philadelphia for health check ups.

The Bucks County commissioners recently approved a partnership with the U.S. Department of Veteran Affairs that will create a telehealth clinic at the county service center on New Falls Road in Bristol Township. Once it is up and running, veterans will have the opportunity to make an appointment there and virtually interact with a physician located at the Philadelphia VA hospital using monitors and devices connected through the internet.

"This is basically a way for the VA to do more outreach and see veterans in remote locations," said Dan Fraley, director of military affairs for Bucks County.

Fraley said the VA will provide the equipment and an on-site clinician at no charge to the county.

"We may be the first county in Pennsylvania to offer this service," said Fraley. "A clinic in New Jersey uses telehealth technology, but it's only for mental health cases."

The clinic will be open to all Bucks County veterans, but Fraley anticipates the bulk of clientele will come from the lower Bucks County neighborhoods. Patients from places like Croydon, Morrisville and Bensalem typically crossed the Burlington-Bristol Bridge to use the VA clinic located at Fort Dix in Burlington County.

Last year, those services were moved to a facility in Marlton, New Jersey, making the drive more of an inconvenience for the 449 Bucks veterans who frequented the base.

Appointments at the clinic will be available Wednesdays and Fridays, Fraley said. A VA clinician will operate the instruments and technology, and the patients will have a real-time check up and consultation with their doctor.

"The clinician will put the blood pressure cuff around the veteran's arm and plug it into a USB port, and the physician in Philadelphia will be able to see the results on his monitor," Fraley said. "They can check the temperature. The doctor can tell him to open his mouth and use a camera with an LED light attached to a three-foot cord running to the computer."

Fraley said it also would be possible to conduct initial dermatological consults if a veteran wants the doctor to look at a mole or other skin growth. Some mental health services also could be provided through the telehealth link.

"We have a veterans mental health clinic in Bucks County for those suffering from post-traumatic stress disorder or a traumatic brain injury," said Fraley. "However, sometimes they have to go down to the Philadelphia VA center to see a psychiatrist and have their meds adjusted. That could potentially be done from the Levittown clinic through the telehealth link."

If a more in-depth examination is necessary, such as an x-ray or MRI, the veteran would need to make an in-person appointment at the VA hospital. Veterans feeling apprehensive about driving lengthy distances to either the hospital in Philadelphia or Coatesville in Chester County can use Bucks County's free transportation to those locations.

"It's a free service offered five days a week," said Fraley. "The 15-passenger bus was bought with grants and money raised in our annual golf outing. We make several stops throughout the county, then go to the VA hospital either in Philadelphia or Coatesville."

Representatives from the VA will start installing the equipment and software this week at the Bristol Township government services building. Once it is tested and free of any bugs, the virtual check-ups will begin. Fraley anticipates a mid-October start date.

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7. Supply Chain Modernization

8. Other

Document ID: 0.7.10678.162128

From: (b) (6)

Cc:
Bcc:
Subject: [EXTERNAL] 15 September Veterans Affairs Media Summary and News Clips
Date: Fri Sep 15 2017 04:16:12 CDT
Attachments: 170915_Veterans Affairs Media Summary and News Clips.docx
170915_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

15 September 2017

1. Top Stories

1.1 - Military.com: **Obamacare Repeal Would Increase Uninsured Veterans: Report** (14 September, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)
Repealing Obamacare would leave more than nine percent of all veterans under 65 without health insurance, likely causing an increased strain on the Department of Veterans Affairs, researchers caution in a new report released Thursday. As of 2015, about 5.8 percent of America's 10.8 million estimated veterans under age 65 were without health insurance, the report found.

Hyperlink to Above

1.2 - Miami Herald: **Veteran Affairs offers beds to nursing home residents in need after Irma** (14 September, David J. Neal, 8.9M online visitors/mo; Doral, FL)
After Wednesday's death of eight residents of a Hollywood nursing home steaming without air conditioning, U.S. Secretary of Veteran Affairs David Shulkin announced Thursday that the agency will open available beds to non-Veteran nursing home residents affected by Hurricane Irma. "We will continue to look for ways to relieve the hardship this powerful storm has caused," Shulkin said.

Hyperlink to Above

1.3 - The Tennessean (Video): **Meet the man picked to fix the Memphis VA, one of the most troubled in the nation** (14 September, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)
There's a symbolic line at the Memphis Veterans Affairs Medical Center that new director David Dunning says sums up the daunting task ahead of him. On one side, in the brand-new emergency room, there's new floors, cutting-edge technology and other modern amenities. On the other, there is decades-old wallpaper, mismatched tile and almost cliche decor.

Hyperlink to Above

1.4 - The Republican: **Ginnie Mae launches task force to investigate VA-backed lenders; US Sen. Elizabeth Warren praises move** (14 September, Shannon Young, 2.1M online visitors/mo; Springfield, MA)
Ginnie Mae, the principal financing arm for government loans, will look into potentially misleading marketing practices involving U.S. Department of Veterans Affairs-backed lenders, officials announced Thursday. Acknowledging concerns U.S. Sen. Elizabeth Warren raised in a recent letter, Ginnie Mae Acting President and Chief Operating Officer Michael Bright said the Massachusetts Democrat is right to be bothered by the potential impacts aggressive mortgage marketing practices could have on veteran borrowers.

Hyperlink to Above

1.5 - Military Times: **New ad campaign reopens fight over VA privatization claims** (14 September, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
A left-leaning veterans advocacy group today is reopening the fight over privatization of Veterans Affairs services with a multi-state ad campaign imploring lawmakers to "save VA." The nearly $400,000 effort comes as top VA officials and congressional leaders are preparing to

unveil their long-term plans for the department's controversial Choice program, which allows veterans to seek private-sector care using federal dollars.

Hyperlink to Above

1.6 - Military Times: Ashford University gets OK to keep GI Bill students (14 September, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)
Ashford University has received the Department of Veterans Affairs' stamp of approval to continue enrolling GI Bill students long-term. The announcement comes after a tumultuous summer for the online for-profit school, which was, at one time, scheduled to lose its eligibility to receive VA funds in August after losing its state-level approval in Iowa. Ashford then sought approval in Arizona and was permitted to continue enrolling veteran students for the new school year, pending approval from VA.

Hyperlink to Above

1.7 - Stars and Stripes: Veterans crisis line to open third call center (14 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
The Department of Veterans Affairs will open a third call center in the fall to handle an anticipated increase in calls to the veterans crisis hotline. The call center will be located on the VA campus in Topeka, Kansas, the VA said late Wednesday. The announcement comes just nine months after a second call center was opened in Atlanta.

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2. Veteran and Employee Experience

2.1 - WRAL (NBC-5, Video): Long waits lead to good news for vets seeking resolution to VA problems (14 September, Cullen Browder, 3.1M online visitors/mo; Raleigh, NC)
Hundreds of veterans walked into the Herb Young Community Center in Cary on Thursday with complaints and problems and walked out with resolution and, many times, money. The American Legion and the VFW sponsored the Veterans' Experience Action Center to help veterans who are having trouble with the U.S. Department of Veterans Affairs. Because North Carolina is the only state hosting such events, veterans came from across the country.

Hyperlink to Above

2.2 - Inside Higher Ed: VA seeks broad waiver of rule barring payments from for-profit colleges (15 September, Andrew Kreighbaum, 1.6M online visitors/mo; Washington, DC)
The Department of Veterans Affairs intends to grant employees a waiver of a rule barring receipt of salary or other benefits from for-profit colleges. The proposed regulation was published in the federal register Thursday and would take effect next month without "adverse comment." A recent VA inspector general report found that two employees had violated the rule by working as adjunct instructors at for-profit colleges receiving VA benefits.

Hyperlink to Above

2.3 - Commercial Appeal (Video): How we're fixing a broken VA care system (14 September, Phil Roe and David Kustoff, 1.1M online visitors/mo; Memphis, TN)

As the Chairman of the House Committee on Veterans Affairs and the Congressman representing West Tennessee veterans who seek care at the Memphis VA Medical Center, we are concerned and outraged by the recent abysmal failures at the Memphis facility. We are encouraged to see swift action from the Department of Veterans Affairs (VA) to get the Memphis facility on track — and will continue to closely monitor progress…

Hyperlink to Above

2.4 - WTVD (ABC-11, Video): Cary event brings veterans face-to-face with VA representatives (14 September, Julie Wilson, 880k online visitors/mo; Durham, NC)
The American Legion and the Town of Cary are hosting a three-day event focused on answering questions for veterans. The Veterans Experience Action Center will put veterans face-to-face with a representative from the U.S. Department of Veteran Affairs. Meetings will allow for explanations, assistance facilitating, expediting existing claims and appeals, filing new claims, and accepting all claim related evidence.

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2.5 - La Crosse Tribune (Jackson County Chronicle): Jackson County hosts benefits fair for veterans (14 September, Jordan Simonson, 818k online visitors/mo; La Crosse, WI)
The Jackson County Veterans Service Office and Tomah VA Medical Center hosted a Homeless/At Risk Veterans Stand Down and Benefits Fair Thursday at the Black River Falls American Legion Post 200, providing information for veterans about many of the services available to them via federal, state and local programs. “It is a two-fold event, it is a homeless or an at-risk stand down for veterans in the area that can come and get assets and services.

Hyperlink to Above

2.6 - KTVI (FOX-2, Video): Government workers hold union rally outside VA Medical Center on Grand (14 September, 663k online visitors/mo; Saint Louis, MO)
Workers at the John Cochran VA Medical Center will hold a rally Thursday, September 14 outside the hospital. Members of the American Federation of Government Workers want to raise awareness of what they call dangerously low staffing levels at facilities around the country. The union claims the shortages are depriving veterans of the health care they deserve. They say it’s also creating risks to patient safety and a hazardous work environment.

Hyperlink to Above

2.7 - WNCN (CBS-17, Video): 3-day push will help NC veterans connect with benefits (14 September, Beairshelle Edme, 607k online visitors/mo; Raleigh, NC)
– A three-day event for veterans launched Thursday to help former military members access benefits, among other services. But many veterans told CBS North Carolina’s Beairshelle Edmé they’re frustrated with all these processes, applications, and long waits. 61 years could separate some of the veterans who have served in the Korean War from those who were sent to the Iraq War.

Hyperlink to Above

2.8 - Post-Tribune: Column: Vietnam documentary should take a balanced look (14 September, Tom Bellino, 261k online visitors/mo; Crown Point, IN)

The PBS special series, "The Vietnam War," by Ken Burns and Lynn Novick, which begins Sunday, no doubt will evoke emotions for both the veterans of that war as well as the observers, resisters and opponents of it. Various Veterans Affairs facilities are offering a Monday morning debriefing after the first episode of the series, because "it may bring up stressful memories for combat veterans."

Hyperlink to Above

2.9 - WUSF Public Media (Audio): VA Prepares for PBS Vietnam Documentary; It May Trigger Some Vets' PTSD (15 September, Steve Walsh, 197k online visitors/mo; Tampa, FL)
The ten-part documentary by filmmakers Ken Burns and Lynn Novick is at times graphic, and people who work with veterans say it may trigger traumatic memories for those who fought in Vietnam. For two weeks, PBS stations will relive one of the most devisive eras in American history. "The Vietnam War" documentary - produced by Ken Burns and Lynn Novick - is being billed as a rare cultural milestone.

Hyperlink to Above

2.10 - Tribune-Democrat: UPJ summit seeks ways to help veterans (15 September, Dave Sutor, 155k online visitors/mo; Johnstown, PA)
Issues that afflict active military personnel and veterans, including thoughts of suicide, physical pain and moral injury, also impact the general population, albeit in different ways. So, when advancements are made to help men and women who serve the United States deal with those challenges, the nation benefits. That lesson was understood well by U.S. Rep. John Murtha, whose work helping military personnel and their families deal with traumatic brain injury…

Hyperlink to Above

2.11 - New Hampshire Public Radio: Makeup of N.H. VA Task Force Announced, Some Whistleblowers Say They Were Shut Out of Process (14 September, Peter Biello, 148k online visitors/mo; Concord, NH)
The Department of Veterans Affairs has released a list of the twelve people who will serve on a task force looking at the future of health care for New Hampshire veterans. Since July, a dozen whistleblowers have come forward with allegations of substandard care at the Manchester VA. One of those whistleblowers, cardiologist Erik Funk, will serve on the task force. The list also includes four people who are not VA employees and five who are not New Hampshire residents.

Hyperlink to Above

2.12 - Hudson Valley News Network: Maloney, Local Officials Slam VA Decision to Cut Funding (14 September, Kathy Welsh, 54k online visitors/mo; Hyde Park, NY)
– Representative Sean Patrick Maloney (NY-18) and local officials condemned a decision by the Department of Veterans Affairs to deny an anticipated annual federal investment of over $500,000 to Hudson River Housing. If no action is taken, funding will run out and the program will be terminated after Sept. 30.

Hyperlink to Above

2.13 - DS News: Ginnie Mae Responds to Senator Warren on VA Lenders (14 September, Brianna Gilpin, 54k online visitors/mo; Dallas, TX)

Thursday, in a letter to Senator Elizabeth Warren (D-MA), Ginnie Mae explained how it is curbing VA refinance speeds and aggressive marketing by some VA approved lenders. The letter was in response to Sen. Warren, who initially addressed the aggressive practices in a letter to Ginnie Mae on September 6, 2017. Warren warned that the marketing practices are negatively impacting Ginnie Mae securities without necessarily benefiting veteran borrowers.

Hyperlink to Above

2.14 - Reveal: White House seeks to legalize payoffs to VA officials by for-profit schools (14 September, Aaron Glantz, 39k online visitors/mo; Emeryville, CA)
The Trump administration is seeking to waive a 50-year-old anti-corruption law that prevents officials who administer the GI Bill from accepting money from for-profit schools backed by taxpayer subsidies. The proposed regulation, published Thursday in the Federal Register, would allow employees of the Department of Veterans Affairs to receive “wages, salary, dividends, profits, gratuities” and services from for-profit schools that receive GI Bill funds.

Hyperlink to Above

2.15 - WBOY (NBC-12, Video): VA Hospital Hosts Town Hall to Hear Concerns from Veterans (14 September, Elayna Conard, 21k online visitors/mo; Clarksburg, WV)
The VA Hospital held a town hall to hear the concerns of veterans Thursday afternoon. The VA holds these town halls every few months as a way to keep open communication with veterans. The director of the hospital, Dr. Glenn Snider, said that he was glad to hear compliments from veterans about their recent services.

Hyperlink to Above

2.16 - Bloomberg Politics: U.S. Probes High-Pressure Mortgage Sales Targeting Veterans (14 September, Joe Light, 18k online visitors/mo; New York, NY)
The U.S. is investigating lenders for allegedly pressuring veterans and members of the military into unneeded mortgage refinances -- unsavory conduct that not only leads to higher consumer costs but has consequences for one of the world’s largest bond markets. The probe is being conducted by Ginnie Mae, a government-owned corporation whose purpose is to make mortgages more affordable.

Hyperlink to Above

2.17 - KUPR (NPR-89.3): Landmark Vietnam War Series May Trigger Unwanted Memories For Some Vets (14 September, Steve Walsh, 17k online visitors/mo; Fresno, CA)
Almost anything can trigger the vivid and aggressive thoughts associated with PTSD. It might be a door slam or the smell of diesel, according to Tina Mayes, a staff psychologist at VA San Diego Healthcare. Most common triggers: "It can be something someone says. The way they say it," she said.

Hyperlink to Above

2.18 - Law Firm Newswire: VA Fires Head of DC Facility Amid Confidentiality Breach, Leadership Concerns Says Veterans Attorney Jim Fausone (14 September, 900 online visitors/day; Tampa, FL)
Northville, MI (Law Firm Newswire) September 14, 2017 - The Department of Veterans Affairs (VA) fired the longtime director of its main veterans medical center in Washington, D.C. Brian

Hawkins was dismissed due to growing concerns about his leadership of the VA facility. The VA released a statement saying “he failed to provide effective leadership.” Hawkins was reassigned to a different post within the agency in April pending further review.

Hyperlink to Above

3. Access to Healthcare

3.1 - ABC News (AP): The Latest: Hurricane cleanup crew finds body near hotel (14 September, 24.1M online visitors/mo; New York, NY)
Federal officials say that nursing homes normally reserved for veterans will be opened up to non-veteran nursing home residents if space is available, in the aftermath of Hurricane Irma. U.S. Sen. Bill Nelson announced Thursday that the U.S. Department of Veterans Affairs had agreed to open its nursing homes following eight deaths at Florida nursing home. Florida has seven nursing homes throughout the state that are available to residents who were veterans.

Hyperlink to Above

3.2 - The Huffington Post: VA Broken Promise Harms Veteran and Costs Jobs (14 September, Hal Donahue, 22.9M online visitors/mo; New York, NY)
A technical expert, Joe possessed little knowledge concerning how to actually start a business. He visited his local VA Veterans Rehabilitation Counselor and received a wealth of information and assistance to create a Service-Disabled Veteran-Owned Small Business(SDVOSB).

Hyperlink to Above

3.3 - Palm Beach Post: VA offers beds to Florida nursing home residents affected by Irma (14 September, Joe Capozzi, 3.8M online visitors/mo; West Palm Beach, FL)
The U.S. Department of Veterans Affairs is making beds available to non-veteran nursing home residents affected by Hurricane Irma. U.S. Secretary of Veterans Affairs David Shulkin announced the plan after talking with Gov. Rick Scott and Sen. Bill Nelson late Wednesday. Those discussions took place after eight residents of a Florida nursing home died from what appears to be heat exposure likely caused by a power outage at their facility in Hollywood.

Hyperlink to Above

3.4 - WJW (FOX-8, Video): Presidential Opioid Commission praises, learns from Cleveland VA (14 September, Bill Sheil, 665k online visitors/mo; Cleveland, OH)
Gov, Chris Christie of New Jersey, head of a Presidential Commission on opioids, summed it up well when addressing doctors and patients gathered at the Louis Stokes VA Center in Cleveland. "We didn't come here by accident," he said. Christie, and several prominent national figures, toured the VA Center on Thursday to learn more about a remarkable contradiction.

Hyperlink to Above

3.5 - WOIO (CBS-19): White House opioid commission turns to Cleveland VA for solutions (14 September, Sara Goldenberg, 610k online visitors/mo; Cleveland, OH)
Northeast Ohio continues to struggle with opioid addiction and overdose deaths. But there's a treatment program in our own backyard that's bucking the trend. The VA Secretary and White

House officials came to Cleveland on Thursday to learn more. The Northeast Ohio VA Healthcare System has the lowest addiction rates across the VA.

Hyperlink to Above

3.6 - WIBW (CBS-13): VA opening new Veterans Crisis Line in Topeka; expects to hire 100 (14 September, Nick Viviani, 485k online visitors/mo; Topeka, KS)
Topeka will be the home of the Dept. of Veterans Affairs' newest Veterans Crisis Line call center. On Wednesday, the VA officially announced it would open the new crisis line, its third one nationwide, in the Capital City. The new call center is expected to employ 100 people and will be housed in the VA Eastern Kansas Health Care System.

Hyperlink to Above

3.7 - Poughkeepsie Journal (Video): Hudson River Housing lose federal funding for homeless veteran program (14 September, Jack Howland, 440k online visitors/mo; Poughkeepsie, NY)
Homeless veterans and their families might be losing support in a few weeks, if Hudson River Housing is forced to shut down a key program. Hudson River Housing is facing losing its program serving homeless veteran families in Dutchess County by the end of September in the wake of the U.S. Department of Veteran Affairs denying the group an annual grant, the nonprofit said Thursday.

Hyperlink to Above

3.8 - Press of Atlantic City: Veterans push for better health care, experts fight to provide it (14 September, Nicole Leonard, 320k online visitors/mo; Pleasantville, NJ)
Dozens of men and women squeezed together in a small conference room at the VA Outpatient Clinic in Northfield on a hot summer afternoon. The crowd, the majority veterans in their 60s, 70s and 80s, looked ready for battle as they stood shoulder to shoulder, arms crossed and some prepared with notes as they faced off with local, state and regional officials from the U.S. Department of Veterans Affairs.

Hyperlink to Above

3.9 - WKRG (CBS-5): VA Offers Beds For Hurricane Irma Victims In Florida Nursing Homes (14 September, 272k online visitors/mo; Mobile, AL)
In a press release sent out Thursday by the Department of Veterans Affairs, the U.S. Secretary of Veterans Affairs David Shulkin announced that the VA is making beds available to non-Veteran nursing home residents affected by Hurricane Irma. This announcement comes after the new reports Wednesday that eight residents of a Florida nursing home died from what appeared to be heat exposure, likely caused by faulty air conditioning at their facility in Hollywood Hills.

Hyperlink to Above

3.10 - WUSF Public Media: VA Secretary Offers Beds To Nursing Home Patients Affected By Irma (14 September, Bobbie O'Brien, 197k online visitors/mo; Tampa, FL)
The tragic deaths of eight nursing home residents after Irma knocked out their air conditioning has prompted the U.S. Secretary of Veterans Affairs to offer up available beds at Florida's VA

nursing homes. The Florida Department of Veterans Affairs operates six nursing homes for veterans built with federal and state money.

Hyperlink to Above

3.11 - KSNT (NBC-27): VA opening Veterans Crisis Line in Topeka – expected to hire 100 people (14 September, Grant Stephens, 161k online visitors/mo; Topeka, KS)
The U.S. Veterans Administration is opening it's third Veterans Crisis Line call center in Topeka. It's expected to hire 100 employees. "When it comes to preventing Veteran suicide, we will do everything we can to make it as easy as possible for Veterans to reach us," said VA secretary Dr. David J. Shulkin.

Hyperlink to Above

3.12 - Florida Politics: VA hospitals to take in nursing home residents, Bill Nelson says (14 September, Scott Powers, 161k online visitors/mo; Saint Petersburg, FL)
The U.S. Department of Veterans Affairs will make beds in VA facilities available to residents of Florida nursing homes that have no power, Sen. Bill Nelson said Thursday. Nelson said he saw that the VA had done so with refugees from the U.S. Virgin Islands, accepting them into the VA hospital at Puerto Rico, and asked them Wednesday, before news of the horrific six-death incident in Hollywood, if the same could be done in Florida.

Hyperlink to Above

3.13 - ideastream.org (Video/Audio): Cleveland VA Gets National Recognition (13 September, Stephanie Jarvis, 145k online visitors/mo; Cleveland, OH)
As the battle against the opioid epidemic rages on, a local program to manage opioid addiction among some of our region's most at-risk patients is gaining national recognition. Of all the veteran's hospitals in the country, the Northeast Ohio VA Healthcare System is being recognized for its innovative program to cut down on opioid prescriptions and addiction among the veterans it serves – at a time ohio sits at the epicenter of the opioid crisis.

Hyperlink to Above

3.14 - ideastream.org (Video/Audio): President's Opioid Task Force Learns Best Practices from Cleveland VA (14 September, Annie Wu, 145k online visitors/mo; Cleveland, OH)
The U.S. Secretary of Veterans Affairs joined President Trump's opioid task force at the Cleveland VA Medical Center on Thursday. They were in town to hear from VA doctors on their best practices for pain management and opioid use including guidelines for prescribing opioids, alternative medicine for dealing with pain, and a continuum of care for opioid addiction.

Hyperlink to Above

3.15 - KIII (ABC-3, Video): VA Outpatient Clinic closed due to damage from Harvey (14 September, 65k online visitors/mo; Corpus Christi, TX)
Among the facilities that suffered significant damage in Hurricane Harvey was the Corpus Christi Veteran's Affairs Outpatient Clinic. The building suffered water damage and beginning Monday, veterans who normally receive primary care services at the clinic will be treated at the Corpus Christi Specialty Outpatient Clinic on Enterprize Parkway or the Patient Aligned Care Team Annex Building, which is near the VA's outpatient clinic.

Hyperlink to Above

3.16 - KXXV (ABC-25, Video): Reminding veterans of local services this Suicide Prevention Week (13 September, Holly Stouffer, 54k online visitors/mo; Waco, TX)
It's Suicide Prevention Week and a local veterans affairs center is making sure the veteran community knows of the resources available to them. According to the Department of Veterans Affairs, an average of 20 veterans die by suicide each day. The Waco VA offers a number of resources to help those struggling with their mental health, including its Center of Excellence, which focuses on researching the events that lead up to suicidal thoughts.

Hyperlink to Above

3.17 - WEWS (ABC-5, Video): White House Opioid Task Force looks for answers to crisis in Cleveland (13 September, Mona Kosar, 17k online visitors/mo; Cleveland, OH)
With the opioid epidemic considered a national emergency, News 5 has learned the answer to this scourge may be here in Cleveland. The president's opioid task force is coming here to look for some answers. Behind the wall of the Louis Stokes Cleveland VA Medical Center lies a possible solution to a national crisis.

Hyperlink to Above

3.18 - Missoula Current: Tester urges VA to move quicker in opening new Missoula health clinic (14 September, Martin Kidston, 17k online visitors/mo; Missoula, MT)
President Donald Trump signed Sen. Jon Tester's bill securing a lease for a larger Veterans Affairs clinic in Missoula on the first day of August, marking a positive step for a facility that's long been in need of expansion. Now, the state's senior senator is asking the VA to expedite the process. Tester this week sent a letter to VA Secretary David Shulkin asking the agency to move the process forward…

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization – No Coverage

8. Other

8.1 - Dayton Daily News: Lawmakers pushing for Columbus to get national veterans museum (14 September, Jessica Wehrman, 1.1M online visitors/mo; Dayton, OH)
During a hearing on the bill Wednesday, Matthew Sullivan, deputy undersecretary for finance and planning and CFO for the National Cemetery Administration for the Department of Veterans Affairs, said the department neither supported nor opposed locating the museum in Columbus.

“VA respectfully expresses no view on the proposed bill, which does not apply to VA or to VA’s core mission,” he testified.

Hyperlink to Above

1. Top Stories

1.1 - Military.com: Obamacare Repeal Would Increase Uninsured Veterans: Report (14 September, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)

Repealing Obamacare would leave more than nine percent of all veterans under 65 without health insurance, likely causing an increased strain on the Department of Veterans Affairs, researchers caution in a new report released Thursday.

As of 2015, about 5.8 percent of America's 10.8 million estimated veterans under age 65 were without health insurance, the report found.

Eliminating the Affordable Care Act (ACA), it says, would push that number up to 9.1 percent, while subsequently increasing the number of veterans who rely on the VA for some or all of their health care needs.

The report, compiled by the nonpartisan Rand Corp. and released Thursday, examines demographics and health care data for non-elderly veterans under age 65 between 2013 and 2015.

The report was commissioned by the non-profit Robert Wood Johnson Foundation and the New York State Health Foundation, which promote expanding health insurance coverages as part of their mission.

Among the report's big-picture findings, said researcher Michael Dworsky, is the major impact Obamacare had on how veterans get their health care.

Rather than turning to the VA exclusively, most veterans carry some kind of dual coverage.

Thanks to the ACA, he said, the number of dual-covered veterans increased -- and the demand on the VA's health system went down.

"First of all, the ACA did change coverage for veterans," Dworsky said. "The VA health system is not an island. It's connected to what's happening in the rest of the health care system and the rest of federal health policy.

"What we're trying to get people to pay more attention to, is if you think about a change as significant as repealing the ACA, it could be very important to think through how other federal programs ... might be impacted," he said.

More than six million non-elderly veterans were eligible for VA health care in 2015, the report estimates, a figure not tracked by federal officials, Rand officials said.

About six million veterans total, the majority of whom were over 65, used VA health care in 2015, according to VA statistics.

The VA has been plagued by scandals stemming from a substantial claims backlog, mishandled or lost paperwork, long appointment wait times, mismanaged facilities and a provider shortage.

The VA Choice system attempts to remedy some of those problems by pushing some veterans to community-based providers for care.

Lawmakers have ordered ongoing program overhauls and increased congressional oversight as a means of addressing the system's woes.

Without the ACA, the report found, veterans under 65 would have turned to the VA for about 1 percent more health care in 2015. That's about 125,000 more office visits, 1,500 more inpatient surgeries and 375,000 more prescriptions, it says.

Additionally, if an effort known as "repeal and replace" had been made law, the number of uninsured veterans would likely have gone even higher -- up to 10.4 percent, the reports says.

That estimate is based on a 2024 plan for health care policy included in replacement language known as the American Health Care Act (AHCA), which would have changed how the federal government funds Medicaid.

The AHCA was ultimately rejected by lawmakers earlier this year.

Dworsky said the researchers hope the report will inspire policymakers to broaden their view of how an Obamacare repeal would impact other portions of the U.S. health care system.

"The goal of the report really was to try and broaden the debate over ACA appeal and make sure the potential spillover effect on the VA health system and insurance coverage would be taken in account," he said.

"We didn't really see that as part of the conversation, and we think it still might be a little bit neglected," Dworsky said.

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1.2 - Miami Herald: Veteran Affairs offers beds to nursing home residents in need after Irma (14 September, David J. Neal, 8.9M online visitors/mo; Doral, FL)

After Wednesday’s death of eight residents of a Hollywood nursing home steaming without air conditioning, U.S. Secretary of Veteran Affairs David Shulkin announced Thursday that the agency will open available beds to non-Veteran nursing home residents affected by Hurricane Irma.

“We will continue to look for ways to relieve the hardship this powerful storm has caused,” Shulkin said. “Much of the heavy-lifting to recover from the hurricane is still to come and our leaders and staff are determined to find as many ways as we can for VA to help in the response.”

After delivering withering statements about the tragic deaths at The Rehabilitation Center at Hollywood Hills, the VA announcement said, Florida Gov. Rick Scott and U.S. Sen. Bill Nelson, D-Fla., began talking with Shulkin Wednesday night about inadequately cooled nursing homes. The Florida Health Care Association said as of Thursday morning, 64 of the state’s 683 nursing homes remained without power after Irma’s rampage across the state.

Many nursing homes have generators, but generators doesn't equal air conditioning. The Rehabilitation Center had a generator.

Hollywood police, now going over the center with a search warrant, said Thursday morning, "The initial investigation has determined the facility had some power; however the building's air conditioning system was not fully functional."

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1.3 - The Tennessean (Video): Meet the man picked to fix the Memphis VA, one of the most troubled in the nation (14 September, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)

There's a symbolic line at the Memphis Veterans Affairs Medical Center that new director David Dunning says sums up the daunting task ahead of him.

On one side, in the brand-new emergency room, there's new floors, cutting-edge technology and other modern amenities.

On the other, there is decades-old wallpaper, mismatched tile and almost cliche decor.

Dunning calls it "very clean, but it's just tired" and says the divide represents where they are and where he intends to take the hospital in the future.

"We're on a trip to L.A. and we've made it to Little Rock," he told the USA TODAY NETWORK - Tennessee during an exclusive interview this summer.

The Memphis VA serves hundreds of thousands of veterans in three states but is among the most troubled in the entire nation. It has received just one star in the agency's internal rankings — one of 14 nationwide and three in Tennessee with the rating.

New documents obtained by the USA TODAY NETWORK detailed a litany of patient safety issues at the hospital in recent years, including how VA providers mistakenly left plastic packaging embedded in a veteran's artery, leading to an amputation.

Reports of threats to patient safety jumped from 700 in 2015 to more than 1,000 in 2016, the newly obtained documents show.

Dunning, 52, a twice-deployed career Army officer, now finds himself tasked with turning around the hospital and improving patient care. The job comes amid several ongoing congressional investigations and as the hospital is one of just four nationwide reporting weekly to the VA's top health official in Washington.

The problems leading to the one-star ranking and detailed in the newly obtained documents pre-date Dunning's arrival. VA Secretary David Shulkin tapped Dunning in May to pull the hospital from the bottom. Four interim directors preceded him.

"We acknowledge it, but we don't accept it," Dunning said of the one-star ranking and history of poor care.

Dunning said he was "given the whole truth" about the hospital before accepting the director's position

"I chose to come to the Memphis VA with the expectation that I would be required to make tough decisions on behalf of my fellow veterans," Dunning said.

In June, Shulkin mentioned the hospital during a White House briefing on a push to pass accountability legislation that allows problem employees to be fired more easily.

Shulkin used the hospital as an example just days after the USA TODAY NETWORK reported that an employee returned to work after serving a 60-day jail sentence for a third DUI conviction and used donated leave to continue being paid.

The hospital denied the woman, Brittney Lowe, used donated leave, but sent a memo to all hospital employees about the leave policy, which generally only applies to long absences related to health conditions.
whistleblowers

Dunning declined to respond to those statements, but noted that Shulkin also referenced the hospital's one-star rating.

"There are very few people that believe they're a one star and they're offended (at the rating)," he said.

Dunning the Memphian, combat vet

Dunning was born in the now-razed Baptist Hospital just blocks from where the current VA hospital sits today. His grandmother retired from the VA when it was located on Getwell Road, before it moved to its current home in the Medical District.

His father was a Baptist preacher, an upbringing that meant spending time in lots of different places.

"We skipped everywhere when I was a kid, and I literally skipped everywhere in the military," he said.

But now he's back in what he calls his "forever home," a place he and his wife both have craved after more than a dozen moves during his military career.

“I'm committed to Memphis. Hopefully Memphis is committed to me.”
David Dunning, Memphis VA director
"I'm committed to Memphis," he said. "Hopefully Memphis is committed to me."

Dunning's grandparents grew up on Summer Avenue in Memphis, and his life and career as a soldier has taken him all over the world and Tennessee, from Somerville to Columbia to Clarksville and Nashville.

He still has family in Bartlett and his two brothers went to the University of Memphis.

"I could have gone somewhere and probably made more money, but this is where I belong," he said, noting that he had a choice of director positions to choose from, one in Memphis and one in the Northeast.

Dunning's Army career was almost entirely in the Medical Command section, and took him all over the world, the last stop for two years at Tripler Army Medical Center in Hawaii, a facility slightly larger than the Memphis VA.

Dunning deployed twice, and was among the first soldiers to take part in the Iraq surge ordered by then-President George W. Bush.

He also served in the 101st Airborne Division early in his career and remembers eating at Nashville's San Antonio Taco Company, a popular eatery on 21st Avenue near Vanderbilt University.

"There wasn't much to do in Clarksville back then," he said of his time with the 101st some 25 years ago.

The 5-point plan

Dunning said the increase in patient safety reports is a sign of improvement, and a sign of greater comfort disclosing issues.

And when Dunning talks about his vision and goals, he cites his five-point focusing on primary care, mental health, hospital-patient flow, infrastructure modernization, and the hospital's culture.

It's a plan he developed over his first 60 days on the job, and is "directly in line" with higher initiatives laid out by Shulkin, he said.

Dunning has made quick progress on some of the initiatives. The hospital will see a renovated and reorganized main entry atrium complete at the end of the year and a new parking garage begin around the same time that will add about 180 spots in a three-story parking garage.

He's also had the help of regional oversight to expedite the hiring of 182 critical but vacant positions he sees as necessary to improve the hospital's care and culture, mainly for the patients.

In just 30 days between June and July, the hospital hired 30 medical support assistants, who are among the first people to interact with veterans when they call for an appointment or visit the hospital.

Each of those could yield immediate gains, but also bring frustration with some patients.

The crave for stability

Dunning's arrival has brought a sense of stability to the hospital, which has been under control of interim directors for more than 18 months since the last permanent director left in February 2016.

"The culture war is really the biggest issue we have to fight here," Dunning said.

Some within the facility are already on Dunning's side. Willie Logan, the communications director, said the hospital has craved a stable presence at the helm.

"You (have to) get a leader people want to follow, we haven't had one," she said.

David Spencer, the executive officer for the Memphis Combat Vets Motorcycle Association, said though he doesn't get medical care at the Memphis VA, he knows many who do, and those experiences are mixed.

Dunning spoke to a recent chapter meeting, where Spencer said he was "firm" about improving the hospital's performance and reputation, and afterward personally met with many of the members, with an assistant taking notes and contact information.

"I think he's got the right idea," Spencer said.

Spencer said Dunning, if given the opportunity to succeed by both the community and the VA, he's confident he will achieve his goal.

Dunning has placed establishing healthy relationships with other area hospitals — "community affiliates," he calls them — around Memphis at the top of his priority list.

"My big thing is we just need to get moving," he said.

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1.4 - The Republican: Ginnie Mae launches task force to investigate VA-backed lenders; US Sen. Elizabeth Warren praises move (14 September, Shannon Young, 2.1M online visitors/mo; Springfield, MA)

Ginnie Mae, the principal financing arm for government loans, will look into potentially misleading marketing practices involving U.S. Department of Veterans Affairs-backed lenders, officials announced Thursday.

Acknowledging concerns U.S. Sen. Elizabeth Warren raised in a recent letter, Ginnie Mae Acting President and Chief Operating Officer Michael Bright said the Massachusetts Democrat is right to be bothered by the potential impacts aggressive mortgage marketing practices could have on veteran borrowers.

Bright, who noted that Ginnie Mae has already taken some steps to address these issues, further announced the creation of a joint "Lender Abuse Task Force," which will work with the VA to crack down on such practices.

Contending that some Ginnie Mae-approved issuer companies seem to be taking advantage of the VA program to aggressively market and "churn" loans, or successfully solicit an existing VA borrower to refinance a mortgage, Bright said his agency is working to analyze data and better understand what net economic benefit such refinances could offer borrowers.

Bright said the agency further believes it has found some patterns of suspicious behavior it will work to curtail, adding that "this churning is having a negative impact on Ginnie Mae securities."

For example, he argued that some VA borrowers may pay a higher mortgage rate than they otherwise would due to such churning.

Bright noted that Ginnie Mae took steps to respond to these issues, as well as those raised in a November 2016 Consumer Financial Protection Bureau report, which offered a snapshot of complaints service members have filed related to VA mortgage refinancing.

However, he noted that some issuers "seem determined to evade the intent of our program guidelines" and employ practices that "appear designed to market products that evade Ginnie Mae and VA program rules, and, in our view, may not be designed to help veteran homeowners."

The new task force, Bright said, will help the agency "continue and intensify (its) work in analyzing monthly data and developing additional policy steps" and be responsible for keeping members of Congress and industry officials aware of program changes and enforcement actions.

"Ginnie Mae, in its sole discretion, reserves the right to remove any lender from its program for violations and we have not finished our work to solve this issue," he wrote in a letter to Warren. "We are analyzing every option, from large scale program changes to working lender-by-lender, to understand how individual marketing practices may be impacting the overall health of Ginnie Mae's program."

Bright added that he's committed to working with Warren "and partner federal agencies to put an end to these practices."

Warren lauded Ginnie Mae's response to her recent inquiry into these refinance mortgage marketing practices.

"I am glad that Ginnie Mae and the VA have created the Lender Abuse Task Force and have committed to work with me to crack down on lenders who are exploiting veterans in order to line their own pockets," she said in a statement. "These abusive practices are wrong, and lenders who engage in them shouldn't benefit from any taxpayer backing."

Warren, in her early September letter to Bright, raised concerns that Ginnie Mae-approved companies could be forcefully marketing VA-backed refinance mortgages that hurt veterans and American taxpayers.

She pointed to CFPB report, which found that of the more than 12,500 mortgage complaints service members, veterans and their dependents filed with the bureau, about 14 percent -- or 1,800 -- were related to refinance.

Market analysts, meanwhile, have noted that some VA mortgage service providers are more likely to "churn" loans, or successfully solicit an existing VA borrower to refinance a mortgage -- something that may reflect aggressive marketing tactics, Warren argued.

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1.5 - Military Times: **New ad campaign reopens fight over VA privatization claims** (14 September, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — A left-leaning veterans advocacy group today is reopening the fight over privatization of Veterans Affairs services with a multi-state ad campaign imploring lawmakers to "save VA."

The nearly $400,000 effort comes as top VA officials and congressional leaders are preparing to unveil their long-term plans for the department's controversial Choice program, which allows veterans to seek private-sector care using federal dollars.

The program has been a frequent target of critics who accuse conservatives of working to undermine VA funding and services, by outsourcing core government responsibilities to provide health care to veterans.

But supporters — including President Donald Trump, who has repeatedly promised to expand current Choice offerings — say the outside care options are critical to providing faster, less cumbersome medical access for veterans, and avoiding long wait times at VA facilities.

The ad campaign by VoteVets Action Fund does not mention the Choice program by name but warns watchers "don't let Trump privatize my VA." The group, which has worked closely with a number of Democratic outreach and election efforts, argues that moving more veterans outside the federally-funded health care system will erode its effectiveness and value.

"We're doing this because we want to make sure people know the true story at VA," said Will Fischer, VoteVets director of government relations and an Iraq War veteran. "The other side is interested in making money off of veterans and privatizing anything and everything."

That's a charge that VA Secretary David Shulkin has repeatedly denied, in congressional testimony and numerous media interviews.

Currently, about one-third of veterans medical appointments paid for by VA are conducted by physicians outside the department. White House officials have requested $13.2 billion in outside care spending for fiscal 2018, about one-fifth of the total funding requested for veterans health services.

Shulkin has pushed for significant changes to the Choice program, including changing eligibility criteria to open the program to more veterans. Choice funding is expected to run out early next year, and Shulkin has promised the replacement — the Coordinated Access and Rewarding Experiences program, or Veterans CARE — will be "a program that's easy to understand, simple to administer and meets (veterans) needs."

The criteria, cost and potential impacts on other programs have not yet been released.

Republican leaders on Capitol Hill have also repeatedly promised not to look at "privatizing VA," but have taken criticism from Democratic colleagues for a host of policy suggestions that some fear could be the first steps towards eroding department resources.

Fischer said he hopes viewers of the ads help push for improvements to the VA system instead of moving more outside it.

Just extending the Choice program another six months became a contentious debate earlier this summer, with several prominent veterans groups lobbying for additional funds for VA facilities in conjunction with $2.1 billion in Choice money. That fight is likely to resume again this fall if groups see plans to pull money from existing VA programs for private-sector payments.

Meanwhile, supporters of outside care expansion have also been increasing their outreach in recent weeks.

Officials from Concerned Veterans for America, which has ties to conservative groups and have been among the most vocal supporters of reforming and broadening the Choice program, has released a series of op-eds and policy positions arguing that too many veterans face significant waits for basic health needs within VA.

“Every veteran should have the choice to use their health care benefits in the private sector, especially if the VA is unable to provide them with quality care in a timely manner,” CVA Policy Director Dan Caldwell said in a statement late last month.

The VoteVets ads will be airing in Alaska, Florida, Kansas, Louisiana, Maine, Minnesota, Montana, Nevada, Ohio, South Dakota, Tennessee, Texas and West Virginia. They’re also available online.

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1.6 - Military Times: Ashford University gets OK to keep GI Bill students (14 September, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)

Ashford University has received the Department of Veterans Affairs’ stamp of approval to continue enrolling GI Bill students long-term.

The announcement comes after a tumultuous summer for the online for-profit school, which was, at one time, scheduled to lose its eligibility to receive VA funds in August after losing its state-level approval in Iowa. Ashford then sought approval in Arizona and was permitted to continue enrolling veteran students for the new school year, pending approval from VA.

It got that Wednesday, according to a letter to students from Ashford President Craig Swenson. A VA spokesman confirmed this was the final step to certify students’ use of GI Bill funds through the school’s Arizona location.

“We appreciate the VA and Arizona (State Approving Agency) for working to complete this process and ensuring there was no disruption to students’ GI Bill education benefits,” Swenson said in a statement. “We look forward to continuing to serve these students and assisting them in achieving their educational goals.”

In July, an Iowa court ruled against Ashford’s request to retain state eligibility for its online programs, more than a year after the school closed its only campus in the state. The school of

more than 40,000 students, which is the 15th most popular college destination for GI Bill users, turned to Arizona, opening an administrative and student service center in Phoenix.

Federal approval of the move wasn't guaranteed; the VA did not accept the Arizona State Approving Agency's initial notice of approval and had requested additional information. But Thursday, a VA spokesman said the department had acknowledged the state's approval of the university and that there would be no immediate impact to Ashford students using GI Bill benefits.

He said in an email, "VA continues to review adherence to statutory and regulatory requirements relating to this approval. In all cases, we urge G.I. Bill recipients to make informed decisions regarding the use of their education benefits."

Loss of VA approval could have also impacted the school's eligibility to enroll active-duty military students using tuition assistance, since schools must have VA approval in order to receive funds from the Department of Defense.

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1.7 - Stars and Stripes: Veterans crisis line to open third call center (14 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The Department of Veterans Affairs will open a third call center in the fall to handle an anticipated increase in calls to the veterans crisis hotline.

The call center will be located on the VA campus in Topeka, Kansas, the VA said late Wednesday. The announcement comes just nine months after a second call center was opened in Atlanta.

"The new center in Topeka gives us more feet on the ground and an easier way for veterans to connect with us when they need us most," VA Secretary David Shulkin said in a written statement.

The VA has previously been criticized for allowing calls to the veterans crisis line to roll to voicemail. Last year, the VA inspector general reported instances of veterans waiting on hold for long periods and calls being dropped.

The opening of the Atlanta facility improved the situation, the VA said. In December, it reported the crisis line was answering 44 percent more calls than it was months earlier, but some calls were still rolling to a backup center. When phone lines are busy, calls are routed to another contracted call center. The inspector found responders in those centers were ill-equipped to handle crises.

About 200 responders work at the Atlanta facility, and 310 work at the VA's original call center in upstate New York. The Topeka facility will bring the number of employees staffing the veterans crisis line to 610. The call centers answer phone calls, texts and online messages from veterans, servicemembers and their families.

The VA is also expecting an increase in calls once it expands a function to automatically transfer veterans to the veterans crisis line from any VA facility. At VA hospitals, veterans can press “7” from a phone and be sent to the hotline. The VA is rolling the option out to its 300 veterans centers and more than 1,000 outpatient clinics.

The expansion is expected in the next few months. The VA said the Topeka call center would open in the fall, but didn’t give a date of when it would be operational.

“Expanding the [veterans crisis line] to additional locations and increasing crisis responders is critical to providing veterans with support they need, when they need it,” Sen. Jerry Moran, R-Kan., said in a written statement. Moran is a member of the Senate Veterans’ Affairs Committee.

To reach the hotline, veterans, servicemembers or their families can call 1-800-273-8255 and press 1, text 838255 or open an online chat at veteranscrisisline.net.

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2. Veteran and Employee Experience

2.1 - WRAL (NBC-5, Video): Long waits lead to good news for vets seeking resolution to VA problems (14 September, Cullen Browder, 3.1M online visitors/mo; Raleigh, NC)

CARY, N.C. — Hundreds of veterans walked into the Herb Young Community Center in Cary on Thursday with complaints and problems and walked out with resolution and, many times, money.

The American Legion and the VFW sponsored the Veterans' Experience Action Center to help veterans who are having trouble with the U.S. Department of Veterans Affairs. Because North Carolina is the only state hosting such events, veterans came from across the country.

"Nothing could be finer than to be in Carolina this morning," said Army veteran Marc Stratton, who flew to the Triangle from Arizona. "I got more done today in less than an hour than I've done in years."

Veterans started lining up for the event Wednesday night, and the line wrapped around the building by the time the doors opened at 9 a.m.

"The word got out, and the need is there," said Richard Spyrison, the service officer for the American Legion post in Cary. "The biggest thing is that the veteran can tell that [volunteer] his story, his problem, why he needs this."

Army veteran Robert Jones of Greenville stood in line for hours to erase years of VA paperwork problems.

"They made a mistake, and they acknowledged that themselves and corrected it and took a lot of pressure off," Jones said. "Today was a very good day. I thank God for the folks here."

Struggling with PTSD, Marine veteran Dustin Glidewell of Carthage finally got the disability he'd been fighting for.

"I got 100 percent today," Glidewell said. "That means my kids get fed. I mean, it means I have a home now."

Not every veteran got what they wanted, but they got answers and personal attention.

"Today's been amazing. They spent three hours with me, and it's been ultimately validating," said Evangeline Moore, a homeless Navy veteran who drove from Washington, D.C., in search of education assistance.

"It feels like I just dropped my rucksack for the last time. I can breathe again," Glidewell said.

The Veterans' Experience Action Center continues 9 a.m. to 4 p.m. Friday and 9 a.m. to 3 p.m. Saturday. Veterans are advised to bring their medical records with them.

About 500 veterans were served in a similar event last year, and organizers said they hope to double that by the end of Saturday.

"This is needed, and we're going to try and increase this format," North Carolina Secretary of Military and Veterans Affairs Larry Hall said. "We do it several times across the state already, and we have these kinds of turnouts. The second thing is we have to have better follow up and make sure they get into the system."

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2.2 - Inside Higher Ed: VA seeks broad waiver of rule barring payments from for-profit colleges (15 September, Andrew Kreighbaum, 1.6M online visitors/mo; Washington, DC)

The Department of Veterans Affairs intends to grant employees a waiver of a rule barring receipt of salary or other benefits from for-profit colleges.

The proposed regulation was published in the federal register Thursday and would take effect next month without "adverse comment."

A recent VA inspector general report found that two employees had violated the rule by working as adjunct instructors at for-profit colleges receiving VA benefits. The report recommended issuing waivers where no specific conflict of interest exists.

The proposal goes further, granting a waiver to all VA employees as long as they abide by certain other federal conflict-of-interest laws. Asked for comment, the VA's press office referred to language in the agency's notice of intent stating that the "statute has illogical and unintended consequences."

Carrie Wofford, president of Veterans Education Success, a group that's frequently been critical of for-profit colleges, called the proposal "crazy." She argued it would allow employees at VA, which acts as a regulator of institutions receiving veterans' education benefits, to hold stock or receive gifts from those entities.

Will Hubbard, vice president of government affairs at Student Veterans of America, said he wasn't sure the proposal had a nefarious intent. But he said the timing was interesting considering recent changes the Department of Education has made to rules protecting students and certain personnel decisions at the department.

"We remain very committed to ensuring that student veterans continue to be the top priority of the Department of Veterans Affairs," he said.

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2.3 - Commercial Appeal (Video): How we're fixing a broken VA care system (14 September, Phil Roe and David Kustoff, 1.1M online visitors/mo; Memphis, TN)

As the Chairman of the House Committee on Veterans Affairs and the Congressman representing West Tennessee veterans who seek care at the Memphis VA Medical Center, we are concerned and outraged by the recent abysmal failures at the Memphis facility.

We are encouraged to see swift action from the Department of Veterans Affairs (VA) to get the Memphis facility on track — and will continue to closely monitor progress — but these examples underscore the serious and urgent need to reform VA. As the representatives of Tennessee veterans, we have a duty to ensure they have timely access to quality health care, and it's a duty we take very seriously.

This is simple: the men and women who put on a uniform and fought for this country made a promise to serve; a promise to defend the United States against all enemies foreign and domestic. In return, this country made a promise to care for the men and women who have borne the battle and to provide for their families.

Over the past several years, we've seen numerous instances of VA failing veterans, and it's long past time Congress act in a bipartisan way to make things right. We've made some progress, but as ongoing congressional investigations and recent media reports show, there is still much work to do.

We're fortunate to have partners in the Trump administration. President Trump has repeatedly expressed his desire to reform VA, and VA Secretary Shulkin has worked to build trust with members of Congress on both sides of the aisle. Secretary Shulkin called both of us individually to hear our concerns about the Memphis VA facility and to discuss ways to improve care for West Tennessee veterans.

The secretary has always been honest about the challenges the department faces and what VA needs from Congress to be successful. That's why we championed and supported accountability legislation the administration explicitly asked for. The Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 was signed into law by President Trump on June 23 after passing the House and Senate with bipartisan support.

This law gives the secretary more authority to fire or discipline bad employees while protecting VA employees' due process rights. The vast majority of VA employees are good, hardworking

men and women who want to serve veterans honorably, but the bad actions of a few have tainted the reputations of many.

Still, as any employer will tell you, you cannot fire your way to success. That's why the accountability law includes provisions that provide VA with direct-hiring authority to fill medical center positions throughout the country. According to a VA Fact Sheet released in March 2015, "since June 2014, ninety one percent of [VA] medical facilities have new leaders or leadership teams…" That percentage is inclusive of both newly placed, permanent leaders and those who have been detailed to an acting director role.

How can we expect to change the direction of VA without steady leadership? After having numerous interim directors at the Memphis VA in 2016 alone, we applaud VA for hiring Memphis VA Medical Center Director David Dunning. We thank Director Dunning for his commitment to bringing much-needed stability to the Memphis facility.

Congress has also sent legislation to the president's desk, which was signed into law on Aug. 12, 2017, that will give the department the tools it needs to recruit, train and retain a high-quality workforce. These are two strong steps in the right direction. Another, and perhaps the most important step, is giving veterans options for care just like any other patient. If a patient receiving care in the private sector isn't happy with the quality of care, they can find another provider to meet their needs. Veterans should have that same option.

This fall, Congress will work to reauthorize the Choice Program, a program we realize needs improvements and reform. Providing veterans with options for care is another important part of making things right on behalf of our nation's veterans. Our priority will continue to be making good on the promise we made to veterans in Tennessee and across the nation. It's a promise worth keeping, and a promise that has been broken for far too long.

U.S. Rep. David Kustoff of Memphis represents the Eighth Congressional District. U.S. Rep. Phil Roe of Johnson City, Tenn., is chairman of the House Committee on Veterans Affairs.

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2.4 - WTVD (ABC-11, Video): Cary event brings veterans face-to-face with VA representatives (14 September, Julie Wilson, 880k online visitors/mo; Durham, NC)

CARY (WTVD) -- The American Legion and the Town of Cary are hosting a three-day event focused on answering questions for veterans.

The Veterans Experience Action Center will put veterans face-to-face with a representative from the U.S. Department of Veteran Affairs.

Meetings will allow for explanations, assistance facilitating, expediting existing claims and appeals, filing new claims, and accepting all claim related evidence.

The event runs from 9 a.m. to 4 p.m. Thursday and Friday. On Saturday, doors will be open from 9 a.m. to 3 p.m.

Veterans in attendance are asked to bring their DD214, all medical records about their disability both military and civilian, along with any dependency documentation.

The location for the event is Herbert Young Community Center in Cary, 101 Wilkinson Ave., Cary, NC, 27513.

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2.5 - La Crosse Tribune (Jackson County Chronicle): Jackson County hosts benefits fair for veterans (14 September, Jordan Simonson, 818k online visitors/mo; La Crosse, WI)

The Jackson County Veterans Service Office and Tomah VA Medical Center hosted a Homeless/At Risk Veterans Stand Down and Benefits Fair Thursday at the Black River Falls American Legion Post 200, providing information for veterans about many of the services available to them via federal, state and local programs.

“It is a two-fold event, it is a homeless or an at-risk stand down for veterans in the area that can come and get assets and services. It is also a benefits fair for any other veteran. They can come in and as you can see there are many different points of contact here, they can actually find out a lot of information,” Jackson County veterans service officer Randy Bjerke said.

This fair was aimed at getting more veterans in Jackson County connected with the many services that they qualify for, including the Tomah VA Medical Center.

“We could identify that the veteran population in all of our counties is higher than the population of veterans that are actually registered with the VA. That means that there’s a lot of veterans within our counties that just don’t know what their benefits are. They don’t know that they qualify for things. They may not know that we have a homeless program. They may not know that there are other programs that might help them both within the community and the VA,” Tomah VA Medical Center homeless outreach coordinator Amanda Steinhoff said.

The first-time event for Jackson County had more than 20 vendors including several local, state and federal programs.

“We have never had a veterans homeless stand down in Jackson County, so being the first of its kind we have a lot of resources here, a lot of community programs here, a lot of state and federal resources here to help veterans identify if they need any help,” Steinhoff said.

One of those local programs on hand was the local VFW Post 1959 that was helping serve a light meal during the event.

“Since we feel fervent about helping veterans, I shouldn’t say more so than anyone, just as much as anyone else, we want to do a couple of things. First, we want to facilitate this for all of the entities that are here. The American Red Cross, the VA, but we also want to assist with our own personal recruiting drive because there are not very many VFW members,” VFW Post 1959 chaplain Mario Garcia said.

Garcia spoke passionately about the many benefits of the VFW for its members, highlighting the importance of programs for veterans.

"It is that little brotherhood, or that cohesive mindset that we bring to other veterans that could be possibly stumbling a little bit, that could use a helping hand. So what the VFW does in their position, we have an emergency fund," Garcia said explaining that they recently used the fund to help a veteran replace his roof.

It is connecting even one veteran with programs like the Tomah VA Medical Center and the local VFW that made the event a success for Bjerke.

"Every time that we get a new veteran to come in and find out what is available to them, that is a benefit just in itself because we have one more educated veteran. I don't like it when they are in the woodwork, so to speak," Bjerke said. "No matter how many veterans you have, you always wish you had more show up. Because you want to be able to get that word out and be able to inform the veterans that need it."

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2.6 - KTVI (FOX-2, Video): Government workers hold union rally outside VA Medical Center on Grand (14 September, 663k online visitors/mo; Saint Louis, MO)

Workers at the John Cochran VA Medical Center will hold a rally Thursday, September 14 outside the hospital. Members of the American Federation of Government Workers want to raise awareness of what they call dangerously low staffing levels at facilities around the country.

The union claims the shortages are depriving veterans of the health care they deserve. They say it's also creating risks to patient safety and a hazardous work environment.

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2.7 - WNCN (CBS-17, Video): 3-day push will help NC veterans connect with benefits (14 September, Beairshelle Edme, 607k online visitors/mo; Raleigh, NC)

CARY, N.C. (WNCN) – A three-day event for veterans launched Thursday to help former military members access benefits, among other services.

But many veterans told CBS North Carolina's Beairshelle Edmé they're frustrated with all these processes, applications, and long waits.

61 years could separate some of the veterans who have served in the Korean War from those who were sent to the Iraq War. But as they formed a perimeter around the Cary Herbert Young Community Center, their mission was the same: access to veteran benefits.

"You start out at the VA. They put you in the system, then you meet with the veteran services officer to fill out the paperwork," explained Larry Kall, a Army veteran of Vietnam. "They say it's six to nine months to a year before you hear anything. I'm hoping this will escalate it."

The Veterans Experience Action Center, VEAC, brings in former military member from across the nation.

It's the third year for the event where agents help fill out applications for benefit claims and direct veterans to health services, including for mental illness.

Derwood Bobbitt is a Marine veteran, who like others, has doubts about the process.

"Yes, I volunteered to serve my country; however, I was perfectly fine then," Bobbitt said. "Now, all of a sudden I have an injury or mental illness or whatever the case may be. You know, 'Hey let's fix this problem. Instead of putting a Band-Aid on something that needs surgery, hey, let's do surgery."

The Department of Veteran Affairs, along with several other veteran organizations, sponsor the event.

Asked how to make veterans feel less frustrated and more valued, Megan Miller, an assistant veterans services manager at the Winston-Salem VBA answered: "Part of the way we're trying to make it better is by being here face-to-face, because I think a lot of the frustration results from confusion. Veterans don't understand the process to file a claim or they don't understand why their claim may not be entitled to service connection for example."

VA officials say regional and congressional offices as well as online resources are all available.

They hope the three-day event starts or continues the process to honoring their service.

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2.8 - Post-Tribune: Column: Vietnam documentary should take a balanced look (14 September, Tom Bellino, 261k online visitors/mo; Crown Point, IN)

The PBS special series, "The Vietnam War," by Ken Burns and Lynn Novick, which begins Sunday, no doubt will evoke emotions for both the veterans of that war as well as the observers, resisters and opponents of it. Various Veterans Affairs facilities are offering a Monday morning debriefing after the first episode of the series, because "it may bring up stressful memories for combat veterans."

Clearly the Vietnam experience is so unique that extraordinary responses are expected to the impact of this series, as it was to the actual war.

Vietnam, the time and place, was in fact extraordinary, and was and still is difficult to describe. Former United States Senator and Secretary of the Navy James Webb, who also was a highly decorated combat Marine in Vietnam, summed it up on a CBS Sunday Morning show in 2014: "If you were there, I don't need to explain. If you weren't, I can't explain."

I would suspect that most veterans of Vietnam would echo that statement. It has become became a common mantra of many veterans of that war. Many thought (and still think) the greatest problem many of the returning Vietnam veterans was that if in fact your body came back, so did your mind.

Some veterans are discussing whether they will watch the series. Some say that since it no doubt was developed by what they perceive as a left-leaning type, it merely will rehash the anti-war sentiment of the era, and they simply do not want to hear that again. Some of the more hardened veterans go on to say this will no doubt portray the enemy as the good guy and the American soldier as the bad guy, resurrecting the way they were treated upon the return home following their tours of duty in Southeast Asia.

The stories of being spat upon at airports, with chants of "Baby Killer," and "Hey Hey, Ho Ho, how many kids did you kill today?" are ubiquitous in the Vietnam veteran community.

Even if half of these stories are embellished memories, then the other half are tragic, and perhaps even more tragic because they were heaped on young men, often 17 to 27 years old. They answered the call of their country and were sent to a foreign land to fight a war that was not a declared war, one not supported by most of their peers, and even most of their government.

Other warriors are referred to as "The Greatest Generation," as is the case of the World War II veterans, and "American Heroes" in the case of the Iraq and Afghanistan veterans. These accolades are right and just.

No such positive descriptors, however, have been applied to the Vietnam veteran. Perhaps the relatively recent greeting of "Welcome Home" is America's newfound acknowledgment of the veteran from 1965 to 1975, the war of which the writer Myra MacPherson described in 1984, "Above all, Vietnam was a war that asked everything of a few and nothing of most of America."

Michael Herr, who helped write the screenplay for "Full Metal Jacket" and "Apocalypse Now," wrote, "All the wrong people remember Vietnam. I think all the people who remember it should forget it, and all the people who forget it should remember it."

There is no doubt that all war is hell, but without the support of the people who send you into that war however, it is an even greater hell.

Hopefully, Ken Burns and Lynn Novick in their series, treat the Vietnam veteran with the honor deserved, and that the warrior of that war, albeit not declared, can in some way put away some of the demons that often come at night. Let's hope so.

Dr. Tom Bellino is the author of Bac Si: A Novel, a saga of the Vietnam War. He was a Navy psychologist during the Vietnam War.

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2.9 - WUSF Public Media (Audio): VA Prepares for PBS Vietnam Documentary; It May Trigger Some Vets' PTSD (15 September, Steve Walsh, 197k online visitors/mo; Tampa, FL)

The ten-part documentary by filmmakers Ken Burns and Lynn Novick is at times graphic, and people who work with veterans say it may trigger traumatic memories for those who fought in Vietnam.

For two weeks, PBS stations will relive one of the most devisive eras in American history.

"The Vietnam War" documentary - produced by Ken Burns and Lynn Novick - is being billed as a rare cultural milestone. The filmmakers have been planning the series since 2006, meaning their production process was about as long as America's involvement in the war.

The series is designed to be intense. Each episode if preceded by a warning about strong language and graphic violence.

But people who work with veterans say the documentary may be too intense for some of those who fought in Vietnam.

"Some are going to watch it. Few will," said Henry Peterson, a chaplain at the Department of Veterans Affairs in San Diego. He counsels people with PTSD.

"It could bring up some memories they that don't want to deal with," Patterson said. "It could bring up some memories they may need to deal with."

Tina Mayes, a VA staff psychologist, said almost anything can trigger the vivid and aggressive thoughts associated with PTSD. A door slam. Smell of diesel.

"It can be something someone says. The way they say it," Mayes said.

News, movies, and documentaries are among the most common triggers.

"I would say the majority of veterans that I work with, when their symptoms are high, they're actively avoiding any media," Mayes said.

While PTSD is an issue among veterans of all eras, as well as certain populations of non-veterans, Mayes said people who served in Vietnam are particularly vulnerable.

"Honestly we don't know why, but some of the research suggests that it was because of the way they were received when they came back," she said.

In the 1970s, the VA was often unwelcoming. Society in general appeared, at best, uninterested in the plight of returning vets, and in some places was openly hostile.

Decades later, some vets still live with the symptoms of untreated PTSD, like the aggression that feels like it comes out of nowhere.

"It affects everyone," said Vietnam combat veteran Larry Taylor. "I would say my own wife experienced PTSD just from her relationship with me and the war I fought in."

Before he was treated, Taylor coped by avoiding his triggers. He didn't see Apocalypse Now, The Deer Hunter, or other popular moves about Vietnam. But when the first Gulf War broke out in 1990, he couldn't avoid the constant media coverage.

"Basically after the Gulf War, my PTSD kicked in," Taylor said. "I would wake up screaming. My wife would wonder what's going on. I was having nightmares all the time, during the daytime."

Still, Taylor wouldn't seek treatment for another decade. He's now the lead mental health chaplain at the VA in San Diego. He plans to watch the 18 hour long PBS documentary.

"I think today I know the difference between a bad memory and reliving a situation," Taylor said. "Fortunately I'm not reliving things the way I once did."

His guidance for vets is: Don't feel obligated to watch. If you do watch, find a loved one to watch with you. Taylor is enlisting his wife of 46 years.

In the past, the VA provided outreach around movies like Saving Private Ryan for vets who were triggered by what they saw. But the agency said it didn't experience a major increase in calls.

This time, the VA is partnering with PBS, preparing to provide counseling to any vets who feel it's time to start working through their own experience with the war.

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2.10 - Tribune-Democrat: UPJ summit seeks ways to help veterans (15 September, Dave Sutor, 155k online visitors/mo; Johnstown, PA)

Issues that afflict active military personnel and veterans, including thoughts of suicide, physical pain and moral injury, also impact the general population, albeit in different ways.

So, when advancements are made to help men and women who serve the United States deal with those challenges, the nation benefits.

That lesson was understood well by U.S. Rep. John Murtha, whose work helping military personnel and their families deal with traumatic brain injury and breast cancer ended up positively impacting Johnstown, Pennsylvania and the entire country.

Carrying on his mission was part of the reason for holding the James E. Van Zandt VAMC Health and Wellness Community Summit on Thursday at the University of Pittsburgh at Johnstown’s John P. Murtha Center for Public Service and National Competitiveness.

“He made taking care of veterans a benefit to the whole community,” state Rep. Bryan Barbin said. “What we learned in taking care of veterans was also a benefit to the population as a whole. And that should continue.”

The summit was the first symposium-type event hosted by the newly opened center.

“I can’t think of any organization that’s more appropriate for this center than one dealing with veterans and their problems and concerns because, as all of you know, that, for Jack, was our No. 1 program and problem that he worked on,” said Joyce Murtha, the late congressman’s widow. “And he just felt like that veterans didn’t always get all they deserved.”

UPJ President Jem Spectar explained how the gathering brought together representatives from different fields to share ideas, which was a way Murtha worked when trying to find solutions to difficult issues.

“One of the most important things this center can do is to bring people from different sectors,” Spectar said. “We have here representatives from the medical community, from the military community, leaders, community service agencies, volunteers to talk about issues of concern to our community and to bring insights, new ideas, the latest research to try to find solutions to the pressing and vexing issues that affect our community.”

The summit included a presentation about suicide among military personnel and veterans.

Russell L. Crupe, Sr., whose son committed suicide after serving in Iraq, discussed the need to eliminate the “stigma” that exists surrounding mental issues that can lead to suicide.

“It’s a story I’m trying to tell,” Crupe said. “Maybe I can save a veteran’s life.”

Ronald Poropatich, executive director for the University of Pittsburgh Center for Military Medicine Research, discussed advancements that are being made in eye transplants, regenerative medicine, and other areas. He went into detail about work being done to better map nerves in the human brain.

“It’s high-definition fiber tracking,” Poropatich said. “It’s neuroimaging, imaging of the brain. It’s taking a MRI of the brain and developing a stronger way to interpret the signals from the MRI machine in such a way that we can see the actual nerve fiber, where we don’t see that now.”

The research is supported by the Department of Defense.

“Military funding that we’re receiving to do research for military-specific medical problems has a direct translation to the civilian sector,” Poropatich said.

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2.11 - New Hampshire Public Radio: Makeup of N.H. VA Task Force Announced, Some Whistleblowers Say They Were Shut Out of Process (14 September, Peter Biello, 148k online visitors/mo; Concord, NH)

The Department of Veterans Affairs has released a list of the twelve people who will serve on a task force looking at the future of health care for New Hampshire veterans.

Since July, a dozen whistleblowers have come forward with allegations of substandard care at the Manchester VA. One of those whistleblowers, cardiologist Erik Funk, will serve on the task force.

The list also includes four people who are not VA employees and five who are not New Hampshire residents.

Ed Kois, a VA doctor and leader of the whistleblowers, said that's a problem.

"We have people deciding the fate of the Manchester VA who don't have any skin in New Hampshire," Kois said.

VA Secretary David Shulkin ordered the creation of this task force in a visit to New Hampshire last month.

One of the more outspoken whistleblowers, Stewart Levenson, was turned away when he offered to join. Levenson worked at the Manchester VA for nearly two decades before leaving the VA earlier this summer.

Dr. Michael Mayo-Smith, network director for the New England VA system and co-chair of the task force, said at the time in an email obtained by NHPR that Levenson could not join the task force because "government work needs to be done by government employees - others are not bound by the same ethical and regulatory guidance."

He went on to say that "the Task Force will be VA staff."

Mayo-Smith was unavailable to comment Thursday.

Dave Kenney is co-chair of the committee, and chair of the New Hampshire State Veterans Advisory Committee. He is also not a VA employee. Kenney says through his work on this task force, he will be looking for ways to bring "full-service" healthcare to New Hampshire veterans.

"Full-service" means a broader range of treatment options for New Hampshire veterans, including in-patient care. Kenney says that's what most veterans want.

"They want full service, however that manifests itself," Kenney said. "Whether it's a combination of VAMC [VA Medical Center] and Choice [The Veterans Choice Program], which I believe is the way it will be."

New Hampshire is one of three states in the country without a full-service VA Medical Center, along with Alaska and Hawaii.

The task force's next meeting is scheduled for September 25th, with recommendations due by January 2018.

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2.12 - Hudson Valley News Network: Maloney, Local Officials Slam VA Decision to Cut Funding (14 September, Kathy Welsh, 54k online visitors/mo; Hyde Park, NY)

NEWBURGH – Representative Sean Patrick Maloney (NY-18) and local officials condemned a decision by the Department of Veterans Affairs to deny an anticipated annual federal investment of over $500,000 to Hudson River Housing.

If no action is taken, funding will run out and the program will be terminated after Sept. 30.

“Hudson River Housing has been an absolute lifeline for hundreds of men and women who wore our country’s uniform and needed some help when they got home. This heartless decision would leave them out in the cold,” said Rep. Maloney. “This breaks our sacred promise to our veterans and turns our back on them when they need us most.”

"Veterans should have every expectation we will continue to support them and will not give up on them," said Dutchess County Executive Marcus J. Molinaro. "These brave men and women put their lives at risk to ensure our safety and the security of our nation. Though Supportive Services for Veteran Families (SSVF) and our partnership with Hudson River Housing has led to a dramatic decrease in homelessness among veterans, the issue remains. We do not want to see even one veteran struggling to find safe shelter and secure housing. With little notice the Department of Veterans Affairs' decision to deny another year of SSVF support in our community is shortsighted and illogical. We are grateful to Congressmen John Faso and Sean Maloney and Senator Chuck Schumer for speaking up for Dutchess County's and America's veterans. We cannot allow any veteran to be left out in the cold, to struggle on their own. Dutchess County stands with our veterans and will keep fighting for every one of them."

"Since 2012, Hudson River Housing has been able to assist over 500 families who would have otherwise been homeless without this funding," said New York State Senator Sue Serino. "This harmful decision to eliminate this grant, which has effectively reached so many veterans in need, illustrates either a lack of understanding of the critical need it fills or a callous disregard for our veterans. I implore the Division of Veterans Affairs to reconsider and provide this critical funding to ensure that our homeless veterans and their families are not abandoned by the nation they have courageously served."

"On behalf of the homeless Veteran families that Hudson River Housing proudly serves, we are devastated by the news of the defunding of our Support Services for Veteran Families (SSVF) grant," said Hudson River Housing Executive Director Christa Hines. "The possible closure of the SSVF program will cause an immediate and serious impact on the at-risk and homeless Veteran community that we serve and potentially reverse all of the progress that Hudson River Housing and our partners have made to address Veteran homelessness in Dutchess County. The manner in which we received notification that funding we have relied upon since 2012 would be completely eliminated in 2 weeks just furthers our disappointment and magnifies the impact this will have on the Veterans we serve. We appreciate the willingness of our Congressional representatives, John Faso and Sean Patrick Maloney, our Senator Charles Schumer and State Senator Sue Serino as well as Dutchess County Executive Marcus Molinaro who joined with us in questioning why this funding was cut and their advocacy on our behalf with the Administration."

Hudson River Housing will apply for an emergency one month extension to allow the organization to finish its existing cases. Local leaders are working together to appeal the decision or secure an extension. Rep. Maloney sent a letter directly to the President, asking him to intervene on behalf of local veterans. Dutchess County Executive Molinaro wrote an additional letter to the VA.

Hudson River Housing in the City of Poughkeepsie has received an investment of $511,000 every year for the past five years from the Supportive Services for Veteran Families (SSVF) program. The investment has allowed the organization to employ five full-time staff who provide wraparound services to homeless veterans. Two staff members are veterans themselves. Since starting the program in 2012, HRH has helped over 450 homeless or at-risk veteran families and are currently providing services to thirty veterans. The U.S. Interagency Council on Homelessness recently confirmed that Dutchess County had effectively ended homelessness among veterans. However, this status is reliant on local organizations which have the capacity to assist individual veterans who are at-risk or have recently become homeless.

Since taking office in 2013, Rep. Maloney has worked to secure nearly $2 million to assist homeless veterans in the Hudson Valley. In July, he introduced the Housing Our Heroes Act, which would create a three-year $25 million pilot program within the VA to provide grants to VSOs and other non-governmental organizations to acquire and update blighted properties for the purpose of housing homeless veterans.

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2.13 - DS News: Ginnie Mae Responds to Senator Warren on VA Lenders (14 September, Brianna Gilpin, 54k online visitors/mo; Dallas, TX)

Thursday, in a letter to Senator Elizabeth Warren (D-MA), Ginnie Mae explained how it is curbing VA refinance speeds and aggressive marketing by some VA approved lenders.

The letter was in response to Sen. Warren, who initially addressed the aggressive practices in a letter to Ginnie Mae on September 6, 2017. Warren warned that the marketing practices are negatively impacting Ginnie Mae securities without necessarily benefiting veteran borrowers.

After researching the unusually fast prepayment speeds Ginnie Mae was noticing in its securities, as well as conducting conversations with its partners at the VA, with Ginnie Mae issuers, and the investor community, in 2016 Ginnie Mae decided to change a few program standards.

“The APM put in place a limitation on the delivery of so-called “streamline refinance” loans into standard Ginnie mortgage-backed-securities until six consecutive monthly payments were made on the initial mortgage loans,” Michael Bright, President and CEO of Ginnie Mae said in the letter.

According to Bright, this means that an originator cannot do a quick refinance of a loan and deliver it into a standard Ginnie Mae security until the borrower has made six months of payments. This restriction went into effect in February of this year, but after a successful six months, Ginnie Mae noticed more streamlined refinancing appearing in their pools. Some VA loan issuers are now using other “evasive mechanisms.”

“Ginnie Mae’s efforts, along with its partners in government, industry, Congress, and other stakeholders, seek to fully root out these questionable lending practices that harm veterans and harm the Ginnie Mae security, which also notably means harm to FHA and other government backed loan program borrowers,” Bright said.

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2.14 - Reveal: White House seeks to legalize payoffs to VA officials by for-profit schools (14 September, Aaron Glantz, 39k online visitors/mo; Emeryville, CA)

The Trump administration is seeking to waive a 50-year-old anti-corruption law that prevents officials who administer the GI Bill from accepting money from for-profit schools backed by taxpayer subsidies.

The proposed regulation, published Thursday in the Federal Register, would allow employees of the Department of Veterans Affairs to receive “wages, salary, dividends, profits, gratuities” and services from for-profit schools that receive GI Bill funds.

VA employees would also be allowed to own stock in those colleges, the waiver says, as “the Secretary (of Veterans Affairs) has determined that no detriment will result to the United States, veterans or eligible persons from such activities.”

News of the proposed rule blindsided veterans’ advocates who have battled for years against predatory colleges, many of which have used aggressive marketing techniques to become leading recipients of GI Bill money.

“Bizarre and very likely illegal,” said Carrie Wofford, president of Veterans Education Success, a nonprofit group that has bailed out veterans who found themselves unemployed and deep in debt after attending for-profit schools.

“There are federal laws – including federal criminal laws – that prohibit federal employees from engaging in this exact behavior,” she said.

At VA headquarters in Washington, press secretary Curt Cashour said the agency remained “committed to protecting veterans from predatory behavior from for-profit educational institutions.”

But he said the Vietnam-era law that prohibited employees from receiving payments from for-profit schools was so sweeping that it could have “illogical and unintended consequences.” He cited supplementary materials attached to the regulation that said current law could cover VA lab technicians who take a class, on their own time and using their own money, at a for-profit educational institution that is also attended by veterans using the GI Bill.

The rule change sought by the Trump administration is far more sweeping, however. It would create a situation where VA officials, who are charged with ensuring GI Bill funds are well spent, could accept payments from colleges that are facing civil suits or probes from law enforcement.

Under this rule change, VA employees could even own or run a for-profit college that profits from the GI Bill.

It’s the latest example of the Trump administration apparently embracing conflicts of interest when it comes to for-profit colleges.

Earlier this week, the VA angered many consumer advocates by allowing for-profit Ashford University to continue receiving GI Bill money even after regulators in California and Iowa revoked its certification from the program. The online college had responded to the crackdown by moving its official address from Iowa to Arizona. On Wednesday, the VA sent Ashford a letter saying it would be able to continue to accept taxpayer money to educate veterans, using the Arizona address.

On Aug. 31, the Trump administration announced it had picked Julian Schmoke Jr., a former official at for-profit DeVry University, to head an Education Department unit that polices colleges for student aid fraud. Last year, DeVry paid $100 million to settle federal claims it misled students.

And, shortly after last November's election, Donald Trump agreed to pay $25 million to settle multiple lawsuits claiming fraud at Trump University, his own now-defunct for-profit real estate school. The school, which lacked any academic accreditation, did not receive GI Bill funds.

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2.15 - WBOY (NBC-12, Video): VA Hospital Hosts Town Hall to Hear Concerns from Veterans (14 September, Elayna Conard, 21k online visitors/mo; Clarksburg, WV)

The VA Hospital held a town hall to hear the concerns of veterans Thursday afternoon.

The VA holds these town halls every few months as a way to keep open communication with veterans. The director of the hospital, Dr. Glenn Snider, said that he was glad to hear compliments from veterans about their recent services.

Dr. Snider said that most questions from veterans tend to be about benefits and the best people to contact so at every town hall are representatives to directly talk to veterans.

Many veterans had concerns and questions about food service and accommodating religious preferences like kosher.

"We not only provide food for our in-patients, we also provide food for some of our out-patients and we are the food preparer for the state veterans home next door. Our space is constrained and that is one of the reasons we can't expand as quickly the food services as we would like to," said Dr. Snider, director.

Dr. Snider went on to add that food service staff and nutritionists work to accommodate both religious and dietary needs for every veteran.

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2.16 - Bloomberg Politics: U.S. Probes High-Pressure Mortgage Sales Targeting Veterans (14 September, Joe Light, 18k online visitors/mo; New York, NY)

The U.S. is investigating lenders for allegedly pressuring veterans and members of the military into unneeded mortgage refinances -- unsavory conduct that not only leads to higher consumer costs but has consequences for one of the world's largest bond markets.

The probe is being conducted by Ginnie Mae, a government-owned corporation whose purpose is to make mortgages more affordable. It does so by guaranteeing repayment on $2 trillion of mortgage bonds even if borrowers default on the underlying loans. Ginnie-backed securities support several federal housing initiatives, including programs in which loans are made through the Department of Veterans Affairs.

The concern is that some lenders are improperly pushing veterans and servicemembers to refinance loans that have been wrapped into Ginnie securities. Lenders are hounding

consumers to refinance loans over and over again in a short period of time, according to Ginnie Acting President Michael Bright. The practice, known as churning, generates high fees for lenders but can leave servicemembers with larger loan balances.

The issue is starting to resonate on Capitol Hill, where it has drawn the attention of Senator Elizabeth Warren, one of the finance industry's most relentless critics. Last week, the Massachusetts Democrat sent Bright a letter, asking whether some lenders were abusing Ginnie's program by engaging in aggressive marketing tactics.

Task Force

In a response to Warren dated Thursday, Bright said Ginnie and Veterans Affairs had created a task force to address churning and other abusive practices by lenders approved to issue Ginnie-backed bonds. The agencies could impose restrictions on refinances and ban lenders from their programs. Bright's letter didn't identify any specific companies engaging in churning.

"There are clearly some Ginnie Mae-approved issuer companies who appear to be taking advantage of the VA program to aggressively market and churn loans in our securities," Bright wrote to Warren in his letter, which Ginnie provided to Bloomberg News.

When banks make loans through Veterans Affairs they offer terms that aren't available to most borrowers. These include no requirement for a down payment and adding closing costs to loan balances so borrowers don't have to pay them at the time of the sale.

But the loans are also prime targets for churning, Bright said in an interview. Unlike financing provided through other government programs, lenders issuing loans through Veterans Affairs don't have a strong obligation to ensure that borrowers experience a real benefit when they refinance. Some lenders are persuading servicemembers to refinance loans at rates that barely reduce their mortgage payment, while misleading them about potential consequences, Bright said.

"I am glad that Ginnie Mae and the VA have created the Lender Abuse Task Force and have committed to working with me to crack down on lenders who are exploiting veterans in order to line their own pockets," Warren said in a statement Thursday. "These abusive practices are wrong, and lenders who engage in them shouldn't benefit from any taxpayer backing."

'Predatory Lending'

Ted Tozer, who helmed Ginnie under President Barack Obama's administration, said that his agency found some lenders who called veterans and offered a refinance that would allow them to draw cash out of their homes and pay off other debts such as credit-card balances. However the rate given could be a half percentage point above the current market price. Then several months later, the lender or a competitor would call the veteran back and offer another refinance at the market rate, earning another round of fees for the refinance.

"It's starting to smell like predatory lending," said Tozer, comparing the recent practices to those used by subprime lenders before the last housing bust.

In a report released last November, the Consumer Financial Protection Bureau said it had received 1,800 complaints from servicemembers, veterans or their families about mortgage refinances. In one such complaint, a veteran continued to get calls from their mortgage

company, even though they had told the lender multiple times that they had recently refinanced their mortgage.

Bonds Slump

Serial refinances have become enough of a problem that they are driving down prices of Ginnie bonds, JPMorgan Chase & Co. analysts said in a research report issued last week.

When investors buy Ginnie securities, they make assumptions about how quickly borrowers will refinance. If refinances happen more quickly than expected, investors risk losing their expected bond yield and income stream. Such factors make Ginnie bonds less attractive, and when demand wanes, prices fall.

That's what seems to be happening, and it doesn't just affect Veterans Affairs mortgages, the JPMorgan analysts wrote. Veterans Affairs mortgages are wrapped into the same Ginnie-securities as mortgages backed by the Federal Housing Administration, which are popular among first-time home buyers. Falling securities prices lead to higher interest rates for mortgage borrowers.

Ginnie has tried to slow down the refinancing rush in the past year, putting a six-month moratorium between between new mortgages and a refinance.

However, there were enough exceptions to the moratorium that serial refinances didn't stop, and once the six-month mark passed, Bright said Ginnie saw a new blitz of lenders preying on servicemembers. In the letter to Warren, Bright said that some lenders apparently targeted veterans for a refinance at "six months and one day."

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2.17 - KUPR (NPR-89.3): Landmark Vietnam War Series May Trigger Unwanted Memories For Some Vets (14 September, Steve Walsh, 17k online visitors/mo; Fresno, CA)

Starting Sunday, PBS stations around the country begin airing a 10-part series on the Vietnam War produced by Ken Burns and Lynn Novick. Many veterans will be watching. Others say they definitely will not watch because they want to avoid the traumatic memories that could be triggered.

"The Vietnam War" is being billed as a rare cultural milestone, at least for veterans of the war. The filmmakers have been planning the documentary series since 2006 -- meaning their production process has been about as long as the war itself, from the Gulf of Tonkin Resolution in 1964 to the Fall of Saigon in 1975.

The series may be too intense for some Vietnam vets, according to Henry Peterson, a chaplain with the Veterans Affairs hospital in San Diego. He counsels veterans with post traumatic stress disorder,PTSD, and he surveyed some of them to find out who will be watching. He said many of his clients will not.

"It could bring up some memories that they don't want to deal with," Peterson said. "It could bring up some memories they may need to deal with."

Almost anything can trigger the vivid and aggressive thoughts associated with PTSD. It might be a door slam or the smell of diesel, according to Tina Mayes, a staff psychologist at VA San Diego Healthcare.

Most common triggers

"It can be something someone says. The way they say it," she said.

News, films and documentaries are among the most common triggers.

"I would say the majority of veterans that I work with when their symptoms are high, they're actively avoiding any media," she said.

Vietnam vets are particularly vulnerable. Most of them were not treated early. The PTSD treatment evolved after this group of vets had returned from the war. In the 1970s, the VA was often unwelcoming. Society in general appeared, at best, uninterested in the plight of returning vets. Older Vietnam vets, in particular, have among the highest rate of suicide.

"Honestly, we don't know why, but some of the research suggests that it was because of the way they were received when they came back," Mayes said.

'It affects everyone'

This group of vets can end up living for decades with the symptoms of untreated PTSD, including feelings of aggression that seem to emerge from nowhere, said Larry Taylor, a combat veteran of Vietnam.

"It affects everyone," Taylor said. "I would say my own wife experienced PTSD just from her relationship with me and the war I fought in."

Before Taylor was treated, he coped by avoiding his triggers. He did not watch movies like "Apocalypse Now" or "The Deer Hunter," but he ran into trouble when news coverage of the original Gulf War blanketed TV. As the war raged, so did Taylor's symptoms.

"Basically, after the Gulf War, my PTSD kicked in," Taylor said. "I would wake up screaming. My wife would wonder what's going on. I was having nightmares all the time, during the daytime."

Find a loved one to watch it with you

Still, Taylor did not seek treatment for another decade. He is now the lead mental health chaplain at VA San Diego. He plans to watch the 18-hour-long documentary.

"I think today I know the difference between a bad memory and reliving a situation," he said. "Fortunately, I'm not reliving things the way I once did."

Taylor is counseling other Vietnam veterans that they should not feel obligated to watch the documentary. If they do watch, he advises them to find a loved one to watch it with you. Taylor is enlisting his wife of 46 years.

In the past, the VA has provided outreach around movies like "Saving Private Ryan" for vets who may be triggered by what they are seeing. This time the VA is partnering with PBS, preparing to provide counseling to any vets who feel it is time to start working through their own experience with the war.

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2.18 - Law Firm Newswire: VA Fires Head of DC Facility Amid Confidentiality Breach, Leadership Concerns Says Veterans Attorney Jim Fausone (14 September, 900 online visitors/day; Tampa, FL)

Northville, MI (Law Firm Newswire) September 14, 2017 - The Department of Veterans Affairs (VA) fired the longtime director of its main veterans medical center in Washington, D.C.

Brian Hawkins was dismissed due to growing concerns about his leadership of the VA facility. The VA released a statement saying “he failed to provide effective leadership.” Hawkins was reassigned to a different post within the agency in April pending further review. Retired Army Col. Lawrence Connell has served as the hospital’s acting director since then.

“The disciplinary action taken against Brian Hawkins reiterates the fact that the VA is now more committed to enhancing accountability in the department,” commented Jim Fausone, a Michigan veterans attorney. “Both VA employees and leaders should face the appropriate consequences if they put veterans at the risk of harm and are not aligned with the VA’s mission.”

Hawkins’ departure followed several months of investigations by the VA Office of Inspector General. Audits found evidence of mismanagement at the facility. The hospital’s patients were endangered by poor inventory practices and organizational dysfunction.

The VA Inspector General Michael J. Missal released the findings of an internal probe in April. His report documented “the highest levels of chaos” at the Washington, D.C. medical center, including large-scale medical supply shortages and unsanitary conditions in equipment storage areas.

The VA had an even bigger cause for concern when its internal watchdog made public another report in June. It revealed that Hawkins had emailed “sensitive” information about administrative decisions and VA staff to his wife’s personal account. She is not a VA employee. According to the report, the emails were a breach of the department’s rules on data confidentiality.

Hawkins was fired after the inspector general’s office recommended new disciplinary action be taken against him. Missal was unable to prove separate accusations of Hawkins trying to obstruct an investigation into staff bonuses that he authorized “without proper justification.” The report, however, said his employees delayed providing certain documents related to the probe.

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3. Access to Healthcare

3.1 - ABC News (AP): The Latest: Hurricane cleanup crew finds body near hotel (14 September, 24.1M online visitors/mo; New York, NY)

The Latest on Hurricane Irma (all times local):

[…]

2:50 p.m.

Federal officials say that nursing homes normally reserved for veterans will be opened up to non-veteran nursing home residents if space is available, in the aftermath of Hurricane Irma.

U.S. Sen. Bill Nelson announced Thursday that the U.S. Department of Veterans Affairs had agreed to open its nursing homes following eight deaths at Florida nursing home. Florida has seven nursing homes throughout the state that are available to residents who were veterans.

Multiple nursing homes and assisted living centers in Florida have evacuated their residents after losing electric power.

U.S. Secretary of Veterans Affairs David Shulkin said in a statement that available beds will be offered to non-veterans, although the agency would continue to focus on its primary mission of assisting veterans.

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3.2 - The Huffington Post: VA Broken Promise Harms Veteran and Costs Jobs (14 September, Hal Donahue, 22.9M online visitors/mo; New York, NY)

Trusting the Department of Veterans Affairs and not seeking outside assistance can hurt veterans.

Meet Joe Stahurski. Experts like Joe made aviators like me miserable. Red Flag, the huge international aerial combat training exercises held by the Air Force, is deadly serious business. One of Joe's jobs was to ready aircrews for war. Just as Red Flag training became intense, radars maintained by Joe would come on line posing the latest enemy anti-aircraft threats. Our detection and threat systems were tones and lights. The threats Joe helped simulate lit up what we called 'oh sh*t' lights. Dire warnings at the best of times.

We cannot thank these people enough. Joe, and people like him, help US military aviators and aircrew of allied nations survive their first critical hours and days of combat. Mr. Stahurski is a disabled Army veteran who continues to serve. Following six years of military service, Joe's critical skills were put to use working for a military contractor both in Florida and then for 15 years at Tobyhanna Army Depot where his duties went far beyond Red Flag.

> *"Tobyhanna Army Depot is a recognized leader in providing World-Class Logistics Support for Command, Control, Communications, Computers, Intelligence, Surveillance and Reconnaissance (C4ISR) Systems across the Department of Defense…"*

As this century's wars began to wind down, Mr. Stahurski expected that his job as a defense contractor would come to an end. Joe saved for that eventuality and when laid off last year, he sought help starting a disabled veteran owned business. A technical expert, Joe possessed little knowledge concerning how to actually start a business. He visited his local VA Veterans Rehabilitation Counselor and received a wealth of information and assistance to create a Service-Disabled Veteran-Owned Small Business(SDVOSB).

Mr. Stahurski was referred to the University of Scranton Small Business Development Center where he met Nicholas DeAntonio from the Defense Transition Partnership, a program designed specifically to help people just like Mr. Stahurski. Mr. DeAntonio provided expert guidance concerning the myriad requirements, applications and planning necessary to become a disabled veteran owned business. Everyone Joe contacted was eager to assist him from former fellow workers to potential clients eager to use his services.

Under the expert tutelage of Mr. DeAntonio, Joe spent countless hours developing business plans, sourcing equipment and identifying labor sources. By August, 2016, Mr. Stahurski was the proud owner of a fully certified Disabled Veteran Business, STS Delta Aerospace Corporation , and he was fielding calls from potential clients wanting his services. There was one snag. Joe was still waiting for his equipment. Stahurski had identified the equipment required and submitted the order to the VA for his promised equipment valued at approximately $16,000.

Mr. Stahurski patiently waited, accepting delays while losing potential business on a steady basis. The promised equipment never arrived and by November, the VA was no longer returning his calls. Finally, in 2017, Joe received word that he could not be approved to receive his equipment until he completed additional paperwork. Seeking advice from local official and unofficial veteran resources, Mr. Stahurski appealed to Congressman Matt Cartwright, his local congressman, who summed up the Mr. Stahurski situation precisely:

> *"…Mr. Stahurski was approved for the program in August 2016 after presenting a well-developed 3-year business plan. However, after a February 2017 change in regulations, a 5-year business plan became a requirement. As a result of this change, Mr. Stahurski was unable to move forward with his business despite being previously approved under the program. Mr. Stahurski has not benefitted from the program as promised and has suffered significant financial harm. I firmly believe this is an egregious oversight on the part of the VA as Mr. Stahurski was previously approved prior to the rule change adopted earlier this year."*

When asked what occurred, Mr. DeAntonio praised all the local people involved especially Mr. Stahurski but then said; "The VA moved the goal post". The VA agrees in a July letter to Congressman Cartwright:

> *"…The veteran's case at this time is still pending Self-Employment approval, because in 2017 VR&E guidelines have been updated for any case pending which has caused the Veterans' case to require new updated information for a business plan to be approved."*

If taken to nearly any financial institution when complete, Mr. Stahurski's business plan would almost certainly have won a solid loan under favorable terms. Joe Stahurski met every requirement and was eagerly awaiting delivery of his equipment to begin hiring employees. Concern only developed when the VA stopped responding to his telephone calls toward the end

of 2016. If Mr. Stahurski made any mistake, it was trusting the VA and delaying to seek outside assistance. He is now receiving assistance.

Congressman Cartwright requested a meeting with VA officials in Washington to further discuss the program and Mr. Stahurski's situation. Following a request from Mr. Stahurski, Senator Robert Casey is now aggressively pursuing his complaint. While local veteran advocates have connected Mr. Stahurski to other disabled veteran businesses who may be able to assist him.

Mr. Stahurski wants to protect fellow veterans:

> *"No other veteran should have to go through what I have. Be aware of the challenges dealing with the VA and seek help when difficulties cannot be resolved. Your members of Congress are there for you; use them."*

Mr. Stahurski deserves both to be made whole and to receive our thanks for speaking out.

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3.3 - Palm Beach Post: VA offers beds to Florida nursing home residents affected by Irma
(14 September, Joe Capozzi, 3.8M online visitors/mo; West Palm Beach, FL)

The U.S. Department of Veterans Affairs is making beds available to non-veteran nursing home residents affected by Hurricane Irma.

U.S. Secretary of Veterans Affairs David Shulkin announced the plan after talking with Gov. Rick Scott and Sen. Bill Nelson late Wednesday. Those discussions took place after eight residents of a Florida nursing home died from what appears to be heat exposure likely caused by a power outage at their facility in Hollywood.

"We thank Governor Scott and Senator Nelson for involving VA and are grateful we can help our fellow citizens where we can in this time of need," Shulkin said.

VA can make its facilities available to non-veterans as part of its mission to support national, state and local emergency management, public health, safety and homeland security efforts.

Shulkin agreed to make more beds available to non-veteran nursing home residents as needed and free.

The VA also is working with the U.S. Department of Health and Human Services and the Federal Emergency Management Agency on the overall response to Irma.

"We will continue to look for ways to relieve the hardship this powerful storm has caused," Shulkin said. "Much of the heavy-lifting to recover from the hurricane is still to come and our leaders and staff are determined to find as many ways as we can for VA to help in the response."

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3.4 - WJW (FOX-8, Video): Presidential Opioid Commission praises, learns from Cleveland VA (14 September, Bill Sheil, 665k online visitors/mo; Cleveland, OH)

Gov, Chris Christie of New Jersey, head of a Presidential Commission on opioids, summed it up well when addressing doctors and patients gathered at the Louis Stokes VA Center in Cleveland.

"We didn't come here by accident," he said.

Christie, and several prominent national figures, toured the VA Center on Thursday to learn more about a remarkable contradiction.

Even though the state of Ohio has the highest addiction rate in the nation, the Stokes Center in Cleveland has the lowest addiction rate across the nation in terms of VA hospitals treating patients.

So, how is that possible?

It started several years ago, when caregivers at the Stokes VA starting tackling the explosion in opiate addiction.

Basically, they looked for innovative ways to treat pain that involved fewer opiates, and they looked to monitor patients closely for signs of addiction, along with additional training for doctors about prescribing painkillers.

The Cleveland model has now been incorporated into a system-wide effort at the VA called

"STOP PAIN."

"One of my personal goals in working with the President...is to de-stigmatize the opiate addiction," said Kellyanne Conway, a counselor to President Trump.

Former Congressman Patrick Kennedy, a recovering addict, said the VA is on the forefront in treating mental illness and addiction together in their efforts to help many patients.

He also said addiction needs to be treated, and covered by insurance, like any other disease. The Secretary of Veterans Affairs, David Shulkin, also traveled to Cleveland with the group to see first-hand what has worked so well at the Stokes VA Center.

VA doctors here have reduced opioid prescribing by 25 percent in the past seven years. That's more then double the reduction seen nationwide, or elsewhere in the region at other health systems.

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3.5 - WOIO (CBS-19): White House opioid commission turns to Cleveland VA for solutions (14 September, Sara Goldenberg, 610k online visitors/mo; Cleveland, OH)

CLEVELAND HEIGHTS, OH (WOIO) - Northeast Ohio continues to struggle with opioid addiction and overdose deaths.

But there's a treatment program in our own backyard that's bucking the trend.

The VA Secretary and White House officials came to Cleveland on Thursday to learn more.

The Northeast Ohio VA Healthcare System has the lowest addiction rates across the VA.

They're creating alternatives to pain management, and officials hope some of what they're doing could become a national model to fight the opioid epidemic.

Governor Chris Christie of New Jersey heads President Trump's opioid commission.

Christie toured the Louis Stokes Cleveland VA Medical Center along with VA Secretary David Shulkin, Kellyanne Conway and former Congressman Patrick Kennedy Thursday morning.

“We didn't come here by accident, we didn't pick you out of a hat. We came here because this facility has the reputation for being a model,” Christie said.

“The only way we're going to stop the suffering and death is to change the culture around the way we manage pain in this country. And the model here is extraordinary, both in terms of its breadth and its effectiveness,” Christie said.

Only four percent of veterans who receive care at this VA are prescribed opioids.

The VA says that's well below the national average.

The VA healthcare system in Cleveland has reduced opioid prescriptions by nearly 25 percent since 2010.

The VA says other healthcare providers in the area have reduced prescriptions by only 10 percent.

Officials are looking at the best practices used here, focusing on pain treatment alternatives like physical therapy, even acupuncture and yoga.

Patrick Kennedy, the son of Ted Kennedy, is a recovering opioid addict himself.

“We want the same urgency of care that you would provide for any other disease someone could be afflicted with, end of story,” Kennedy said.

Kennedy hopes what they're doing here can be used everywhere.

“We can save people. I've been able to get access to continuity of care, I shouldn't be the only one in this country,” Kennedy said.

The opioid commission plans to have a final report with recommendations ready for the President on November 1st.

Officials say they need to take more steps before declaring a national emergency to fight the epidemic.

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3.6 - WIBW (CBS-13): VA opening new Veterans Crisis Line in Topeka; expects to hire 100
(14 September, Nick Viviani, 485k online visitors/mo; Topeka, KS)

Topeka will be the home of the Dept. of Veterans Affairs' newest Veterans Crisis Line call center.

On Wednesday, the VA officially announced it would open the new crisis line, its third one nationwide, in the Capital City. The new call center is expected to employ 100 people and will be housed in the VA Eastern Kansas Health Care System.

“When it comes to preventing Veteran suicide, we will do everything we can to make it as easy as possible for Veterans to reach us,” said VA Secretary Dr. David J. Shulkin. “The new center in Topeka gives us more feet on the ground and an easier way for Veterans to connect with us when they need us most.”

The VA says the call center should open this fall. VCL currently operates two centers in Canandaigua, New York, and Atlanta, Georgia.

More information about the openings and how to apply are available here. The VA says the positions are open to applicants with prior comparable experience or a master's degree in a health science, such as mental health, social work, or psychology. The agency held a job fair as well last Friday prior to the announcement of the new facility.

Having a third location will offer the VA more capacity as it expands the "Press 7" automatic transfer function for its Community-based Outpatient Clinics (CBOCs) and Vet Centers. Press 7 offers callers to VA Medical Centers immediate access to the crisis line from a main phone tree.

Right now, the CBOC and Vet Center do not have that option and veterans have to take the extra steps of calling 800-273-8255 and pressing 1, the VA explained.

According to numbers from the agency, the VCL has answered more than three million calls since it launched in 2007 and dispatched emergency services for callers in imminent crisis more than 84,000 times. Chat was launched two years later, in 2009, and text services came two years after that and, in that time, the VCL had answered nearly 359,000 and nearly 78,000 requests for chat and text services respectively.

Veterans in crisis can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year at 800-273-8255 and Press 1, chat online at VeteransCrisisLine.net/Chat or text to 838255.

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3.7 - Poughkeepsie Journal (Video): Hudson River Housing lose federal funding for homeless veteran program (14 September, Jack Howland, 440k online visitors/mo; Poughkeepsie, NY)

Homeless veterans and their families might be losing support in a few weeks, if Hudson River Housing is forced to shut down a key program.

Hudson River Housing is facing losing its program serving homeless veteran families in Dutchess County by the end of September in the wake of the U.S. Department of Veteran Affairs denying the group an annual grant, the nonprofit said Thursday.

The Support Services for Veteran Families grant - about $500,000 - has been awarded to Hudson River Housing since 2012, and has been the sole source of funding its program for those who are homeless or lack secure housing and their families. Hudson River Housing Executive Director Christa Hines said the VA informed the organization that its funding renewal application was rejected in a letter received Sept. 7.

The 2017 funding of $516,145 provided by the VA is set to run out Sept. 30.

This annual federal grant, Hines said, has been the organization's second-largest source of funding and it's only funding specifically for veterans.

"We have 30 open cases of homeless veteran families we're currently servicing, and in two weeks we could not be able to serve them," she said. "We're beyond concerned."

A spokesperson for the VA could not be reached by deadline.

Hudson River Housing, which began in 1984, has provided outreach services for Dutchess County's homeless population and those who are at-risk, but the SSVF specifically targets veterans.

Since 2012, the program has served more than 458 homeless or at-risk veteran families, providing services like housing location, rental assistance, financial planning, employment assistance and transportation. The organization takes on roughly 10 new cases each month.

Hines said the SSVF grant funds five-full time employees, two of them veterans, as well as an office space on North Clinton Street.

Hudson River Housing President Dan Hubbel said the organization is working on a plan as to "how we can continue that funding and continue the service.

"If the VA wants to renege on our commitment on veterans, Hudson River Housing isn't doing that," he said. "We made a commitment in 2012 and we want to continue that commitment."

Dutchess County Executive Marc Molinaro said the county, with Hudson River Housing, will send a request to the VA to extend the funding for 12 more months. This, he said, would keep the program running and allow the organization to eventually "transition to perhaps some other federally funded program or something that allows us to continue to make the progress we've been making.

“Dutchess has made significant progress with Hudson River Housing in driving down the total number of veterans who are struggling to find housing or are homeless, and the action by the VA to not continue the program — it’s absurd,” Molinaro said. “What is most egregious is to have received notice only three weeks before Hudson River Housing would have to fire their employees and shutter the program.”

He said there’s bipartisan support for continued funding from U.S. Sen. Charles Schumer, State Sen. Sue Serino, R-Hyde Park, and Reps. John Faso, R-Kinderhook, and Sean Patrick Maloney, D-Cold Spring, all of whom spoke out opposing the action.

Maloney called the decision “heartless” in a statement and said the organization has been a “lifeline for hundreds of men and women who wore our country’s uniform and needed some help when they got home."

In a statement, Schumer spokesman Jason Kaplan said: “This is deeply concerning about the wrongheaded decision by the VA to discontinue this vital funding so that Hudson River Housing can continue to do the great work they do to keep our at-risk veterans from becoming homeless. They have done outstanding work so it makes little sense to hinder their ability to deliver top-notch service to our veterans. ...our office is working closely with Rep. Maloney’s office and local officials to bring our concerns to the highest levels of the VA.”

Faso sent a letter Wednesday to John Kuhn, national director of the VA’s Support Services for Veteran Families, imploring him to “use the full resources at your disposal to support HRH, and more importantly the veterans who are now at risk of homelessness, in order to deliver the services they require.

“Dutchess County simply does not have the capacity to deal with this issue without an adequate funding stream,” Faso said in the letter, “because HRH is the only program providing direct housing and support services to local veterans and their families.”

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3.8 - Press of Atlantic City: Veterans push for better health care, experts fight to provide it
(14 September, Nicole Leonard, 320k online visitors/mo; Pleasantville, NJ)

NORTHFIELD — Dozens of men and women squeezed together in a small conference room at the VA Outpatient Clinic in Northfield on a hot summer afternoon.

The crowd, the majority veterans in their 60s, 70s and 80s, looked ready for battle as they stood shoulder to shoulder, arms crossed and some prepared with notes as they faced off with local, state and regional officials from the U.S. Department of Veterans Affairs.

It wasn’t nearly as dangerous as the situations these veterans faced while serving in the military, but it ranked high in priority as most of the South Jersey veterans voiced their demands for better localized health care while VA experts expressed their desire to give it to them.

“We believe community care is sufficient,” said Vince Kane, director at the Wilmington VA Medical Center. “We have to get out of the medical centers and get closer to where the veterans

live. They can't all go through Wilmington. As an example, we're working in Cape May to relocate services to those people."

An estimated 355,766 veterans live in New Jersey, according to the VA. Some areas of the state have more than others, including Cape May County, where veterans make up nearly 9 percent of the population, one of the highest rates in the state.

Many of the veterans who get health care through the VA said they are generally happy with the quality of care they receive, as the VA has some of the most advanced medical technology and experts in the country.

The issues lie in the access and delivery of it, veterans said.

"There have been attempts at the county level to make medical care more accessible and affordable to veterans," said Frank Formica, Atlantic County freeholder chairman and an Air Force veteran. "It seems like there's been a trend in the country to pay more attention to local communities, but we don't have enough resources to execute those services."

Many veterans continue to champion the federal Veterans Choice Program, which allows veterans to use private providers outside VA clinics and hospitals to get care if they live more than 40 miles from a VA center or have to wait more than 30 days for a consultation.

Funding for the program was set to run out this summer, but President Donald Trump signed a bill last month that allocated an additional $2.7 billion to keep it going.

Instead of having to travel long distances, sometimes on VA shuttles, veterans are able to go to local providers, with approval, for injury treatment, procedures and specialty care, but the service is complicated.

Veterans' concerns included not getting choice approval, long wait times for paperwork to go through and gaps in communication between an outside provider and the VA.

"I needed emergency spine surgery and used the choice program, which was great because I got one of the best spine surgeons in the country at Penn (Medicine)," said one veteran at the Northfield meeting. "Then I needed therapy, and funding ran out. It took five weeks to get re-approved for services that I needed immediately."

Frustration was felt by both the veterans and those who provide services in the region, as many VA officials said they want nothing more than to increase access to health care, bring more services to South Jersey clinics and reduce issues that have prevented veterans from getting care in a timely manner.

Federal regulations, rules and policies often limit the way in which they can make changes at the county level, VA officials said.

Another issue VA officials found was a lack of eligible veterans enrolling and using VA services for their physical and behavioral health needs. Among the 6,000 eligible veterans in Cape May County, fewer than half are enrolled and only 1,824 are actively using services, Kane said.

Kane said he and other VA officials need to identify how to increase participation, adding he is optimistic that changes coming down the pipeline will lead to better outcomes and satisfaction with services in South Jersey.

At the Cape May community-based outpatient clinic, officials hope to expand the physical footprint and increase the number and range of health care services at that location.

Jackie Hinker, U.S. Veteran Affairs Veteran Community Outreach Specialist, said veterans have been looking forward to an expansion “for the longest of time.”

In addition to the brick and mortar clinics, the VA runs mobile clinics that visit several sites through New Jersey every month to provide basic health care checks and tests. One such clinic regularly stops at Stockton University where William Richmann, 68, of Galloway Township gets his annual health visits.

As far as the choice program, Kane said the VA has established relationships with Shore Medical Center, Cape Regional Medical Center and Inspira Health Network, and is talking about working more with others like AtlantiCare and Bacharach Institute for Rehabilitation.

David Hughes, Shore Medical Center Chief Financial Officer, said the hospital has the ability and willingness to treat more veterans than it is currently limited to because of strict agreement contracts under the choice program.

“One of the things we’re working on is a program specifically for vets so that they can go to their local doctor and for us to provide services so that they don’t need to get on a bus for hours,” he said. “We will do whatever we need to for the needs of veterans.”

At the end of the day, both veterans and VA officials agreed they want better streamlined services, shorter wait times, increased accessibility to local care and the resources to establish and improve more programs.

Current plans for improvement are just the beginning, VA officials said.

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3.9 - WKRG (CBS-5): VA Offers Beds For Hurricane Irma Victims In Florida Nursing Homes (14 September, 272k online visitors/mo; Mobile, AL)

In a press release sent out Thursday by the Department of Veterans Affairs, the U.S. Secretary of Veterans Affairs David Shulkin announced that the VA is making beds available to non-Veteran nursing home residents affected by Hurricane Irma.

This announcement comes after the new reports Wednesday that eight residents of a Florida nursing home died from what appeared to be heat exposure, likely caused by faulty air conditioning at their facility in Hollywood Hills.

Secretary Shulkin has been working with Florida Governor Rick Scott and Senator Bill Nelson and their staffs on this issue since Wednesday evening.

“We thank Governor Scott and Senator Nelson for involving VA and are grateful we can help our fellow citizens where we can in this time of need,” said Shulkin. “All Americans are pulling together to help one another, and we must make a special effort for those most vulnerable to the conditions brought on by the storm.”

VA has the ability to make its facilities available to non-Veterans as part of its fourth mission to support national, state and local emergency management, public health, safety and homeland security efforts and also through a mission agreement with FEMA under a Stafford Act Declaration.

Secretary Shulkin agreed to make more beds available to non-Veteran nursing home residents as needed and free, while ensuring they continue the primary mission of providing healthcare to Veterans.

The VA is also working closely with the U.S. Department of Health and Human Services and the Federal Emergency Management Agency on the overall response to Irma, in addition to this specific issue.

“We will continue to look for ways to relieve the hardship this powerful storm has caused,” said Shulkin. “Much of the heavy-lifting to recover from the hurricane is still to come and our leaders and staff are determined to find as many ways as we can for VA to help in the response.”

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3.10 - WUSF Public Media: VA Secretary Offers Beds To Nursing Home Patients Affected By Irma (14 September, Bobbie O’Brien, 197k online visitors/mo; Tampa, FL)

The tragic deaths of eight nursing home residents after Irma knocked out their air conditioning has prompted the U.S. Secretary of Veterans Affairs to offer up available beds at Florida’s VA nursing homes.

The Florida Department of Veterans Affairs operates six nursing homes for veterans built with federal and state money.

Dr. David Shulkin, U.S. Secretary of Veterans Affairs, said that part of the VA’s mission is to support emergency management and public health which allows them to open up to non-veterans impacted by Hurricane Irma.

In a news release, Shulkin said he was working with Gov. Rick Scott and U.S. Sen. Bill Nelson to help nursing home residents.

"All Americans are pulling together to help one another, and we must make a special effort for those most vulnerable to the conditions brought on by the storm,” Shulkin said.

But Shulkin emphasized that veterans remain their primary mission and the circumstances will not change that.

Five of Florida’s veterans’ homes lost power during the hurricane, but a state spokesman said all the homes had backup generators and have since had power restored.

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3.11 - KSNT (NBC-27): VA opening Veterans Crisis Line in Topeka – expected to hire 100 people (14 September, Grant Stephens, 161k online visitors/mo; Topeka, KS)

The U.S. Veterans Administration is opening it's third Veterans Crisis Line call center in Topeka. It's expected to hire 100 employees.

"When it comes to preventing Veteran suicide, we will do everything we can to make it as easy as possible for Veterans to reach us," said VA secretary Dr. David J. Shulkin. "The new center in Topeka gives us more feet on the ground and an easier way for Veterans to connect with us when they need us most."

The VA already has two call centers, one in upstate New York, and one in Atlanta, Georgia. The VA says the Topeka call center will be located on the VA campus and is expected to open in the fall.

The new center will bring the total number of crisis line responders to 610.

The agency says that since its launch in 2007, the VCL has answered more than 3 million calls. Since launching chat in 2009 and text services in November 2011, the VCL has answered nearly 359,000 and nearly 78,000 requests for chat and text services.

Veterans in crisis can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year at 800-273-8255 and Press 1, chat online at VeteransCrisisLine.net/Chat or text to 838255.

For more information or to apply for openings at the new call center, visit www.usajobs.gov/GetJob/ViewDetails/478700400 or www.usajobs.gov and search for announcement No. 10046052.

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3.12 - Florida Politics: VA hospitals to take in nursing home residents, Bill Nelson says (14 September, Scott Powers, 161k online visitors/mo; Saint Petersburg, FL)

The U.S. Department of Veterans Affairs will make beds in VA facilities available to residents of Florida nursing homes that have no power, Sen. Bill Nelson said Thursday.

Nelson said he saw that the VA had done so with refugees from the U.S. Virgin Islands, accepting them into the VA hospital at Puerto Rico, and asked them Wednesday, before news of the horrific six-death incident in Hollywood, if the same could be done in Florida.

"I called the VA secretary [David Shulkin] yesterday," Nelson said. "He said, 'Absolutely!' He said, 'You have my authority to make that happen.'"

Nelson said he's now working with an assistant secretary to get it done.

Nelson said he is not certain how many beds might be available in Florida's VA facilities.

The VA issued a release Thursday saying that Shulkin has been working with both Florida Gov. Rick Scott and Nelson and their staffs on this issue beginning yesterday evening.

"We thank Governor Scott and Senator Nelson for involving VA and are grateful we can help our fellow citizens where we can in this time of need," Shulkin stated in the release. "All Americans are pulling together to help one another, and we must make a special effort for those most vulnerable to the conditions brought on by the storm."

The VA has the ability to make its facilities available to non-veterans as part of its fourth mission, to support national, state and local emergency management, public health, safety and homeland security efforts and also through a mission agreement with FEMA under a Stafford Act Declaration.

Shulkin agreed to make more beds available to non-veteran nursing home residents as needed and free, while ensuring we continue our primary mission of providing healthcare to Veterans, the release stated.

The VA is also working closely with the U.S. Department of Health and Human Services and the Federal Emergency Management Agency on the overall response to Irma, in addition to this specific issue.

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3.13 - ideastream.org (Audio): Cleveland VA Gets National Recognition (13 September, Stephanie Jarvis, 145k online visitors/mo; Cleveland, OH)

As the battle against the opioid epidemic rages on, a local program to manage opioid addiction among some of our region's most at-risk patients is gaining national recognition.

Of all the veteran's hospitals in the country, the Northeast Ohio VA Healthcare System is being recognized for its innovative program to cut down on opioid prescriptions and addiction among the veterans it serves – at a time ohio sits at the epicenter of the opioid crisis. Thursday, the Secretary of Veterans Affairs, along with New Jersey Governor Chris Christie - who heads up the White House Opioid Task Force, will travel to Cleveland to learn more about the VA's program.

To help us understand how the program is helping our region's veterans steer clear of pain pills -- and how it may be a model for other health systems, ideastream's Kay Colby spoke with Dr. Ali Mchaourab, the head of the pain management program at the Cleveland VA.

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3.14 - ideastream.org (Video/Audio): President's Opioid Task Force Learns Best Practices from Cleveland VA (14 September, Annie Wu, 145k online visitors/mo; Cleveland, OH)

The U.S. Secretary of Veterans Affairs joined President Trump's opioid task force at the Cleveland VA Medical Center on Thursday. They were in town to hear from VA doctors on their best practices for pain management and opioid use including guidelines for prescribing opioids, alternative medicine for dealing with pain, and a continuum of care for opioid addiction.

Nationally, the VA has been using these practices since 2013. Locally, the VA began even earlier and Secretary of Veterans Affairs Dr. David Shulkin says Cleveland is showing strong results.

"Just 4 percent of the patient population they serve are using and being prescribed opioids, which is well, well below what you would find across the country."

At a roundtable discussion that included President Trump's advisor Kellyanne Conway, the VA shared some of its practices to address pain, including the use of alternative treatments such as acupuncture, yoga and meditation.

"In not all cases must pain management mean pain medicine. There are opioids and there are other modalities. And we saw that first hand here. To read about it is one thing. To intuit as a lay person is quite another. But to see it in practice is quite remarkable and something I will take back to the White House and really never forget."

The opioid task force will issue its report on November first.

The group's chairman—New Jersey Governor Chris Christie says his group is working with the White House to designate the opioid epidemic a national emergency.

"The president is getting advice from his staff and from lawyers on the best way to do that, and I'm confident that in the very near future he will execute the documents that need to be executed for us to be able to do that. But the biggest problem would be is if we did it in a way that was haphazard and less effective and have to go back and redo it."

President Trump said in August he intended to make the national emergency declaration—opening up federal funds to address the problem—but he has yet to do so.

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3.15 - KIII (ABC-3, Video): VA Outpatient Clinic closed due to damage from Harvey (14 September, 65k online visitors/mo; Corpus Christi, TX)

Among the facilities that suffered significant damage in Hurricane Harvey was the Corpus Christi Veteran's Affairs Outpatient Clinic.

The building suffered water damage and beginning Monday, veterans who normally receive primary care services at the clinic will be treated at the Corpus Christi Specialty Outpatient Clinic on Enterprize Parkway or the Patient Aligned Care Team Annex Building, which is near the VA's outpatient clinic.

It is expected to take about 130 days to make repairs to the VA building.

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3.16 - KXXV (ABC-25, Video): Reminding veterans of local services this Suicide Prevention Week (13 September, Holly Stouffer, 54k online visitors/mo; Waco, TX)

It's Suicide Prevention Week and a local veterans affairs center is making sure the veteran community knows of the resources available to them.

According to the Department of Veterans Affairs, an average of 20 veterans die by suicide each day.

The Waco VA offers a number of resources to help those struggling with their mental health, including its Center of Excellence, which focuses on researching the events that lead up to suicidal thoughts.

"The classic one certainly is a major depressive disorder, but even minor feelings of depression," said Dr. Richard Seim, a clinical psychologist at the Center of Excellence. "PTSD, traumatic brain injury, symptoms of military sexual trauma or even just kind of life issues like marital problems or family functioning issues."

Dr. Seim said this type of research allows them to better serve veterans who could use additional treatment after going through traditional therapy.

"One of the studies we've been running for the last seven years now is tracking veterans as they come back from recent wars in Iraq and Afghanistan and looking at those symptoms of PTSD, traumatic brain injury and so forth to see how they change over time," said Dr. Seim.

Dr. Seim said the Center of Excellence is also about to open a new clinic. It will involve using magnetic waves to stimulate the brain, which will help to alleviate symptoms of depression.

If you know a veteran struggling with depression, call the Veterans Crisis Line at 1-800-273-8255.

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3.17 - WEWS (ABC-5, Video): White House Opioid Task Force looks for answers to crisis in Cleveland (13 September, Mona Kosar, 17k online visitors/mo; Cleveland, OH)

With the opioid epidemic considered a national emergency, News 5 has learned the answer to this scourge may be here in Cleveland. The president's opioid task force is coming here to look for some answers.

Behind the wall of the Louis Stokes Cleveland VA Medical Center lies a possible solution to a national crisis. “I think the lessons we have learned can be duplicated in the private sector,” said Medical Director Susan Fuehrer.

Those lessons started a decade ago when the center began addressing the over-prescription of addictive opioids with other alternatives such as yoga and physical therapy.

“Rather than just prescribe opioids to manage pain they have been working on evidence based management and alternative therapy,” Fuehrer said.

From 2008 to 2015, the center saw a 50% reduction in the prescription of opioids. Even at the height of the epidemic, the center was recognized for its reduction. “There have been lots of ways that we have been identified as a best practice within the VA health care system,” said Fuehrer.

Their practices haven’t gone unnoticed in Washington either. When it came time for the newly formed white house opioid task force to seek a solution, they pinpointed The Louis Stokes Center.

“They will be meeting with multi disciplinary people and they are going to speak to a veteran or two who have recovered from opioid addiction,” said Fuehrer.

Fuehrer says this is an opportunity for their work to have a national impact.

“If one or two things make a difference for one or two people outside the VA community, then we will call tomorrow a success," Fuehrer said.

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3.18 - Missoula Current: Tester urges VA to move quicker in opening new Missoula health clinic (14 September, Martin Kidston, 17k online visitors/mo; Missoula, MT)

President Donald Trump signed Sen. Jon Tester’s bill securing a lease for a larger Veterans Affairs clinic in Missoula on the first day of August, marking a positive step for a facility that’s long been in need of expansion.

Now, the state’s senior senator is asking the VA to expedite the process.

Tester this week sent a letter to VA Secretary David Shulkin asking the agency to move the process forward, saying the region’s demand for VA care is projected to increase 43 percent over the next 20 years.

While it traditionally takes the VA as long as five years to open a new clinic once authorization is given, Tester said the Missoula facility is needed sooner rather than later.

“To the greatest extent possible, I urge the department to expedite the process for leasing the recently authorized replacement of the outpatient clinic in Missoula in order to better meet current and future patient demand,” Tester wrote. “I urge the VA to move with all due speed to procure this facility.”

Trump signed Tester's VA Choice and Quality Employment Act in August, which included the leasing authority allowing the VA to secure a larger facility in Missoula.

The authorization will nearly triple the clinic's size, providing additional parking, clinical space and the medical services needed to meet the growing demand for VA care in Missoula, the state's second largest city.

Tester's communications director, Marnee Banks, said the VA was authorized to pursue 28 major medical leases under the latest bill, including one in Missoula. The lease allows for a 60,000-square-foot facility with an estimated rent just under $2 million a year.

"It will provide primary care, mental health, specialty care and some outpatient surgeries," Banks said. "The VA intends for the clinic to be located in the same general area as the existing clinic."

Banks said it often takes the VA about two years to develop the specific facility requirements once it begins working on the lease. Another year is needed to negotiate with developers prior to issuing a construction award.

That's followed by an additional two years to build the facility.

"The former Deputy (VA) Secretary (Sloan) Gibson had been working to bring this timeline down," Banks said. "The VA will need to obtain a delegation of authority from GSA to award the Missoula clinic lease."

The effort to securer a larger Missoula clinic dates back to at least 2014 when Tester began pushing the VA to expand the facility. Back then, a VA consulting team had toured the small clinic and recommended a modest expansion.

Nearly a year later, the General Services Administration began studying the possibility of converting the vacant Federal Building in downtown Missoula to a new outpatient clinic. That effort was later deemed cost prohibitive, leaving the clinic's future in limbo.

At the same time, the VA fell into controversy, resulting in the resignation of then-VA Secretary Erick Shinkseki, who was replaced by Robert McDonald and later by Shulkin, who now heads the agency under the Trump administration.

The Montana Department of Veterans Affairs and its own health care system has also seen a parade of new leaders, including Christine Gregory, Johnny Ginnity and Kathy Berger, who took the agency's helm in late 2016 and pledged changes to the system.

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8.1 - Dayton Daily News: Lawmakers pushing for Columbus to get national veterans museum (14 September, Jessica Wehrman, 1.1M online visitors/mo; Dayton, OH)

WASHINGTON - To hear Reps. Joyce Beatty and Steve Stivers tell it, Columbus is an ideal place to host the National Veterans Memorial and Museum.

The state, they said hosts the 6th largest veterans population in the U.S. If that's not enough, it's within an eight–hour car ride of almost half of the nation's veterans.

Speaking before a House panel Wednesday, Stivers and Beatty argued that a memorial to the nation's veterans was long overdue — and that Columbus was all too happy to change that. The site, argued Stivers, "will serve as a civic landmark to honor, inspire and educate all Americans about the service and sacrifice of more than 22 million veterans in this country."

Under construction and scheduled to open next summer, the site started as a replacement for Columbus' previous veterans memorial and then blossomed into something far more sweeping and ambitious, said Stivers. Now, he, Beatty and Rep. Pat Tiberi, R–Genoa Township are pushing a bill that would designate it a national museum.

It wouldn't be the state's only museum honoring the armed services or those who have served: Roughly an hour's drive away, Dayton hosts the National Museum of the United States Air Force.

During a hearing on the bill Wednesday, Matthew Sullivan, deputy undersecretary for finance and planning and CFO for the National Cemetery Administration for the Department of Veterans Affairs, said the department neither supported nor opposed locating the museum in Columbus. "VA respectfully expresses no view on the proposed bill, which does not apply to VA or to VA's core mission," he testified.

But Alex Zhang, assistant director of National Veterans Affairs and Rehabilitation for the American Legion, said his organization backs the bill. He said the bill would "represent American veterans with profound respect, connecting them with the civilian population, possibly inspiring others to serve and most importantly, educating youth about what these fine men and women have done for America."

The organization, he said, "wholeheartedly supports" the "beautiful, thoughtful" memorial's designation, he said.

Veterans of Foreign Wars also backed the legislation, with John Towles, deputy director of national legislative service for the organization, telling the House Veterans Affairs Committee's subcommittee on Disability Assistance and Memorial Affairs "our country currently lacks a museum specifically dedicated to honoring and preserving the collective sacrifices made by this nation's veterans."

"This museum would serve to fill that gap," he said.

Groundbreaking for the 50,000 square foot museum and memorial began in 2015, and more than $75 million was raised for design and construction. It's located at 300 West Broad St. in Columbus, site of the former Franklin County Veterans Memorial.

The entire Ohio congressional delegation is cosponsoring the bill, and Stivers said he hopes to tuck it into a larger legislative package in the months ahead. Sens. Sherrod Brown, D–Ohio, and Rob Portman, R–Ohio, are working on a similar measure in the Senate.

Beatty said the museum was in part the brainchild of former Ohio Sen. John Glenn, who died last year.

"If he were here today, he would highlight this museum and memorial," she said. "He would talk about the 300 foot reflecting pool. He would talk about the memorial wall. He would talk about the sanctuary where veterans families and others could go.

"It's a tremendous idea," she told the panel. "And we ask for your support."

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Veterans Affairs Media Summary and News Clips

15 September 2017

1. Top Stories

1.1 - Military.com: **Obamacare Repeal Would Increase Uninsured Veterans: Report** (14 September, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)
Repealing Obamacare would leave more than nine percent of all veterans under 65 without health insurance, likely causing an increased strain on the Department of Veterans Affairs, researchers caution in a new report released Thursday. As of 2015, about 5.8 percent of America's 10.8 million estimated veterans under age 65 were without health insurance, the report found.

Hyperlink to Above

1.2 - Miami Herald: **Veteran Affairs offers beds to nursing home residents in need after Irma** (14 September, David J. Neal, 8.9M online visitors/mo; Doral, FL)
After Wednesday's death of eight residents of a Hollywood nursing home steaming without air conditioning, U.S. Secretary of Veteran Affairs David Shulkin announced Thursday that the agency will open available beds to non-Veteran nursing home residents affected by Hurricane Irma. "We will continue to look for ways to relieve the hardship this powerful storm has caused," Shulkin said.

Hyperlink to Above

1.3 - The Tennessean (Video): **Meet the man picked to fix the Memphis VA, one of the most troubled in the nation** (14 September, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)
There's a symbolic line at the Memphis Veterans Affairs Medical Center that new director David Dunning says sums up the daunting task ahead of him. On one side, in the brand-new emergency room, there's new floors, cutting-edge technology and other modern amenities. On the other, there is decades-old wallpaper, mismatched tile and almost cliche decor.

Hyperlink to Above

1.4 - The Republican: **Ginnie Mae launches task force to investigate VA-backed lenders; US Sen. Elizabeth Warren praises move** (14 September, Shannon Young, 2.1M online visitors/mo; Springfield, MA)
Ginnie Mae, the principal financing arm for government loans, will look into potentially misleading marketing practices involving U.S. Department of Veterans Affairs-backed lenders, officials announced Thursday. Acknowledging concerns U.S. Sen. Elizabeth Warren raised in a recent letter, Ginnie Mae Acting President and Chief Operating Officer Michael Bright said the Massachusetts Democrat is right to be bothered by the potential impacts aggressive mortgage marketing practices could have on veteran borrowers.

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1.5 - Military Times: **New ad campaign reopens fight over VA privatization claims** (14 September, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
A left-leaning veterans advocacy group today is reopening the fight over privatization of Veterans Affairs services with a multi-state ad campaign imploring lawmakers to "save VA." The nearly $400,000 effort comes as top VA officials and congressional leaders are preparing to

unveil their long-term plans for the department's controversial Choice program, which allows veterans to seek private-sector care using federal dollars.

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1.6 - Military Times: Ashford University gets OK to keep GI Bill students (14 September, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)
Ashford University has received the Department of Veterans Affairs' stamp of approval to continue enrolling GI Bill students long-term. The announcement comes after a tumultuous summer for the online for-profit school, which was, at one time, scheduled to lose its eligibility to receive VA funds in August after losing its state-level approval in Iowa. Ashford then sought approval in Arizona and was permitted to continue enrolling veteran students for the new school year, pending approval from VA.

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1.7 - Stars and Stripes: Veterans crisis line to open third call center (14 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
The Department of Veterans Affairs will open a third call center in the fall to handle an anticipated increase in calls to the veterans crisis hotline. The call center will be located on the VA campus in Topeka, Kansas, the VA said late Wednesday. The announcement comes just nine months after a second call center was opened in Atlanta.

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2. Veteran and Employee Experience

2.1 - WRAL (NBC-5, Video): Long waits lead to good news for vets seeking resolution to VA problems (14 September, Cullen Browder, 3.1M online visitors/mo; Raleigh, NC)
Hundreds of veterans walked into the Herb Young Community Center in Cary on Thursday with complaints and problems and walked out with resolution and, many times, money. The American Legion and the VFW sponsored the Veterans' Experience Action Center to help veterans who are having trouble with the U.S. Department of Veterans Affairs. Because North Carolina is the only state hosting such events, veterans came from across the country.

Hyperlink to Above

2.2 - Inside Higher Ed: VA seeks broad waiver of rule barring payments from for-profit colleges (15 September, Andrew Kreighbaum, 1.6M online visitors/mo; Washington, DC)
The Department of Veterans Affairs intends to grant employees a waiver of a rule barring receipt of salary or other benefits from for-profit colleges. The proposed regulation was published in the federal register Thursday and would take effect next month without "adverse comment." A recent VA inspector general report found that two employees had violated the rule by working as adjunct instructors at for-profit colleges receiving VA benefits.

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2.3 - Commercial Appeal (Video): How we're fixing a broken VA care system (14 September, Phil Roe and David Kustoff, 1.1M online visitors/mo; Memphis, TN)

As the Chairman of the House Committee on Veterans Affairs and the Congressman representing West Tennessee veterans who seek care at the Memphis VA Medical Center, we are concerned and outraged by the recent abysmal failures at the Memphis facility. We are encouraged to see swift action from the Department of Veterans Affairs (VA) to get the Memphis facility on track — and will continue to closely monitor progress…

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2.4 - WTVD (ABC-11, Video): Cary event brings veterans face-to-face with VA representatives (14 September, Julie Wilson, 880k online visitors/mo; Durham, NC)
The American Legion and the Town of Cary are hosting a three-day event focused on answering questions for veterans. The Veterans Experience Action Center will put veterans face-to-face with a representative from the U.S. Department of Veteran Affairs. Meetings will allow for explanations, assistance facilitating, expediting existing claims and appeals, filing new claims, and accepting all claim related evidence.

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2.5 - La Crosse Tribune (Jackson County Chronicle): Jackson County hosts benefits fair for veterans (14 September, Jordan Simonson, 818k online visitors/mo; La Crosse, WI)
The Jackson County Veterans Service Office and Tomah VA Medical Center hosted a Homeless/At Risk Veterans Stand Down and Benefits Fair Thursday at the Black River Falls American Legion Post 200, providing information for veterans about many of the services available to them via federal, state and local programs. “It is a two-fold event, it is a homeless or an at-risk stand down for veterans in the area that can come and get assets and services.

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2.6 - KTVI (FOX-2, Video): Government workers hold union rally outside VA Medical Center on Grand (14 September, 663k online visitors/mo; Saint Louis, MO)
Workers at the John Cochran VA Medical Center will hold a rally Thursday, September 14 outside the hospital. Members of the American Federation of Government Workers want to raise awareness of what they call dangerously low staffing levels at facilities around the country. The union claims the shortages are depriving veterans of the health care they deserve. They say it’s also creating risks to patient safety and a hazardous work environment.

Hyperlink to Above

2.7 - WNCN (CBS-17, Video): 3-day push will help NC veterans connect with benefits (14 September, Beairshelle Edme, 607k online visitors/mo; Raleigh, NC)
– A three-day event for veterans launched Thursday to help former military members access benefits, among other services. But many veterans told CBS North Carolina’s Beairshelle Edmé they’re frustrated with all these processes, applications, and long waits. 61 years could separate some of the veterans who have served in the Korean War from those who were sent to the Iraq War.

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2.8 - Post-Tribune: Column: Vietnam documentary should take a balanced look (14 September, Tom Bellino, 261k online visitors/mo; Crown Point, IN)

The PBS special series, "The Vietnam War," by Ken Burns and Lynn Novick, which begins Sunday, no doubt will evoke emotions for both the veterans of that war as well as the observers, resisters and opponents of it. Various Veterans Affairs facilities are offering a Monday morning debriefing after the first episode of the series, because "it may bring up stressful memories for combat veterans."

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2.9 - WUSF Public Media (Audio): VA Prepares for PBS Vietnam Documentary; It May Trigger Some Vets' PTSD (15 September, Steve Walsh, 197k online visitors/mo; Tampa, FL)
The ten-part documentary by filmmakers Ken Burns and Lynn Novick is at times graphic, and people who work with veterans say it may trigger traumatic memories for those who fought in Vietnam. For two weeks, PBS stations will relive one of the most devisive eras in American history. "The Vietnam War" documentary - produced by Ken Burns and Lynn Novick - is being billed as a rare cultural milestone.

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2.10 - Tribune-Democrat: UPJ summit seeks ways to help veterans (15 September, Dave Sutor, 155k online visitors/mo; Johnstown, PA)
Issues that afflict active military personnel and veterans, including thoughts of suicide, physical pain and moral injury, also impact the general population, albeit in different ways. So, when advancements are made to help men and women who serve the United States deal with those challenges, the nation benefits. That lesson was understood well by U.S. Rep. John Murtha, whose work helping military personnel and their families deal with traumatic brain injury…

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2.11 - New Hampshire Public Radio: Makeup of N.H. VA Task Force Announced, Some Whistleblowers Say They Were Shut Out of Process (14 September, Peter Biello, 148k online visitors/mo; Concord, NH)
The Department of Veterans Affairs has released a list of the twelve people who will serve on a task force looking at the future of health care for New Hampshire veterans. Since July, a dozen whistleblowers have come forward with allegations of substandard care at the Manchester VA. One of those whistleblowers, cardiologist Erik Funk, will serve on the task force. The list also includes four people who are not VA employees and five who are not New Hampshire residents.

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2.12 - Hudson Valley News Network: Maloney, Local Officials Slam VA Decision to Cut Funding (14 September, Kathy Welsh, 54k online visitors/mo; Hyde Park, NY)
– Representative Sean Patrick Maloney (NY-18) and local officials condemned a decision by the Department of Veterans Affairs to deny an anticipated annual federal investment of over $500,000 to Hudson River Housing. If no action is taken, funding will run out and the program will be terminated after Sept. 30.

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2.13 - DS News: Ginnie Mae Responds to Senator Warren on VA Lenders (14 September, Brianna Gilpin, 54k online visitors/mo; Dallas, TX)

Thursday, in a letter to Senator Elizabeth Warren (D-MA), Ginnie Mae explained how it is curbing VA refinance speeds and aggressive marketing by some VA approved lenders. The letter was in response to Sen. Warren, who initially addressed the aggressive practices in a letter to Ginnie Mae on September 6, 2017. Warren warned that the marketing practices are negatively impacting Ginnie Mae securities without necessarily benefiting veteran borrowers.

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2.14 - Reveal: White House seeks to legalize payoffs to VA officials by for-profit schools (14 September, Aaron Glantz, 39k online visitors/mo; Emeryville, CA)
The Trump administration is seeking to waive a 50-year-old anti-corruption law that prevents officials who administer the GI Bill from accepting money from for-profit schools backed by taxpayer subsidies. The proposed regulation, published Thursday in the Federal Register, would allow employees of the Department of Veterans Affairs to receive “wages, salary, dividends, profits, gratuities” and services from for-profit schools that receive GI Bill funds.

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2.15 - WBOY (NBC-12, Video): VA Hospital Hosts Town Hall to Hear Concerns from Veterans (14 September, Elayna Conard, 21k online visitors/mo; Clarksburg, WV)
The VA Hospital held a town hall to hear the concerns of veterans Thursday afternoon. The VA holds these town halls every few months as a way to keep open communication with veterans. The director of the hospital, Dr. Glenn Snider, said that he was glad to hear compliments from veterans about their recent services.

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2.16 - Bloomberg Politics: U.S. Probes High-Pressure Mortgage Sales Targeting Veterans (14 September, Joe Light, 18k online visitors/mo; New York, NY)
The U.S. is investigating lenders for allegedly pressuring veterans and members of the military into unneeded mortgage refinances -- unsavory conduct that not only leads to higher consumer costs but has consequences for one of the world’s largest bond markets. The probe is being conducted by Ginnie Mae, a government-owned corporation whose purpose is to make mortgages more affordable.

Hyperlink to Above

2.17 - KUPR (NPR-89.3): Landmark Vietnam War Series May Trigger Unwanted Memories For Some Vets (14 September, Steve Walsh, 17k online visitors/mo; Fresno, CA)
Almost anything can trigger the vivid and aggressive thoughts associated with PTSD. It might be a door slam or the smell of diesel, according to Tina Mayes, a staff psychologist at VA San Diego Healthcare. Most common triggers: "It can be something someone says. The way they say it," she said.

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2.18 - Law Firm Newswire: VA Fires Head of DC Facility Amid Confidentiality Breach, Leadership Concerns Says Veterans Attorney Jim Fausone (14 September, 900 online visitors/day; Tampa, FL)
Northville, MI (Law Firm Newswire) September 14, 2017 - The Department of Veterans Affairs (VA) fired the longtime director of its main veterans medical center in Washington, D.C. Brian

Hawkins was dismissed due to growing concerns about his leadership of the VA facility. The VA released a statement saying “he failed to provide effective leadership.” Hawkins was reassigned to a different post within the agency in April pending further review.

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3. Access to Healthcare

3.1 - ABC News (AP): The Latest: Hurricane cleanup crew finds body near hotel (14 September, 24.1M online visitors/mo; New York, NY)
Federal officials say that nursing homes normally reserved for veterans will be opened up to non-veteran nursing home residents if space is available, in the aftermath of Hurricane Irma. U.S. Sen. Bill Nelson announced Thursday that the U.S. Department of Veterans Affairs had agreed to open its nursing homes following eight deaths at Florida nursing home. Florida has seven nursing homes throughout the state that are available to residents who were veterans.

Hyperlink to Above

3.2 - The Huffington Post: VA Broken Promise Harms Veteran and Costs Jobs (14 September, Hal Donahue, 22.9M online visitors/mo; New York, NY)
A technical expert, Joe possessed little knowledge concerning how to actually start a business. He visited his local VA Veterans Rehabilitation Counselor and received a wealth of information and assistance to create a Service-Disabled Veteran-Owned Small Business(SDVOSB).

Hyperlink to Above

3.3 - Palm Beach Post: VA offers beds to Florida nursing home residents affected by Irma (14 September, Joe Capozzi, 3.8M online visitors/mo; West Palm Beach, FL)
The U.S. Department of Veterans Affairs is making beds available to non-veteran nursing home residents affected by Hurricane Irma. U.S. Secretary of Veterans Affairs David Shulkin announced the plan after talking with Gov. Rick Scott and Sen. Bill Nelson late Wednesday. Those discussions took place after eight residents of a Florida nursing home died from what appears to be heat exposure likely caused by a power outage at their facility in Hollywood.

Hyperlink to Above

3.4 - WJW (FOX-8, Video): Presidential Opioid Commission praises, learns from Cleveland VA (14 September, Bill Sheil, 665k online visitors/mo; Cleveland, OH)
Gov, Chris Christie of New Jersey, head of a Presidential Commission on opioids, summed it up well when addressing doctors and patients gathered at the Louis Stokes VA Center in Cleveland. "We didn't come here by accident," he said. Christie, and several prominent national figures, toured the VA Center on Thursday to learn more about a remarkable contradiction.

Hyperlink to Above

3.5 - WOIO (CBS-19): White House opioid commission turns to Cleveland VA for solutions (14 September, Sara Goldenberg, 610k online visitors/mo; Cleveland, OH)
Northeast Ohio continues to struggle with opioid addiction and overdose deaths. But there's a treatment program in our own backyard that's bucking the trend. The VA Secretary and White

House officials came to Cleveland on Thursday to learn more. The Northeast Ohio VA Healthcare System has the lowest addiction rates across the VA.

Hyperlink to Above

3.6 - WIBW (CBS-13): VA opening new Veterans Crisis Line in Topeka; expects to hire 100 (14 September, Nick Viviani, 485k online visitors/mo; Topeka, KS)
Topeka will be the home of the Dept. of Veterans Affairs' newest Veterans Crisis Line call center. On Wednesday, the VA officially announced it would open the new crisis line, its third one nationwide, in the Capital City. The new call center is expected to employ 100 people and will be housed in the VA Eastern Kansas Health Care System.

Hyperlink to Above

3.7 - Poughkeepsie Journal (Video): Hudson River Housing lose federal funding for homeless veteran program (14 September, Jack Howland, 440k online visitors/mo; Poughkeepsie, NY)
Homeless veterans and their families might be losing support in a few weeks, if Hudson River Housing is forced to shut down a key program. Hudson River Housing is facing losing its program serving homeless veteran families in Dutchess County by the end of September in the wake of the U.S. Department of Veteran Affairs denying the group an annual grant, the nonprofit said Thursday.

Hyperlink to Above

3.8 - Press of Atlantic City: Veterans push for better health care, experts fight to provide it (14 September, Nicole Leonard, 320k online visitors/mo; Pleasantville, NJ)
Dozens of men and women squeezed together in a small conference room at the VA Outpatient Clinic in Northfield on a hot summer afternoon. The crowd, the majority veterans in their 60s, 70s and 80s, looked ready for battle as they stood shoulder to shoulder, arms crossed and some prepared with notes as they faced off with local, state and regional officials from the U.S. Department of Veterans Affairs.

Hyperlink to Above

3.9 - WKRG (CBS-5): VA Offers Beds For Hurricane Irma Victims In Florida Nursing Homes (14 September, 272k online visitors/mo; Mobile, AL)
In a press release sent out Thursday by the Department of Veterans Affairs, the U.S. Secretary of Veterans Affairs David Shulkin announced that the VA is making beds available to non-Veteran nursing home residents affected by Hurricane Irma. This announcement comes after the new reports Wednesday that eight residents of a Florida nursing home died from what appeared to be heat exposure, likely caused by faulty air conditioning at their facility in Hollywood Hills.

Hyperlink to Above

3.10 - WUSF Public Media: VA Secretary Offers Beds To Nursing Home Patients Affected By Irma (14 September, Bobbie O'Brien, 197k online visitors/mo; Tampa, FL)
The tragic deaths of eight nursing home residents after Irma knocked out their air conditioning has prompted the U.S. Secretary of Veterans Affairs to offer up available beds at Florida's VA

nursing homes. The Florida Department of Veterans Affairs operates six nursing homes for veterans built with federal and state money.

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3.11 - KSNT (NBC-27): VA opening Veterans Crisis Line in Topeka – expected to hire 100 people (14 September, Grant Stephens, 161k online visitors/mo; Topeka, KS)
The U.S. Veterans Administration is opening it's third Veterans Crisis Line call center in Topeka. It's expected to hire 100 employees. "When it comes to preventing Veteran suicide, we will do everything we can to make it as easy as possible for Veterans to reach us," said VA secretary Dr. David J. Shulkin.

Hyperlink to Above

3.12 - Florida Politics: VA hospitals to take in nursing home residents, Bill Nelson says (14 September, Scott Powers, 161k online visitors/mo; Saint Petersburg, FL)
The U.S. Department of Veterans Affairs will make beds in VA facilities available to residents of Florida nursing homes that have no power, Sen. Bill Nelson said Thursday. Nelson said he saw that the VA had done so with refugees from the U.S. Virgin Islands, accepting them into the VA hospital at Puerto Rico, and asked them Wednesday, before news of the horrific six-death incident in Hollywood, if the same could be done in Florida.

Hyperlink to Above

3.13 - ideastream.org (Video/Audio): Cleveland VA Gets National Recognition (13 September, Stephanie Jarvis, 145k online visitors/mo; Cleveland, OH)
As the battle against the opioid epidemic rages on, a local program to manage opioid addiction among some of our region's most at-risk patients is gaining national recognition. Of all the veteran's hospitals in the country, the Northeast Ohio VA Healthcare System is being recognized for its innovative program to cut down on opioid prescriptions and addiction among the veterans it serves – at a time ohio sits at the epicenter of the opioid crisis.

Hyperlink to Above

3.14 - ideastream.org (Video/Audio): President's Opioid Task Force Learns Best Practices from Cleveland VA (14 September, Annie Wu, 145k online visitors/mo; Cleveland, OH)
The U.S. Secretary of Veterans Affairs joined President Trump's opioid task force at the Cleveland VA Medical Center on Thursday. They were in town to hear from VA doctors on their best practices for pain management and opioid use including guidelines for prescribing opioids, alternative medicine for dealing with pain, and a continuum of care for opioid addiction.

Hyperlink to Above

3.15 - KIII (ABC-3, Video): VA Outpatient Clinic closed due to damage from Harvey (14 September, 65k online visitors/mo; Corpus Christi, TX)
Among the facilities that suffered significant damage in Hurricane Harvey was the Corpus Christi Veteran's Affairs Outpatient Clinic. The building suffered water damage and beginning Monday, veterans who normally receive primary care services at the clinic will be treated at the Corpus Christi Specialty Outpatient Clinic on Enterprize Parkway or the Patient Aligned Care Team Annex Building, which is near the VA's outpatient clinic.

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3.16 - KXXV (ABC-25, Video): Reminding veterans of local services this Suicide Prevention Week (13 September, Holly Stouffer, 54k online visitors/mo; Waco, TX)
It's Suicide Prevention Week and a local veterans affairs center is making sure the veteran community knows of the resources available to them. According to the Department of Veterans Affairs, an average of 20 veterans die by suicide each day. The Waco VA offers a number of resources to help those struggling with their mental health, including its Center of Excellence, which focuses on researching the events that lead up to suicidal thoughts.

Hyperlink to Above

3.17 - WEWS (ABC-5, Video): White House Opioid Task Force looks for answers to crisis in Cleveland (13 September, Mona Kosar, 17k online visitors/mo; Cleveland, OH)
With the opioid epidemic considered a national emergency, News 5 has learned the answer to this scourge may be here in Cleveland. The president's opioid task force is coming here to look for some answers. Behind the wall of the Louis Stokes Cleveland VA Medical Center lies a possible solution to a national crisis.

Hyperlink to Above

3.18 - Missoula Current: Tester urges VA to move quicker in opening new Missoula health clinic (14 September, Martin Kidston, 17k online visitors/mo; Missoula, MT)
President Donald Trump signed Sen. Jon Tester's bill securing a lease for a larger Veterans Affairs clinic in Missoula on the first day of August, marking a positive step for a facility that's long been in need of expansion. Now, the state's senior senator is asking the VA to expedite the process. Tester this week sent a letter to VA Secretary David Shulkin asking the agency to move the process forward…

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization – No Coverage

8. Other

8.1 - Dayton Daily News: Lawmakers pushing for Columbus to get national veterans museum (14 September, Jessica Wehrman, 1.1M online visitors/mo; Dayton, OH)
During a hearing on the bill Wednesday, Matthew Sullivan, deputy undersecretary for finance and planning and CFO for the National Cemetery Administration for the Department of Veterans Affairs, said the department neither supported nor opposed locating the museum in Columbus.

"VA respectfully expresses no view on the proposed bill, which does not apply to VA or to VA's core mission," he testified.

Hyperlink to Above

1. Top Stories

1.1 - Military.com: Obamacare Repeal Would Increase Uninsured Veterans: Report (14 September, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)

Repealing Obamacare would leave more than nine percent of all veterans under 65 without health insurance, likely causing an increased strain on the Department of Veterans Affairs, researchers caution in a new report released Thursday.

As of 2015, about 5.8 percent of America's 10.8 million estimated veterans under age 65 were without health insurance, the report found.

Eliminating the Affordable Care Act (ACA), it says, would push that number up to 9.1 percent, while subsequently increasing the number of veterans who rely on the VA for some or all of their health care needs.

The report, compiled by the nonpartisan Rand Corp. and released Thursday, examines demographics and health care data for non-elderly veterans under age 65 between 2013 and 2015.

The report was commissioned by the non-profit Robert Wood Johnson Foundation and the New York State Health Foundation, which promote expanding health insurance coverages as part of their mission.

Among the report's big-picture findings, said researcher Michael Dworsky, is the major impact Obamacare had on how veterans get their health care.

Rather than turning to the VA exclusively, most veterans carry some kind of dual coverage.

Thanks to the ACA, he said, the number of dual-covered veterans increased -- and the demand on the VA's health system went down.

"First of all, the ACA did change coverage for veterans," Dworsky said. "The VA health system is not an island. It's connected to what's happening in the rest of the health care system and the rest of federal health policy.

"What we're trying to get people to pay more attention to, is if you think about a change as significant as repealing the ACA, it could be very important to think through how other federal programs ... might be impacted," he said.

More than six million non-elderly veterans were eligible for VA health care in 2015, the report estimates, a figure not tracked by federal officials, Rand officials said.

About six million veterans total, the majority of whom were over 65, used VA health care in 2015, according to VA statistics.

The VA has been plagued by scandals stemming from a substantial claims backlog, mishandled or lost paperwork, long appointment wait times, mismanaged facilities and a provider shortage.

The VA Choice system attempts to remedy some of those problems by pushing some veterans to community-based providers for care.

Lawmakers have ordered ongoing program overhauls and increased congressional oversight as a means of addressing the system's woes.

Without the ACA, the report found, veterans under 65 would have turned to the VA for about 1 percent more health care in 2015. That's about 125,000 more office visits, 1,500 more inpatient surgeries and 375,000 more prescriptions, it says.

Additionally, if an effort known as "repeal and replace" had been made law, the number of uninsured veterans would likely have gone even higher -- up to 10.4 percent, the reports says.

That estimate is based on a 2024 plan for health care policy included in replacement language known as the American Health Care Act (AHCA), which would have changed how the federal government funds Medicaid.

The AHCA was ultimately rejected by lawmakers earlier this year.

Dworsky said the researchers hope the report will inspire policymakers to broaden their view of how an Obamacare repeal would impact other portions of the U.S. health care system.

"The goal of the report really was to try and broaden the debate over ACA appeal and make sure the potential spillover effect on the VA health system and insurance coverage would be taken in account," he said.

"We didn't really see that as part of the conversation, and we think it still might be a little bit neglected," Dworsky said.

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1.2 - Miami Herald: Veteran Affairs offers beds to nursing home residents in need after Irma (14 September, David J. Neal, 8.9M online visitors/mo; Doral, FL)

After Wednesday’s death of eight residents of a Hollywood nursing home steaming without air conditioning, U.S. Secretary of Veteran Affairs David Shulkin announced Thursday that the agency will open available beds to non-Veteran nursing home residents affected by Hurricane Irma.

“We will continue to look for ways to relieve the hardship this powerful storm has caused,” Shulkin said. “Much of the heavy-lifting to recover from the hurricane is still to come and our leaders and staff are determined to find as many ways as we can for VA to help in the response.”

After delivering withering statements about the tragic deaths at The Rehabilitation Center at Hollywood Hills, the VA announcement said, Florida Gov. Rick Scott and U.S. Sen. Bill Nelson, D-Fla., began talking with Shulkin Wednesday night about inadequately cooled nursing homes. The Florida Health Care Association said as of Thursday morning, 64 of the state’s 683 nursing homes remained without power after Irma’s rampage across the state.

Many nursing homes have generators, but generators doesn't equal air conditioning. The Rehabilitation Center had a generator.

Hollywood police, now going over the center with a search warrant, said Thursday morning, "The initial investigation has determined the facility had some power; however the building's air conditioning system was not fully functional."

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1.3 - The Tennessean (Video): Meet the man picked to fix the Memphis VA, one of the most troubled in the nation (14 September, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)

There's a symbolic line at the Memphis Veterans Affairs Medical Center that new director David Dunning says sums up the daunting task ahead of him.

On one side, in the brand-new emergency room, there's new floors, cutting-edge technology and other modern amenities.

On the other, there is decades-old wallpaper, mismatched tile and almost cliche decor.

Dunning calls it "very clean, but it's just tired" and says the divide represents where they are and where he intends to take the hospital in the future.

"We're on a trip to L.A. and we've made it to Little Rock," he told the USA TODAY NETWORK - Tennessee during an exclusive interview this summer.

The Memphis VA serves hundreds of thousands of veterans in three states but is among the most troubled in the entire nation. It has received just one star in the agency's internal rankings — one of 14 nationwide and three in Tennessee with the rating.

New documents obtained by the USA TODAY NETWORK detailed a litany of patient safety issues at the hospital in recent years, including how VA providers mistakenly left plastic packaging embedded in a veteran's artery, leading to an amputation.

Reports of threats to patient safety jumped from 700 in 2015 to more than 1,000 in 2016, the newly obtained documents show.

Dunning, 52, a twice-deployed career Army officer, now finds himself tasked with turning around the hospital and improving patient care. The job comes amid several ongoing congressional investigations and as the hospital is one of just four nationwide reporting weekly to the VA's top health official in Washington.

The problems leading to the one-star ranking and detailed in the newly obtained documents pre-date Dunning's arrival. VA Secretary David Shulkin tapped Dunning in May to pull the hospital from the bottom. Four interim directors preceded him.

"We acknowledge it, but we don't accept it," Dunning said of the one-star ranking and history of poor care.

Dunning said he was "given the whole truth" about the hospital before accepting the director's position

"I chose to come to the Memphis VA with the expectation that I would be required to make tough decisions on behalf of my fellow veterans," Dunning said.

In June, Shulkin mentioned the hospital during a White House briefing on a push to pass accountability legislation that allows problem employees to be fired more easily.

Shulkin used the hospital as an example just days after the USA TODAY NETWORK reported that an employee returned to work after serving a 60-day jail sentence for a third DUI conviction and used donated leave to continue being paid.

The hospital denied the woman, Brittney Lowe, used donated leave, but sent a memo to all hospital employees about the leave policy, which generally only applies to long absences related to health conditions.
whistleblowers

Dunning declined to respond to those statements, but noted that Shulkin also referenced the hospital's one-star rating.

"There are very few people that believe they're a one star and they're offended (at the rating)," he said.

Dunning the Memphian, combat vet

Dunning was born in the now-razed Baptist Hospital just blocks from where the current VA hospital sits today. His grandmother retired from the VA when it was located on Getwell Road, before it moved to its current home in the Medical District.

His father was a Baptist preacher, an upbringing that meant spending time in lots of different places.

"We skipped everywhere when I was a kid, and I literally skipped everywhere in the military," he said.

But now he's back in what he calls his "forever home," a place he and his wife both have craved after more than a dozen moves during his military career.

“I'm committed to Memphis. Hopefully Memphis is committed to me.”
David Dunning, Memphis VA director
"I'm committed to Memphis," he said. "Hopefully Memphis is committed to me."

Dunning's grandparents grew up on Summer Avenue in Memphis, and his life and career as a soldier has taken him all over the world and Tennessee, from Somerville to Columbia to Clarksville and Nashville.

He still has family in Bartlett and his two brothers went to the University of Memphis.

"I could have gone somewhere and probably made more money, but this is where I belong," he said, noting that he had a choice of director positions to choose from, one in Memphis and one in the Northeast.

Dunning's Army career was almost entirely in the Medical Command section, and took him all over the world, the last stop for two years at Tripler Army Medical Center in Hawaii, a facility slightly larger than the Memphis VA.

Dunning deployed twice, and was among the first soldiers to take part in the Iraq surge ordered by then-President George W. Bush.

He also served in the 101st Airborne Division early in his career and remembers eating at Nashville's San Antonio Taco Company, a popular eatery on 21st Avenue near Vanderbilt University.

"There wasn't much to do in Clarksville back then," he said of his time with the 101st some 25 years ago.

The 5-point plan

Dunning said the increase in patient safety reports is a sign of improvement, and a sign of greater comfort disclosing issues.

And when Dunning talks about his vision and goals, he cites his five-point focusing on primary care, mental health, hospital-patient flow, infrastructure modernization, and the hospital's culture.

It's a plan he developed over his first 60 days on the job, and is "directly in line" with higher initiatives laid out by Shulkin, he said.

Dunning has made quick progress on some of the initiatives. The hospital will see a renovated and reorganized main entry atrium complete at the end of the year and a new parking garage begin around the same time that will add about 180 spots in a three-story parking garage.

He's also had the help of regional oversight to expedite the hiring of 182 critical but vacant positions he sees as necessary to improve the hospital's care and culture, mainly for the patients.

In just 30 days between June and July, the hospital hired 30 medical support assistants, who are among the first people to interact with veterans when they call for an appointment or visit the hospital.

Each of those could yield immediate gains, but also bring frustration with some patients.

The crave for stability

Dunning's arrival has brought a sense of stability to the hospital, which has been under control of interim directors for more than 18 months since the last permanent director left in February 2016.

"The culture war is really the biggest issue we have to fight here," Dunning said.

Some within the facility are already on Dunning's side. Willie Logan, the communications director, said the hospital has craved a stable presence at the helm.

"You (have to) get a leader people want to follow, we haven't had one," she said.

David Spencer, the executive officer for the Memphis Combat Vets Motorcycle Association, said though he doesn't get medical care at the Memphis VA, he knows many who do, and those experiences are mixed.

Dunning spoke to a recent chapter meeting, where Spencer said he was "firm" about improving the hospital's performance and reputation, and afterward personally met with many of the members, with an assistant taking notes and contact information.

"I think he's got the right idea," Spencer said.

Spencer said Dunning, if given the opportunity to succeed by both the community and the VA, he's confident he will achieve his goal.

Dunning has placed establishing healthy relationships with other area hospitals — "community affiliates," he calls them — around Memphis at the top of his priority list.

"My big thing is we just need to get moving," he said.

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1.4 - The Republican: Ginnie Mae launches task force to investigate VA-backed lenders; US Sen. Elizabeth Warren praises move (14 September, Shannon Young, 2.1M online visitors/mo; Springfield, MA)

Ginnie Mae, the principal financing arm for government loans, will look into potentially misleading marketing practices involving U.S. Department of Veterans Affairs-backed lenders, officials announced Thursday.

Acknowledging concerns U.S. Sen. Elizabeth Warren raised in a recent letter, Ginnie Mae Acting President and Chief Operating Officer Michael Bright said the Massachusetts Democrat is right to be bothered by the potential impacts aggressive mortgage marketing practices could have on veteran borrowers.

Bright, who noted that Ginnie Mae has already taken some steps to address these issues, further announced the creation of a joint "Lender Abuse Task Force," which will work with the VA to crack down on such practices.

Contending that some Ginnie Mae-approved issuer companies seem to be taking advantage of the VA program to aggressively market and "churn" loans, or successfully solicit an existing VA borrower to refinance a mortgage, Bright said his agency is working to analyze data and better understand what net economic benefit such refinances could offer borrowers.

Bright said the agency further believes it has found some patterns of suspicious behavior it will work to curtail, adding that "this churning is having a negative impact on Ginnie Mae securities."

For example, he argued that some VA borrowers may pay a higher mortgage rate than they otherwise would due to such churning.

Bright noted that Ginnie Mae took steps to respond to these issues, as well as those raised in a November 2016 Consumer Financial Protection Bureau report, which offered a snapshot of complaints service members have filed related to VA mortgage refinancing.

However, he noted that some issuers "seem determined to evade the intent of our program guidelines" and employ practices that "appear designed to market products that evade Ginnie Mae and VA program rules, and, in our view, may not be designed to help veteran homeowners."

The new task force, Bright said, will help the agency "continue and intensify (its) work in analyzing monthly data and developing additional policy steps" and be responsible for keeping members of Congress and industry officials aware of program changes and enforcement actions.

"Ginnie Mae, in its sole discretion, reserves the right to remove any lender from its program for violations and we have not finished our work to solve this issue," he wrote in a letter to Warren. "We are analyzing every option, from large scale program changes to working lender-by-lender, to understand how individual marketing practices may be impacting the overall health of Ginnie Mae's program."

Bright added that he's committed to working with Warren "and partner federal agencies to put an end to these practices."

Warren lauded Ginnie Mae's response to her recent inquiry into these refinance mortgage marketing practices.

"I am glad that Ginnie Mae and the VA have created the Lender Abuse Task Force and have committed to work with me to crack down on lenders who are exploiting veterans in order to line their own pockets," she said in a statement. "These abusive practices are wrong, and lenders who engage in them shouldn't benefit from any taxpayer backing."

Warren, in her early September letter to Bright, raised concerns that Ginnie Mae-approved companies could be forcefully marketing VA-backed refinance mortgages that hurt veterans and American taxpayers.

She pointed to CFPB report, which found that of the more than 12,500 mortgage complaints service members, veterans and their dependents filed with the bureau, about 14 percent -- or 1,800 -- were related to refinance.

Market analysts, meanwhile, have noted that some VA mortgage service providers are more likely to "churn" loans, or successfully solicit an existing VA borrower to refinance a mortgage -- something that may reflect aggressive marketing tactics, Warren argued.

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1.5 - Military Times: **New ad campaign reopens fight over VA privatization claims** (14 September, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — A left-leaning veterans advocacy group today is reopening the fight over privatization of Veterans Affairs services with a multi-state ad campaign imploring lawmakers to "save VA."

The nearly $400,000 effort comes as top VA officials and congressional leaders are preparing to unveil their long-term plans for the department's controversial Choice program, which allows veterans to seek private-sector care using federal dollars.

The program has been a frequent target of critics who accuse conservatives of working to undermine VA funding and services, by outsourcing core government responsibilities to provide health care to veterans.

But supporters — including President Donald Trump, who has repeatedly promised to expand current Choice offerings — say the outside care options are critical to providing faster, less cumbersome medical access for veterans, and avoiding long wait times at VA facilities.

The ad campaign by VoteVets Action Fund does not mention the Choice program by name but warns watchers "don't let Trump privatize my VA." The group, which has worked closely with a number of Democratic outreach and election efforts, argues that moving more veterans outside the federally-funded health care system will erode its effectiveness and value.

"We're doing this because we want to make sure people know the true story at VA," said Will Fischer, VoteVets director of government relations and an Iraq War veteran. "The other side is interested in making money off of veterans and privatizing anything and everything."

That's a charge that VA Secretary David Shulkin has repeatedly denied, in congressional testimony and numerous media interviews.

Currently, about one-third of veterans medical appointments paid for by VA are conducted by physicians outside the department. White House officials have requested $13.2 billion in outside care spending for fiscal 2018, about one-fifth of the total funding requested for veterans health services.

Shulkin has pushed for significant changes to the Choice program, including changing eligibility criteria to open the program to more veterans. Choice funding is expected to run out early next year, and Shulkin has promised the replacement — the Coordinated Access and Rewarding Experiences program, or Veterans CARE — will be "a program that's easy to understand, simple to administer and meets (veterans) needs."

The criteria, cost and potential impacts on other programs have not yet been released.

Republican leaders on Capitol Hill have also repeatedly promised not to look at "privatizing VA," but have taken criticism from Democratic colleagues for a host of policy suggestions that some fear could be the first steps towards eroding department resources.

Fischer said he hopes viewers of the ads help push for improvements to the VA system instead of moving more outside it.

Just extending the Choice program another six months became a contentious debate earlier this summer, with several prominent veterans groups lobbying for additional funds for VA facilities in conjunction with $2.1 billion in Choice money. That fight is likely to resume again this fall if groups see plans to pull money from existing VA programs for private-sector payments.

Meanwhile, supporters of outside care expansion have also been increasing their outreach in recent weeks.

Officials from Concerned Veterans for America, which has ties to conservative groups and have been among the most vocal supporters of reforming and broadening the Choice program, has released a series of op-eds and policy positions arguing that too many veterans face significant waits for basic health needs within VA.

“Every veteran should have the choice to use their health care benefits in the private sector, especially if the VA is unable to provide them with quality care in a timely manner,” CVA Policy Director Dan Caldwell said in a statement late last month.

The VoteVets ads will be airing in Alaska, Florida, Kansas, Louisiana, Maine, Minnesota, Montana, Nevada, Ohio, South Dakota, Tennessee, Texas and West Virginia. They’re also available online.

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1.6 - Military Times: Ashford University gets OK to keep GI Bill students (14 September, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)

Ashford University has received the Department of Veterans Affairs’ stamp of approval to continue enrolling GI Bill students long-term.

The announcement comes after a tumultuous summer for the online for-profit school, which was, at one time, scheduled to lose its eligibility to receive VA funds in August after losing its state-level approval in Iowa. Ashford then sought approval in Arizona and was permitted to continue enrolling veteran students for the new school year, pending approval from VA.

It got that Wednesday, according to a letter to students from Ashford President Craig Swenson. A VA spokesman confirmed this was the final step to certify students’ use of GI Bill funds through the school’s Arizona location.

“We appreciate the VA and Arizona (State Approving Agency) for working to complete this process and ensuring there was no disruption to students’ GI Bill education benefits,” Swenson said in a statement. “We look forward to continuing to serve these students and assisting them in achieving their educational goals.”

In July, an Iowa court ruled against Ashford’s request to retain state eligibility for its online programs, more than a year after the school closed its only campus in the state. The school of

more than 40,000 students, which is the 15th most popular college destination for GI Bill users, turned to Arizona, opening an administrative and student service center in Phoenix.

Federal approval of the move wasn't guaranteed; the VA did not accept the Arizona State Approving Agency's initial notice of approval and had requested additional information. But Thursday, a VA spokesman said the department had acknowledged the state's approval of the university and that there would be no immediate impact to Ashford students using GI Bill benefits.

He said in an email, "VA continues to review adherence to statutory and regulatory requirements relating to this approval. In all cases, we urge G.I. Bill recipients to make informed decisions regarding the use of their education benefits."

Loss of VA approval could have also impacted the school's eligibility to enroll active-duty military students using tuition assistance, since schools must have VA approval in order to receive funds from the Department of Defense.

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1.7 - Stars and Stripes: Veterans crisis line to open third call center (14 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The Department of Veterans Affairs will open a third call center in the fall to handle an anticipated increase in calls to the veterans crisis hotline.

The call center will be located on the VA campus in Topeka, Kansas, the VA said late Wednesday. The announcement comes just nine months after a second call center was opened in Atlanta.

"The new center in Topeka gives us more feet on the ground and an easier way for veterans to connect with us when they need us most," VA Secretary David Shulkin said in a written statement.

The VA has previously been criticized for allowing calls to the veterans crisis line to roll to voicemail. Last year, the VA inspector general reported instances of veterans waiting on hold for long periods and calls being dropped.

The opening of the Atlanta facility improved the situation, the VA said. In December, it reported the crisis line was answering 44 percent more calls than it was months earlier, but some calls were still rolling to a backup center. When phone lines are busy, calls are routed to another contracted call center. The inspector found responders in those centers were ill-equipped to handle crises.

About 200 responders work at the Atlanta facility, and 310 work at the VA's original call center in upstate New York. The Topeka facility will bring the number of employees staffing the veterans crisis line to 610. The call centers answer phone calls, texts and online messages from veterans, servicemembers and their families.

The VA is also expecting an increase in calls once it expands a function to automatically transfer veterans to the veterans crisis line from any VA facility. At VA hospitals, veterans can press “7” from a phone and be sent to the hotline. The VA is rolling the option out to its 300 veterans centers and more than 1,000 outpatient clinics.

The expansion is expected in the next few months. The VA said the Topeka call center would open in the fall, but didn’t give a date of when it would be operational.

“Expanding the [veterans crisis line] to additional locations and increasing crisis responders is critical to providing veterans with support they need, when they need it,” Sen. Jerry Moran, R-Kan., said in a written statement. Moran is a member of the Senate Veterans’ Affairs Committee.

To reach the hotline, veterans, servicemembers or their families can call 1-800-273-8255 and press 1, text 838255 or open an online chat at veteranscrisisline.net.

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2. Veteran and Employee Experience

2.1 - WRAL (NBC-5, Video): Long waits lead to good news for vets seeking resolution to VA problems (14 September, Cullen Browder, 3.1M online visitors/mo; Raleigh, NC)

CARY, N.C. — Hundreds of veterans walked into the Herb Young Community Center in Cary on Thursday with complaints and problems and walked out with resolution and, many times, money.

The American Legion and the VFW sponsored the Veterans' Experience Action Center to help veterans who are having trouble with the U.S. Department of Veterans Affairs. Because North Carolina is the only state hosting such events, veterans came from across the country.

"Nothing could be finer than to be in Carolina this morning," said Army veteran Marc Stratton, who flew to the Triangle from Arizona. "I got more done today in less than an hour than I've done in years."

Veterans started lining up for the event Wednesday night, and the line wrapped around the building by the time the doors opened at 9 a.m.

"The word got out, and the need is there," said Richard Spyrison, the service officer for the American Legion post in Cary. "The biggest thing is that the veteran can tell that [volunteer] his story, his problem, why he needs this."

Army veteran Robert Jones of Greenville stood in line for hours to erase years of VA paperwork problems.

"They made a mistake, and they acknowledged that themselves and corrected it and took a lot of pressure off," Jones said. "Today was a very good day. I thank God for the folks here."

Struggling with PTSD, Marine veteran Dustin Glidewell of Carthage finally got the disability he'd been fighting for.

"I got 100 percent today," Glidewell said. "That means my kids get fed. I mean, it means I have a home now."

Not every veteran got what they wanted, but they got answers and personal attention.

"Today's been amazing. They spent three hours with me, and it's been ultimately validating," said Evangeline Moore, a homeless Navy veteran who drove from Washington, D.C., in search of education assistance.

"It feels like I just dropped my rucksack for the last time. I can breathe again," Glidewell said.

The Veterans' Experience Action Center continues 9 a.m. to 4 p.m. Friday and 9 a.m. to 3 p.m. Saturday. Veterans are advised to bring their medical records with them.

About 500 veterans were served in a similar event last year, and organizers said they hope to double that by the end of Saturday.

"This is needed, and we're going to try and increase this format," North Carolina Secretary of Military and Veterans Affairs Larry Hall said. "We do it several times across the state already, and we have these kinds of turnouts. The second thing is we have to have better follow up and make sure they get into the system."

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2.2 - Inside Higher Ed: VA seeks broad waiver of rule barring payments from for-profit colleges (15 September, Andrew Kreighbaum, 1.6M online visitors/mo; Washington, DC)

The Department of Veterans Affairs intends to grant employees a waiver of a rule barring receipt of salary or other benefits from for-profit colleges.

The proposed regulation was published in the federal register Thursday and would take effect next month without "adverse comment."

A recent VA inspector general report found that two employees had violated the rule by working as adjunct instructors at for-profit colleges receiving VA benefits. The report recommended issuing waivers where no specific conflict of interest exists.

The proposal goes further, granting a waiver to all VA employees as long as they abide by certain other federal conflict-of-interest laws. Asked for comment, the VA's press office referred to language in the agency's notice of intent stating that the "statute has illogical and unintended consequences."

Carrie Wofford, president of Veterans Education Success, a group that's frequently been critical of for-profit colleges, called the proposal "crazy." She argued it would allow employees at VA, which acts as a regulator of institutions receiving veterans' education benefits, to hold stock or receive gifts from those entities.

Will Hubbard, vice president of government affairs at Student Veterans of America, said he wasn't sure the proposal had a nefarious intent. But he said the timing was interesting considering recent changes the Department of Education has made to rules protecting students and certain personnel decisions at the department.

"We remain very committed to ensuring that student veterans continue to be the top priority of the Department of Veterans Affairs," he said.

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2.3 - Commercial Appeal (Video): How we're fixing a broken VA care system (14 September, Phil Roe and David Kustoff, 1.1M online visitors/mo; Memphis, TN)

As the Chairman of the House Committee on Veterans Affairs and the Congressman representing West Tennessee veterans who seek care at the Memphis VA Medical Center, we are concerned and outraged by the recent abysmal failures at the Memphis facility.

We are encouraged to see swift action from the Department of Veterans Affairs (VA) to get the Memphis facility on track — and will continue to closely monitor progress — but these examples underscore the serious and urgent need to reform VA. As the representatives of Tennessee veterans, we have a duty to ensure they have timely access to quality health care, and it's a duty we take very seriously.

This is simple: the men and women who put on a uniform and fought for this country made a promise to serve; a promise to defend the United States against all enemies foreign and domestic. In return, this country made a promise to care for the men and women who have borne the battle and to provide for their families.

Over the past several years, we've seen numerous instances of VA failing veterans, and it's long past time Congress act in a bipartisan way to make things right. We've made some progress, but as ongoing congressional investigations and recent media reports show, there is still much work to do.

We're fortunate to have partners in the Trump administration. President Trump has repeatedly expressed his desire to reform VA, and VA Secretary Shulkin has worked to build trust with members of Congress on both sides of the aisle. Secretary Shulkin called both of us individually to hear our concerns about the Memphis VA facility and to discuss ways to improve care for West Tennessee veterans.

The secretary has always been honest about the challenges the department faces and what VA needs from Congress to be successful. That's why we championed and supported accountability legislation the administration explicitly asked for. The Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 was signed into law by President Trump on June 23 after passing the House and Senate with bipartisan support.

This law gives the secretary more authority to fire or discipline bad employees while protecting VA employees' due process rights. The vast majority of VA employees are good, hardworking

men and women who want to serve veterans honorably, but the bad actions of a few have tainted the reputations of many.

Still, as any employer will tell you, you cannot fire your way to success. That's why the accountability law includes provisions that provide VA with direct-hiring authority to fill medical center positions throughout the country. According to a VA Fact Sheet released in March 2015, "since June 2014, ninety one percent of [VA] medical facilities have new leaders or leadership teams…" That percentage is inclusive of both newly placed, permanent leaders and those who have been detailed to an acting director role.

How can we expect to change the direction of VA without steady leadership? After having numerous interim directors at the Memphis VA in 2016 alone, we applaud VA for hiring Memphis VA Medical Center Director David Dunning. We thank Director Dunning for his commitment to bringing much-needed stability to the Memphis facility.

Congress has also sent legislation to the president's desk, which was signed into law on Aug. 12, 2017, that will give the department the tools it needs to recruit, train and retain a high-quality workforce. These are two strong steps in the right direction. Another, and perhaps the most important step, is giving veterans options for care just like any other patient. If a patient receiving care in the private sector isn't happy with the quality of care, they can find another provider to meet their needs. Veterans should have that same option.

This fall, Congress will work to reauthorize the Choice Program, a program we realize needs improvements and reform. Providing veterans with options for care is another important part of making things right on behalf of our nation's veterans. Our priority will continue to be making good on the promise we made to veterans in Tennessee and across the nation. It's a promise worth keeping, and a promise that has been broken for far too long.

U.S. Rep. David Kustoff of Memphis represents the Eighth Congressional District. U.S. Rep. Phil Roe of Johnson City, Tenn., is chairman of the House Committee on Veterans Affairs.

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2.4 - WTVD (ABC-11, Video): Cary event brings veterans face-to-face with VA representatives (14 September, Julie Wilson, 880k online visitors/mo; Durham, NC)

CARY (WTVD) -- The American Legion and the Town of Cary are hosting a three-day event focused on answering questions for veterans.

The Veterans Experience Action Center will put veterans face-to-face with a representative from the U.S. Department of Veteran Affairs.

Meetings will allow for explanations, assistance facilitating, expediting existing claims and appeals, filing new claims, and accepting all claim related evidence.

The event runs from 9 a.m. to 4 p.m. Thursday and Friday. On Saturday, doors will be open from 9 a.m. to 3 p.m.

Veterans in attendance are asked to bring their DD214, all medical records about their disability both military and civilian, along with any dependency documentation.

The location for the event is Herbert Young Community Center in Cary, 101 Wilkinson Ave., Cary, NC, 27513.

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2.5 - La Crosse Tribune (Jackson County Chronicle): Jackson County hosts benefits fair for veterans (14 September, Jordan Simonson, 818k online visitors/mo; La Crosse, WI)

The Jackson County Veterans Service Office and Tomah VA Medical Center hosted a Homeless/At Risk Veterans Stand Down and Benefits Fair Thursday at the Black River Falls American Legion Post 200, providing information for veterans about many of the services available to them via federal, state and local programs.

“It is a two-fold event, it is a homeless or an at-risk stand down for veterans in the area that can come and get assets and services. It is also a benefits fair for any other veteran. They can come in and as you can see there are many different points of contact here, they can actually find out a lot of information,” Jackson County veterans service officer Randy Bjerke said.

This fair was aimed at getting more veterans in Jackson County connected with the many services that they qualify for, including the Tomah VA Medical Center.

“We could identify that the veteran population in all of our counties is higher than the population of veterans that are actually registered with the VA. That means that there’s a lot of veterans within our counties that just don’t know what their benefits are. They don’t know that they qualify for things. They may not know that we have a homeless program. They may not know that there are other programs that might help them both within the community and the VA,” Tomah VA Medical Center homeless outreach coordinator Amanda Steinhoff said.

The first-time event for Jackson County had more than 20 vendors including several local, state and federal programs.

“We have never had a veterans homeless stand down in Jackson County, so being the first of its kind we have a lot of resources here, a lot of community programs here, a lot of state and federal resources here to help veterans identify if they need any help,” Steinhoff said.

One of those local programs on hand was the local VFW Post 1959 that was helping serve a light meal during the event.

“Since we feel fervent about helping veterans, I shouldn’t say more so than anyone, just as much as anyone else, we want to do a couple of things. First, we want to facilitate this for all of the entities that are here. The American Red Cross, the VA, but we also want to assist with our own personal recruiting drive because there are not very many VFW members,” VFW Post 1959 chaplain Mario Garcia said.

Garcia spoke passionately about the many benefits of the VFW for its members, highlighting the importance of programs for veterans.

"It is that little brotherhood, or that cohesive mindset that we bring to other veterans that could be possibly stumbling a little bit, that could use a helping hand. So what the VFW does in their position, we have an emergency fund," Garcia said explaining that they recently used the fund to help a veteran replace his roof.

It is connecting even one veteran with programs like the Tomah VA Medical Center and the local VFW that made the event a success for Bjerke.

"Every time that we get a new veteran to come in and find out what is available to them, that is a benefit just in itself because we have one more educated veteran. I don't like it when they are in the woodwork, so to speak," Bjerke said. "No matter how many veterans you have, you always wish you had more show up. Because you want to be able to get that word out and be able to inform the veterans that need it."

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2.6 - KTVI (FOX-2, Video): Government workers hold union rally outside VA Medical Center on Grand (14 September, 663k online visitors/mo; Saint Louis, MO)

Workers at the John Cochran VA Medical Center will hold a rally Thursday, September 14 outside the hospital. Members of the American Federation of Government Workers want to raise awareness of what they call dangerously low staffing levels at facilities around the country.

The union claims the shortages are depriving veterans of the health care they deserve. They say it's also creating risks to patient safety and a hazardous work environment.

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2.7 - WNCN (CBS-17, Video): 3-day push will help NC veterans connect with benefits (14 September, Beairshelle Edme, 607k online visitors/mo; Raleigh, NC)

CARY, N.C. (WNCN) – A three-day event for veterans launched Thursday to help former military members access benefits, among other services.

But many veterans told CBS North Carolina's Beairshelle Edmé they're frustrated with all these processes, applications, and long waits.

61 years could separate some of the veterans who have served in the Korean War from those who were sent to the Iraq War. But as they formed a perimeter around the Cary Herbert Young Community Center, their mission was the same: access to veteran benefits.

"You start out at the VA. They put you in the system, then you meet with the veteran services officer to fill out the paperwork," explained Larry Kall, a Army veteran of Vietnam. "They say it's six to nine months to a year before you hear anything. I'm hoping this will escalate it."

The Veterans Experience Action Center, VEAC, brings in former military member from across the nation.

It's the third year for the event where agents help fill out applications for benefit claims and direct veterans to health services, including for mental illness.

Derwood Bobbitt is a Marine veteran, who like others, has doubts about the process.

"Yes, I volunteered to serve my country; however, I was perfectly fine then," Bobbitt said. "Now, all of a sudden I have an injury or mental illness or whatever the case may be. You know, 'Hey let's fix this problem. Instead of putting a Band-Aid on something that needs surgery, hey, let's do surgery."

The Department of Veteran Affairs, along with several other veteran organizations, sponsor the event.

Asked how to make veterans feel less frustrated and more valued, Megan Miller, an assistant veterans services manager at the Winston-Salem VBA answered: "Part of the way we're trying to make it better is by being here face-to-face, because I think a lot of the frustration results from confusion. Veterans don't understand the process to file a claim or they don't understand why their claim may not be entitled to service connection for example."

VA officials say regional and congressional offices as well as online resources are all available.

They hope the three-day event starts or continues the process to honoring their service.

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2.8 - Post-Tribune: Column: Vietnam documentary should take a balanced look (14 September, Tom Bellino, 261k online visitors/mo; Crown Point, IN)

The PBS special series, "The Vietnam War," by Ken Burns and Lynn Novick, which begins Sunday, no doubt will evoke emotions for both the veterans of that war as well as the observers, resisters and opponents of it. Various Veterans Affairs facilities are offering a Monday morning debriefing after the first episode of the series, because "it may bring up stressful memories for combat veterans."

Clearly the Vietnam experience is so unique that extraordinary responses are expected to the impact of this series, as it was to the actual war.

Vietnam, the time and place, was in fact extraordinary, and was and still is difficult to describe. Former United States Senator and Secretary of the Navy James Webb, who also was a highly decorated combat Marine in Vietnam, summed it up on a CBS Sunday Morning show in 2014: "If you were there, I don't need to explain. If you weren't, I can't explain."

I would suspect that most veterans of Vietnam would echo that statement. It has become became a common mantra of many veterans of that war. Many thought (and still think) the greatest problem many of the returning Vietnam veterans was that if in fact your body came back, so did your mind.

Some veterans are discussing whether they will watch the series. Some say that since it no doubt was developed by what they perceive as a left-leaning type, it merely will rehash the anti-war sentiment of the era, and they simply do not want to hear that again. Some of the more hardened veterans go on to say this will no doubt portray the enemy as the good guy and the American soldier as the bad guy, resurrecting the way they were treated upon the return home following their tours of duty in Southeast Asia.

The stories of being spat upon at airports, with chants of "Baby Killer," and "Hey Hey, Ho Ho, how many kids did you kill today?" are ubiquitous in the Vietnam veteran community.

Even if half of these stories are embellished memories, then the other half are tragic, and perhaps even more tragic because they were heaped on young men, often 17 to 27 years old. They answered the call of their country and were sent to a foreign land to fight a war that was not a declared war, one not supported by most of their peers, and even most of their government.

Other warriors are referred to as "The Greatest Generation," as is the case of the World War II veterans, and "American Heroes" in the case of the Iraq and Afghanistan veterans. These accolades are right and just.

No such positive descriptors, however, have been applied to the Vietnam veteran. Perhaps the relatively recent greeting of "Welcome Home" is America's newfound acknowledgment of the veteran from 1965 to 1975, the war of which the writer Myra MacPherson described in 1984, "Above all, Vietnam was a war that asked everything of a few and nothing of most of America."

Michael Herr, who helped write the screenplay for "Full Metal Jacket" and "Apocalypse Now," wrote, "All the wrong people remember Vietnam. I think all the people who remember it should forget it, and all the people who forget it should remember it."

There is no doubt that all war is hell, but without the support of the people who send you into that war however, it is an even greater hell.

Hopefully, Ken Burns and Lynn Novick in their series, treat the Vietnam veteran with the honor deserved, and that the warrior of that war, albeit not declared, can in some way put away some of the demons that often come at night. Let's hope so.

Dr. Tom Bellino is the author of Bac Si: A Novel, a saga of the Vietnam War. He was a Navy psychologist during the Vietnam War.

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2.9 - WUSF Public Media (Audio): VA Prepares for PBS Vietnam Documentary; It May Trigger Some Vets' PTSD (15 September, Steve Walsh, 197k online visitors/mo; Tampa, FL)

The ten-part documentary by filmmakers Ken Burns and Lynn Novick is at times graphic, and people who work with veterans say it may trigger traumatic memories for those who fought in Vietnam.

For two weeks, PBS stations will relive one of the most devisive eras in American history.

"The Vietnam War" documentary - produced by Ken Burns and Lynn Novick - is being billed as a rare cultural milestone. The filmmakers have been planning the series since 2006, meaning their production process was about as long as America's involvement in the war.

The series is designed to be intense. Each episode if preceded by a warning about strong language and graphic violence.

But people who work with veterans say the documentary may be too intense for some of those who fought in Vietnam.

"Some are going to watch it. Few will," said Henry Peterson, a chaplain at the Department of Veterans Affairs in San Diego. He counsels people with PTSD.

"It could bring up some memories they that don't want to deal with," Patterson said. "It could bring up some memories they may need to deal with."

Tina Mayes, a VA staff psychologist, said almost anything can trigger the vivid and aggressive thoughts associated with PTSD. A door slam. Smell of diesel.

"It can be something someone says. The way they say it," Mayes said.

News, movies, and documentaries are among the most common triggers.

"I would say the majority of veterans that I work with, when their symptoms are high, they're actively avoiding any media," Mayes said.

While PTSD is an issue among veterans of all eras, as well as certain populations of non-veterans, Mayes said people who served in Vietnam are particularly vulnerable.

"Honestly we don't know why, but some of the research suggests that it was because of the way they were received when they came back," she said.

In the 1970s, the VA was often unwelcoming. Society in general appeared, at best, uninterested in the plight of returning vets, and in some places was openly hostile.

Decades later, some vets still live with the symptoms of untreated PTSD, like the aggression that feels like it comes out of nowhere.

"It affects everyone," said Vietnam combat veteran Larry Taylor. "I would say my own wife experienced PTSD just from her relationship with me and the war I fought in."

Before he was treated, Taylor coped by avoiding his triggers. He didn't see Apocalypse Now, The Deer Hunter, or other popular moves about Vietnam. But when the first Gulf War broke out in 1990, he couldn't avoid the constant media coverage.

"Basically after the Gulf War, my PTSD kicked in," Taylor said. "I would wake up screaming. My wife would wonder what's going on. I was having nightmares all the time, during the daytime."

Still, Taylor wouldn't seek treatment for another decade. He's now the lead mental health chaplain at the VA in San Diego. He plans to watch the 18 hour long PBS documentary.

"I think today I know the difference between a bad memory and reliving a situation," Taylor said. "Fortunately I'm not reliving things the way I once did."

His guidance for vets is: Don't feel obligated to watch. If you do watch, find a loved one to watch with you. Taylor is enlisting his wife of 46 years.

In the past, the VA provided outreach around movies like Saving Private Ryan for vets who were triggered by what they saw. But the agency said it didn't experience a major increase in calls.

This time, the VA is partnering with PBS, preparing to provide counseling to any vets who feel it's time to start working through their own experience with the war.

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2.10 - Tribune-Democrat: UPJ summit seeks ways to help veterans (15 September, Dave Sutor, 155k online visitors/mo; Johnstown, PA)

Issues that afflict active military personnel and veterans, including thoughts of suicide, physical pain and moral injury, also impact the general population, albeit in different ways.

So, when advancements are made to help men and women who serve the United States deal with those challenges, the nation benefits.

That lesson was understood well by U.S. Rep. John Murtha, whose work helping military personnel and their families deal with traumatic brain injury and breast cancer ended up positively impacting Johnstown, Pennsylvania and the entire country.

Carrying on his mission was part of the reason for holding the James E. Van Zandt VAMC Health and Wellness Community Summit on Thursday at the University of Pittsburgh at Johnstown's John P. Murtha Center for Public Service and National Competitiveness.

"He made taking care of veterans a benefit to the whole community," state Rep. Bryan Barbin said. "What we learned in taking care of veterans was also a benefit to the population as a whole. And that should continue."

The summit was the first symposium-type event hosted by the newly opened center.

"I can't think of any organization that's more appropriate for this center than one dealing with veterans and their problems and concerns because, as all of you know, that, for Jack, was our No. 1 program and problem that he worked on," said Joyce Murtha, the late congressman's widow. "And he just felt like that veterans didn't always get all they deserved."

UPJ President Jem Spectar explained how the gathering brought together representatives from different fields to share ideas, which was a way Murtha worked when trying to find solutions to difficult issues.

“One of the most important things this center can do is to bring people from different sectors,” Spectar said. “We have here representatives from the medical community, from the military community, leaders, community service agencies, volunteers to talk about issues of concern to our community and to bring insights, new ideas, the latest research to try to find solutions to the pressing and vexing issues that affect our community.”

The summit included a presentation about suicide among military personnel and veterans.

Russell L. Crupe, Sr., whose son committed suicide after serving in Iraq, discussed the need to eliminate the “stigma” that exists surrounding mental issues that can lead to suicide.

“It’s a story I’m trying to tell,” Crupe said. “Maybe I can save a veteran’s life.”

Ronald Poropatich, executive director for the University of Pittsburgh Center for Military Medicine Research, discussed advancements that are being made in eye transplants, regenerative medicine, and other areas. He went into detail about work being done to better map nerves in the human brain.

“It’s high-definition fiber tracking,” Poropatich said. “It’s neuroimaging, imaging of the brain. It’s taking a MRI of the brain and developing a stronger way to interpret the signals from the MRI machine in such a way that we can see the actual nerve fiber, where we don’t see that now.”

The research is supported by the Department of Defense.

“Military funding that we’re receiving to do research for military-specific medical problems has a direct translation to the civilian sector,” Poropatich said.

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2.11 - New Hampshire Public Radio: Makeup of N.H. VA Task Force Announced, Some Whistleblowers Say They Were Shut Out of Process (14 September, Peter Biello, 148k online visitors/mo; Concord, NH)

The Department of Veterans Affairs has released a list of the twelve people who will serve on a task force looking at the future of health care for New Hampshire veterans.

Since July, a dozen whistleblowers have come forward with allegations of substandard care at the Manchester VA. One of those whistleblowers, cardiologist Erik Funk, will serve on the task force.

The list also includes four people who are not VA employees and five who are not New Hampshire residents.

Ed Kois, a VA doctor and leader of the whistleblowers, said that's a problem.

"We have people deciding the fate of the Manchester VA who don't have any skin in New Hampshire," Kois said.

VA Secretary David Shulkin ordered the creation of this task force in a visit to New Hampshire last month.

One of the more outspoken whistleblowers, Stewart Levenson, was turned away when he offered to join. Levenson worked at the Manchester VA for nearly two decades before leaving the VA earlier this summer.

Dr. Michael Mayo-Smith, network director for the New England VA system and co-chair of the task force, said at the time in an email obtained by NHPR that Levenson could not join the task force because "government work needs to be done by government employees - others are not bound by the same ethical and regulatory guidance."

He went on to say that "the Task Force will be VA staff."

Mayo-Smith was unavailable to comment Thursday.

Dave Kenney is co-chair of the committee, and chair of the New Hampshire State Veterans Advisory Committee. He is also not a VA employee. Kenney says through his work on this task force, he will be looking for ways to bring "full-service" healthcare to New Hampshire veterans.

"Full-service" means a broader range of treatment options for New Hampshire veterans, including in-patient care. Kenney says that's what most veterans want.

"They want full service, however that manifests itself," Kenney said. "Whether it's a combination of VAMC [VA Medical Center] and Choice [The Veterans Choice Program], which I believe is the way it will be."

New Hampshire is one of three states in the country without a full-service VA Medical Center, along with Alaska and Hawaii.

The task force's next meeting is scheduled for September 25th, with recommendations due by January 2018.

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2.12 - Hudson Valley News Network: Maloney, Local Officials Slam VA Decision to Cut Funding (14 September, Kathy Welsh, 54k online visitors/mo; Hyde Park, NY)

NEWBURGH – Representative Sean Patrick Maloney (NY-18) and local officials condemned a decision by the Department of Veterans Affairs to deny an anticipated annual federal investment of over $500,000 to Hudson River Housing.

If no action is taken, funding will run out and the program will be terminated after Sept. 30.

“Hudson River Housing has been an absolute lifeline for hundreds of men and women who wore our country’s uniform and needed some help when they got home. This heartless decision would leave them out in the cold,” said Rep. Maloney. “This breaks our sacred promise to our veterans and turns our back on them when they need us most.”

"Veterans should have every expectation we will continue to support them and will not give up on them," said Dutchess County Executive Marcus J. Molinaro. "These brave men and women put their lives at risk to ensure our safety and the security of our nation. Though Supportive Services for Veteran Families (SSVF) and our partnership with Hudson River Housing has led to a dramatic decrease in homelessness among veterans, the issue remains. We do not want to see even one veteran struggling to find safe shelter and secure housing. With little notice the Department of Veterans Affairs' decision to deny another year of SSVF support in our community is shortsighted and illogical. We are grateful to Congressmen John Faso and Sean Maloney and Senator Chuck Schumer for speaking up for Dutchess County's and America's veterans. We cannot allow any veteran to be left out in the cold, to struggle on their own. Dutchess County stands with our veterans and will keep fighting for every one of them."

"Since 2012, Hudson River Housing has been able to assist over 500 families who would have otherwise been homeless without this funding," said New York State Senator Sue Serino. "This harmful decision to eliminate this grant, which has effectively reached so many veterans in need, illustrates either a lack of understanding of the critical need it fills or a callous disregard for our veterans. I implore the Division of Veterans Affairs to reconsider and provide this critical funding to ensure that our homeless veterans and their families are not abandoned by the nation they have courageously served."

"On behalf of the homeless Veteran families that Hudson River Housing proudly serves, we are devastated by the news of the defunding of our Support Services for Veteran Families (SSVF) grant," said Hudson River Housing Executive Director Christa Hines. "The possible closure of the SSVF program will cause an immediate and serious impact on the at-risk and homeless Veteran community that we serve and potentially reverse all of the progress that Hudson River Housing and our partners have made to address Veteran homelessness in Dutchess County. The manner in which we received notification that funding we have relied upon since 2012 would be completely eliminated in 2 weeks just furthers our disappointment and magnifies the impact this will have on the Veterans we serve. We appreciate the willingness of our Congressional representatives, John Faso and Sean Patrick Maloney, our Senator Charles Schumer and State Senator Sue Serino as well as Dutchess County Executive Marcus Molinaro who joined with us in questioning why this funding was cut and their advocacy on our behalf with the Administration."

Hudson River Housing will apply for an emergency one month extension to allow the organization to finish its existing cases. Local leaders are working together to appeal the decision or secure an extension. Rep. Maloney sent a letter directly to the President, asking him to intervene on behalf of local veterans. Dutchess County Executive Molinaro wrote an additional letter to the VA.

Hudson River Housing in the City of Poughkeepsie has received an investment of $511,000 every year for the past five years from the Supportive Services for Veteran Families (SSVF) program. The investment has allowed the organization to employ five full-time staff who provide wraparound services to homeless veterans. Two staff members are veterans themselves. Since starting the program in 2012, HRH has helped over 450 homeless or at-risk veteran families and are currently providing services to thirty veterans. The U.S. Interagency Council on Homelessness recently confirmed that Dutchess County had effectively ended homelessness among veterans. However, this status is reliant on local organizations which have the capacity to assist individual veterans who are at-risk or have recently become homeless.

Since taking office in 2013, Rep. Maloney has worked to secure nearly $2 million to assist homeless veterans in the Hudson Valley. In July, he introduced the Housing Our Heroes Act, which would create a three-year $25 million pilot program within the VA to provide grants to VSOs and other non-governmental organizations to acquire and update blighted properties for the purpose of housing homeless veterans.

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2.13 - DS News: **Ginnie Mae Responds to Senator Warren on VA Lenders** (14 September, Brianna Gilpin, 54k online visitors/mo; Dallas, TX)

Thursday, in a letter to Senator Elizabeth Warren (D-MA), Ginnie Mae explained how it is curbing VA refinance speeds and aggressive marketing by some VA approved lenders.

The letter was in response to Sen. Warren, who initially addressed the aggressive practices in a letter to Ginnie Mae on September 6, 2017. Warren warned that the marketing practices are negatively impacting Ginnie Mae securities without necessarily benefiting veteran borrowers.

After researching the unusually fast prepayment speeds Ginnie Mae was noticing in its securities, as well as conducting conversations with its partners at the VA, with Ginnie Mae issuers, and the investor community, in 2016 Ginnie Mae decided to change a few program standards.

“The APM put in place a limitation on the delivery of so-called “streamline refinance” loans into standard Ginnie mortgage-backed-securities until six consecutive monthly payments were made on the initial mortgage loans,” Michael Bright, President and CEO of Ginnie Mae said in the letter.

According to Bright, this means that an originator cannot do a quick refinance of a loan and deliver it into a standard Ginnie Mae security until the borrower has made six months of payments. This restriction went into effect in February of this year, but after a successful six months, Ginnie Mae noticed more streamlined refinancing appearing in their pools. Some VA loan issuers are now using other “evasive mechanisms.”

“Ginnie Mae’s efforts, along with its partners in government, industry, Congress, and other stakeholders, seek to fully root out these questionable lending practices that harm veterans and harm the Ginnie Mae security, which also notably means harm to FHA and other government backed loan program borrowers,” Bright said.

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2.14 - Reveal: **White House seeks to legalize payoffs to VA officials by for-profit schools** (14 September, Aaron Glantz, 39k online visitors/mo; Emeryville, CA)

The Trump administration is seeking to waive a 50-year-old anti-corruption law that prevents officials who administer the GI Bill from accepting money from for-profit schools backed by taxpayer subsidies.

The proposed regulation, published Thursday in the Federal Register, would allow employees of the Department of Veterans Affairs to receive “wages, salary, dividends, profits, gratuities” and services from for-profit schools that receive GI Bill funds.

VA employees would also be allowed to own stock in those colleges, the waiver says, as “the Secretary (of Veterans Affairs) has determined that no detriment will result to the United States, veterans or eligible persons from such activities.”

News of the proposed rule blindsided veterans’ advocates who have battled for years against predatory colleges, many of which have used aggressive marketing techniques to become leading recipients of GI Bill money.

“Bizarre and very likely illegal,” said Carrie Wofford, president of Veterans Education Success, a nonprofit group that has bailed out veterans who found themselves unemployed and deep in debt after attending for-profit schools.

“There are federal laws – including federal criminal laws – that prohibit federal employees from engaging in this exact behavior,” she said.

At VA headquarters in Washington, press secretary Curt Cashour said the agency remained “committed to protecting veterans from predatory behavior from for-profit educational institutions.”

But he said the Vietnam-era law that prohibited employees from receiving payments from for-profit schools was so sweeping that it could have “illogical and unintended consequences.” He cited supplementary materials attached to the regulation that said current law could cover VA lab technicians who take a class, on their own time and using their own money, at a for-profit educational institution that is also attended by veterans using the GI Bill.

The rule change sought by the Trump administration is far more sweeping, however. It would create a situation where VA officials, who are charged with ensuring GI Bill funds are well spent, could accept payments from colleges that are facing civil suits or probes from law enforcement.

Under this rule change, VA employees could even own or run a for-profit college that profits from the GI Bill.

It’s the latest example of the Trump administration apparently embracing conflicts of interest when it comes to for-profit colleges.

Earlier this week, the VA angered many consumer advocates by allowing for-profit Ashford University to continue receiving GI Bill money even after regulators in California and Iowa revoked its certification from the program. The online college had responded to the crackdown by moving its official address from Iowa to Arizona. On Wednesday, the VA sent Ashford a letter saying it would be able to continue to accept taxpayer money to educate veterans, using the Arizona address.

On Aug. 31, the Trump administration announced it had picked Julian Schmoke Jr., a former official at for-profit DeVry University, to head an Education Department unit that polices colleges for student aid fraud. Last year, DeVry paid $100 million to settle federal claims it misled students.

And, shortly after last November's election, Donald Trump agreed to pay $25 million to settle multiple lawsuits claiming fraud at Trump University, his own now-defunct for-profit real estate school. The school, which lacked any academic accreditation, did not receive GI Bill funds.

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2.15 - WBOY (NBC-12, Video): VA Hospital Hosts Town Hall to Hear Concerns from Veterans (14 September, Elayna Conard, 21k online visitors/mo; Clarksburg, WV)

The VA Hospital held a town hall to hear the concerns of veterans Thursday afternoon.

The VA holds these town halls every few months as a way to keep open communication with veterans. The director of the hospital, Dr. Glenn Snider, said that he was glad to hear compliments from veterans about their recent services.

Dr. Snider said that most questions from veterans tend to be about benefits and the best people to contact so at every town hall are representatives to directly talk to veterans.

Many veterans had concerns and questions about food service and accommodating religious preferences like kosher.

"We not only provide food for our in-patients, we also provide food for some of our out-patients and we are the food preparer for the state veterans home next door. Our space is constrained and that is one of the reasons we can't expand as quickly the food services as we would like to," said Dr. Snider, director.

Dr. Snider went on to add that food service staff and nutritionists work to accommodate both religious and dietary needs for every veteran.

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2.16 - Bloomberg Politics: U.S. Probes High-Pressure Mortgage Sales Targeting Veterans (14 September, Joe Light, 18k online visitors/mo; New York, NY)

The U.S. is investigating lenders for allegedly pressuring veterans and members of the military into unneeded mortgage refinances -- unsavory conduct that not only leads to higher consumer costs but has consequences for one of the world's largest bond markets.

The probe is being conducted by Ginnie Mae, a government-owned corporation whose purpose is to make mortgages more affordable. It does so by guaranteeing repayment on $2 trillion of mortgage bonds even if borrowers default on the underlying loans. Ginnie-backed securities support several federal housing initiatives, including programs in which loans are made through the Department of Veterans Affairs.

The concern is that some lenders are improperly pushing veterans and servicemembers to refinance loans that have been wrapped into Ginnie securities. Lenders are hounding

consumers to refinance loans over and over again in a short period of time, according to Ginnie Acting President Michael Bright. The practice, known as churning, generates high fees for lenders but can leave servicemembers with larger loan balances.

The issue is starting to resonate on Capitol Hill, where it has drawn the attention of Senator Elizabeth Warren, one of the finance industry's most relentless critics. Last week, the Massachusetts Democrat sent Bright a letter, asking whether some lenders were abusing Ginnie's program by engaging in aggressive marketing tactics.

Task Force

In a response to Warren dated Thursday, Bright said Ginnie and Veterans Affairs had created a task force to address churning and other abusive practices by lenders approved to issue Ginnie-backed bonds. The agencies could impose restrictions on refinances and ban lenders from their programs. Bright's letter didn't identify any specific companies engaging in churning.

"There are clearly some Ginnie Mae-approved issuer companies who appear to be taking advantage of the VA program to aggressively market and churn loans in our securities," Bright wrote to Warren in his letter, which Ginnie provided to Bloomberg News.

When banks make loans through Veterans Affairs they offer terms that aren't available to most borrowers. These include no requirement for a down payment and adding closing costs to loan balances so borrowers don't have to pay them at the time of the sale.

But the loans are also prime targets for churning, Bright said in an interview. Unlike financing provided through other government programs, lenders issuing loans through Veterans Affairs don't have a strong obligation to ensure that borrowers experience a real benefit when they refinance. Some lenders are persuading servicemembers to refinance loans at rates that barely reduce their mortgage payment, while misleading them about potential consequences, Bright said.

"I am glad that Ginnie Mae and the VA have created the Lender Abuse Task Force and have committed to working with me to crack down on lenders who are exploiting veterans in order to line their own pockets," Warren said in a statement Thursday. "These abusive practices are wrong, and lenders who engage in them shouldn't benefit from any taxpayer backing."

'Predatory Lending'

Ted Tozer, who helmed Ginnie under President Barack Obama's administration, said that his agency found some lenders who called veterans and offered a refinance that would allow them to draw cash out of their homes and pay off other debts such as credit-card balances. However the rate given could be a half percentage point above the current market price. Then several months later, the lender or a competitor would call the veteran back and offer another refinance at the market rate, earning another round of fees for the refinance.

"It's starting to smell like predatory lending," said Tozer, comparing the recent practices to those used by subprime lenders before the last housing bust.

In a report released last November, the Consumer Financial Protection Bureau said it had received 1,800 complaints from servicemembers, veterans or their families about mortgage refinances. In one such complaint, a veteran continued to get calls from their mortgage

company, even though they had told the lender multiple times that they had recently refinanced their mortgage.

Bonds Slump

Serial refinances have become enough of a problem that they are driving down prices of Ginnie bonds, JPMorgan Chase & Co. analysts said in a research report issued last week.

When investors buy Ginnie securities, they make assumptions about how quickly borrowers will refinance. If refinances happen more quickly than expected, investors risk losing their expected bond yield and income stream. Such factors make Ginnie bonds less attractive, and when demand wanes, prices fall.

That's what seems to be happening, and it doesn't just affect Veterans Affairs mortgages, the JPMorgan analysts wrote. Veterans Affairs mortgages are wrapped into the same Ginnie-securities as mortgages backed by the Federal Housing Administration, which are popular among first-time home buyers. Falling securities prices lead to higher interest rates for mortgage borrowers.

Ginnie has tried to slow down the refinancing rush in the past year, putting a six-month moratorium between between new mortgages and a refinance.

However, there were enough exceptions to the moratorium that serial refinances didn't stop, and once the six-month mark passed, Bright said Ginnie saw a new blitz of lenders preying on servicemembers. In the letter to Warren, Bright said that some lenders apparently targeted veterans for a refinance at "six months and one day."

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2.17 - KUPR (NPR-89.3): Landmark Vietnam War Series May Trigger Unwanted Memories For Some Vets (14 September, Steve Walsh, 17k online visitors/mo; Fresno, CA)

Starting Sunday, PBS stations around the country begin airing a 10-part series on the Vietnam War produced by Ken Burns and Lynn Novick. Many veterans will be watching. Others say they definitely will not watch because they want to avoid the traumatic memories that could be triggered.

"The Vietnam War" is being billed as a rare cultural milestone, at least for veterans of the war. The filmmakers have been planning the documentary series since 2006 -- meaning their production process has been about as long as the war itself, from the Gulf of Tonkin Resolution in 1964 to the Fall of Saigon in 1975.

The series may be too intense for some Vietnam vets, according to Henry Peterson, a chaplain with the Veterans Affairs hospital in San Diego. He counsels veterans with post traumatic stress disorder,PTSD, and he surveyed some of them to find out who will be watching. He said many of his clients will not.

"It could bring up some memories that they don't want to deal with," Peterson said. "It could bring up some memories they may need to deal with."

Almost anything can trigger the vivid and aggressive thoughts associated with PTSD. It might be a door slam or the smell of diesel, according to Tina Mayes, a staff psychologist at VA San Diego Healthcare.

Most common triggers

"It can be something someone says. The way they say it," she said.

News, films and documentaries are among the most common triggers.

"I would say the majority of veterans that I work with when their symptoms are high, they're actively avoiding any media," she said.

Vietnam vets are particularly vulnerable. Most of them were not treated early. The PTSD treatment evolved after this group of vets had returned from the war. In the 1970s, the VA was often unwelcoming. Society in general appeared, at best, uninterested in the plight of returning vets. Older Vietnam vets, in particular, have among the highest rate of suicide.

"Honestly, we don't know why, but some of the research suggests that it was because of the way they were received when they came back," Mayes said.

'It affects everyone'

This group of vets can end up living for decades with the symptoms of untreated PTSD, including feelings of aggression that seem to emerge from nowhere, said Larry Taylor, a combat veteran of Vietnam.

"It affects everyone," Taylor said. "I would say my own wife experienced PTSD just from her relationship with me and the war I fought in."

Before Taylor was treated, he coped by avoiding his triggers. He did not watch movies like "Apocalypse Now" or "The Deer Hunter," but he ran into trouble when news coverage of the original Gulf War blanketed TV. As the war raged, so did Taylor's symptoms.

"Basically, after the Gulf War, my PTSD kicked in," Taylor said. "I would wake up screaming. My wife would wonder what's going on. I was having nightmares all the time, during the daytime."

Find a loved one to watch it with you

Still, Taylor did not seek treatment for another decade. He is now the lead mental health chaplain at VA San Diego. He plans to watch the 18-hour-long documentary.

"I think today I know the difference between a bad memory and reliving a situation," he said. "Fortunately, I'm not reliving things the way I once did."

Taylor is counseling other Vietnam veterans that they should not feel obligated to watch the documentary. If they do watch, he advises them to find a loved one to watch it with you. Taylor is enlisting his wife of 46 years.

In the past, the VA has provided outreach around movies like "Saving Private Ryan" for vets who may be triggered by what they are seeing. This time the VA is partnering with PBS, preparing to provide counseling to any vets who feel it is time to start working through their own experience with the war.

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2.18 - Law Firm Newswire: VA Fires Head of DC Facility Amid Confidentiality Breach, Leadership Concerns Says Veterans Attorney Jim Fausone (14 September, 900 online visitors/day; Tampa, FL)

Northville, MI (Law Firm Newswire) September 14, 2017 - The Department of Veterans Affairs (VA) fired the longtime director of its main veterans medical center in Washington, D.C.

Brian Hawkins was dismissed due to growing concerns about his leadership of the VA facility. The VA released a statement saying “he failed to provide effective leadership.” Hawkins was reassigned to a different post within the agency in April pending further review. Retired Army Col. Lawrence Connell has served as the hospital’s acting director since then.

“The disciplinary action taken against Brian Hawkins reiterates the fact that the VA is now more committed to enhancing accountability in the department,” commented Jim Fausone, a Michigan veterans attorney. “Both VA employees and leaders should face the appropriate consequences if they put veterans at the risk of harm and are not aligned with the VA’s mission.”

Hawkins’ departure followed several months of investigations by the VA Office of Inspector General. Audits found evidence of mismanagement at the facility. The hospital’s patients were endangered by poor inventory practices and organizational dysfunction.

The VA Inspector General Michael J. Missal released the findings of an internal probe in April. His report documented “the highest levels of chaos” at the Washington, D.C. medical center, including large-scale medical supply shortages and unsanitary conditions in equipment storage areas.

The VA had an even bigger cause for concern when its internal watchdog made public another report in June. It revealed that Hawkins had emailed “sensitive” information about administrative decisions and VA staff to his wife’s personal account. She is not a VA employee. According to the report, the emails were a breach of the department’s rules on data confidentiality.

Hawkins was fired after the inspector general’s office recommended new disciplinary action be taken against him. Missal was unable to prove separate accusations of Hawkins trying to obstruct an investigation into staff bonuses that he authorized “without proper justification.” The report, however, said his employees delayed providing certain documents related to the probe.

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3. Access to Healthcare

3.1 - ABC News (AP): The Latest: Hurricane cleanup crew finds body near hotel (14 September, 24.1M online visitors/mo; New York, NY)

The Latest on Hurricane Irma (all times local):

[…]

2:50 p.m.

Federal officials say that nursing homes normally reserved for veterans will be opened up to non-veteran nursing home residents if space is available, in the aftermath of Hurricane Irma.

U.S. Sen. Bill Nelson announced Thursday that the U.S. Department of Veterans Affairs had agreed to open its nursing homes following eight deaths at Florida nursing home. Florida has seven nursing homes throughout the state that are available to residents who were veterans.

Multiple nursing homes and assisted living centers in Florida have evacuated their residents after losing electric power.

U.S. Secretary of Veterans Affairs David Shulkin said in a statement that available beds will be offered to non-veterans, although the agency would continue to focus on its primary mission of assisting veterans.

[…]

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3.2 - The Huffington Post: VA Broken Promise Harms Veteran and Costs Jobs (14 September, Hal Donahue, 22.9M online visitors/mo; New York, NY)

Trusting the Department of Veterans Affairs and not seeking outside assistance can hurt veterans.

Meet Joe Stahurski. Experts like Joe made aviators like me miserable. Red Flag, the huge international aerial combat training exercises held by the Air Force, is deadly serious business. One of Joe's jobs was to ready aircrews for war. Just as Red Flag training became intense, radars maintained by Joe would come on line posing the latest enemy anti-aircraft threats. Our detection and threat systems were tones and lights. The threats Joe helped simulate lit up what we called 'oh sh*t' lights. Dire warnings at the best of times.

We cannot thank these people enough. Joe, and people like him, help US military aviators and aircrew of allied nations survive their first critical hours and days of combat. Mr. Stahurski is a disabled Army veteran who continues to serve. Following six years of military service, Joe's critical skills were put to use working for a military contractor both in Florida and then for 15 years at Tobyhanna Army Depot where his duties went far beyond Red Flag.

> *"Tobyhanna Army Depot is a recognized leader in providing World-Class Logistics Support for Command, Control, Communications, Computers, Intelligence, Surveillance and Reconnaissance (C4ISR) Systems across the Department of Defense…"*

As this century's wars began to wind down, Mr. Stahurski expected that his job as a defense contractor would come to an end. Joe saved for that eventuality and when laid off last year, he sought help starting a disabled veteran owned business. A technical expert, Joe possessed little knowledge concerning how to actually start a business. He visited his local VA Veterans Rehabilitation Counselor and received a wealth of information and assistance to create a Service-Disabled Veteran-Owned Small Business(SDVOSB).

Mr. Stahurski was referred to the University of Scranton Small Business Development Center where he met Nicholas DeAntonio from the Defense Transition Partnership, a program designed specifically to help people just like Mr. Stahurski. Mr. DeAntonio provided expert guidance concerning the myriad requirements, applications and planning necessary to become a disabled veteran owned business. Everyone Joe contacted was eager to assist him from former fellow workers to potential clients eager to use his services.

Under the expert tutelage of Mr. DeAntonio, Joe spent countless hours developing business plans, sourcing equipment and identifying labor sources. By August, 2016, Mr. Stahurski was the proud owner of a fully certified Disabled Veteran Business, STS Delta Aerospace Corporation , and he was fielding calls from potential clients wanting his services. There was one snag. Joe was still waiting for his equipment. Stahurski had identified the equipment required and submitted the order to the VA for his promised equipment valued at approximately $16,000.

Mr. Stahurski patiently waited, accepting delays while losing potential business on a steady basis. The promised equipment never arrived and by November, the VA was no longer returning his calls. Finally, in 2017, Joe received word that he could not be approved to receive his equipment until he completed additional paperwork. Seeking advice from local official and unofficial veteran resources, Mr. Stahurski appealed to Congressman Matt Cartwright, his local congressman, who summed up the Mr. Stahurski situation precisely:

> *"…Mr. Stahurski was approved for the program in August 2016 after presenting a well-developed 3-year business plan. However, after a February 2017 change in regulations, a 5-year business plan became a requirement. As a result of this change, Mr. Stahurski was unable to move forward with his business despite being previously approved under the program. Mr. Stahurski has not benefitted from the program as promised and has suffered significant financial harm. I firmly believe this is an egregious oversight on the part of the VA as Mr. Stahurski was previously approved prior to the rule change adopted earlier this year."*

When asked what occurred, Mr. DeAntonio praised all the local people involved especially Mr. Stahurski but then said; "The VA moved the goal post". The VA agrees in a July letter to Congressman Cartwright:

> *"…The veteran's case at this time is still pending Self-Employment approval, because in 2017 VR&E guidelines have been updated for any case pending which has caused the Veterans' case to require new updated information for a business plan to be approved."*

If taken to nearly any financial institution when complete, Mr. Stahurski's business plan would almost certainly have won a solid loan under favorable terms. Joe Stahurski met every requirement and was eagerly awaiting delivery of his equipment to begin hiring employees. Concern only developed when the VA stopped responding to his telephone calls toward the end

of 2016. If Mr. Stahurski made any mistake, it was trusting the VA and delaying to seek outside assistance. He is now receiving assistance.

Congressman Cartwright requested a meeting with VA officials in Washington to further discuss the program and Mr. Stahurski's situation. Following a request from Mr. Stahurski, Senator Robert Casey is now aggressively pursuing his complaint. While local veteran advocates have connected Mr. Stahurski to other disabled veteran businesses who may be able to assist him.

Mr. Stahurski wants to protect fellow veterans:

> *"No other veteran should have to go through what I have. Be aware of the challenges dealing with the VA and seek help when difficulties cannot be resolved. Your members of Congress are there for you; use them."*

Mr. Stahurski deserves both to be made whole and to receive our thanks for speaking out.

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3.3 - Palm Beach Post: VA offers beds to Florida nursing home residents affected by Irma
(14 September, Joe Capozzi, 3.8M online visitors/mo; West Palm Beach, FL)

The U.S. Department of Veterans Affairs is making beds available to non-veteran nursing home residents affected by Hurricane Irma.

U.S. Secretary of Veterans Affairs David Shulkin announced the plan after talking with Gov. Rick Scott and Sen. Bill Nelson late Wednesday. Those discussions took place after eight residents of a Florida nursing home died from what appears to be heat exposure likely caused by a power outage at their facility in Hollywood.

"We thank Governor Scott and Senator Nelson for involving VA and are grateful we can help our fellow citizens where we can in this time of need," Shulkin said.

VA can make its facilities available to non-veterans as part of its mission to support national, state and local emergency management, public health, safety and homeland security efforts.

Shulkin agreed to make more beds available to non-veteran nursing home residents as needed and free.

The VA also is working with the U.S. Department of Health and Human Services and the Federal Emergency Management Agency on the overall response to Irma.

"We will continue to look for ways to relieve the hardship this powerful storm has caused," Shulkin said. "Much of the heavy-lifting to recover from the hurricane is still to come and our leaders and staff are determined to find as many ways as we can for VA to help in the response."

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3.4 - WJW (FOX-8, Video): Presidential Opioid Commission praises, learns from Cleveland VA (14 September, Bill Sheil, 665k online visitors/mo; Cleveland, OH)

Gov, Chris Christie of New Jersey, head of a Presidential Commission on opioids, summed it up well when addressing doctors and patients gathered at the Louis Stokes VA Center in Cleveland.

"We didn't come here by accident," he said.

Christie, and several prominent national figures, toured the VA Center on Thursday to learn more about a remarkable contradiction.

Even though the state of Ohio has the highest addiction rate in the nation, the Stokes Center in Cleveland has the lowest addiction rate across the nation in terms of VA hospitals treating patients.

So, how is that possible?

It started several years ago, when caregivers at the Stokes VA starting tackling the explosion in opiate addiction.

Basically, they looked for innovative ways to treat pain that involved fewer opiates, and they looked to monitor patients closely for signs of addiction, along with additional training for doctors about prescribing painkillers.

The Cleveland model has now been incorporated into a system-wide effort at the VA called

"STOP PAIN."

"One of my personal goals in working with the President...is to de-stigmatize the opiate addiction," said Kellyanne Conway, a counselor to President Trump.

Former Congressman Patrick Kennedy, a recovering addict, said the VA is on the forefront in treating mental illness and addiction together in their efforts to help many patients.

He also said addiction needs to be treated, and covered by insurance, like any other disease. The Secretary of Veterans Affairs, David Shulkin, also traveled to Cleveland with the group to see first-hand what has worked so well at the Stokes VA Center.

VA doctors here have reduced opioid prescribing by 25 percent in the past seven years. That's more then double the reduction seen nationwide, or elsewhere in the region at other health systems.

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3.5 - WOIO (CBS-19): White House opioid commission turns to Cleveland VA for solutions (14 September, Sara Goldenberg, 610k online visitors/mo; Cleveland, OH)

CLEVELAND HEIGHTS, OH (WOIO) - Northeast Ohio continues to struggle with opioid addiction and overdose deaths.

But there's a treatment program in our own backyard that's bucking the trend.

The VA Secretary and White House officials came to Cleveland on Thursday to learn more.

The Northeast Ohio VA Healthcare System has the lowest addiction rates across the VA.

They're creating alternatives to pain management, and officials hope some of what they're doing could become a national model to fight the opioid epidemic.

Governor Chris Christie of New Jersey heads President Trump's opioid commission.

Christie toured the Louis Stokes Cleveland VA Medical Center along with VA Secretary David Shulkin, Kellyanne Conway and former Congressman Patrick Kennedy Thursday morning.

“We didn't come here by accident, we didn't pick you out of a hat. We came here because this facility has the reputation for being a model,” Christie said.

“The only way we're going to stop the suffering and death is to change the culture around the way we manage pain in this country. And the model here is extraordinary, both in terms of its breadth and its effectiveness,” Christie said.

Only four percent of veterans who receive care at this VA are prescribed opioids.

The VA says that's well below the national average.

The VA healthcare system in Cleveland has reduced opioid prescriptions by nearly 25 percent since 2010.

The VA says other healthcare providers in the area have reduced prescriptions by only 10 percent.

Officials are looking at the best practices used here, focusing on pain treatment alternatives like physical therapy, even acupuncture and yoga.

Patrick Kennedy, the son of Ted Kennedy, is a recovering opioid addict himself.

“We want the same urgency of care that you would provide for any other disease someone could be afflicted with, end of story,” Kennedy said.

Kennedy hopes what they're doing here can be used everywhere.

“We can save people. I've been able to get access to continuity of care, I shouldn't be the only one in this country,” Kennedy said.

The opioid commission plans to have a final report with recommendations ready for the President on November 1st.

Officials say they need to take more steps before declaring a national emergency to fight the epidemic.

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3.6 - WIBW (CBS-13): VA opening new Veterans Crisis Line in Topeka; expects to hire 100
(14 September, Nick Viviani, 485k online visitors/mo; Topeka, KS)

Topeka will be the home of the Dept. of Veterans Affairs' newest Veterans Crisis Line call center.

On Wednesday, the VA officially announced it would open the new crisis line, its third one nationwide, in the Capital City. The new call center is expected to employ 100 people and will be housed in the VA Eastern Kansas Health Care System.

“When it comes to preventing Veteran suicide, we will do everything we can to make it as easy as possible for Veterans to reach us,” said VA Secretary Dr. David J. Shulkin. “The new center in Topeka gives us more feet on the ground and an easier way for Veterans to connect with us when they need us most.”

The VA says the call center should open this fall. VCL currently operates two centers in Canandaigua, New York, and Atlanta, Georgia.

More information about the openings and how to apply are available here. The VA says the positions are open to applicants with prior comparable experience or a master's degree in a health science, such as mental health, social work, or psychology. The agency held a job fair as well last Friday prior to the announcement of the new facility.

Having a third location will offer the VA more capacity as it expands the "Press 7" automatic transfer function for its Community-based Outpatient Clinics (CBOCs) and Vet Centers. Press 7 offers callers to VA Medical Centers immediate access to the crisis line from a main phone tree.

Right now, the CBOC and Vet Center do not have that option and veterans have to take the extra steps of calling 800-273-8255 and pressing 1, the VA explained.

According to numbers from the agency, the VCL has answered more than three million calls since it launched in 2007 and dispatched emergency services for callers in imminent crisis more than 84,000 times. Chat was launched two years later, in 2009, and text services came two years after that and, in that time, the VCL had answered nearly 359,000 and nearly 78,000 requests for chat and text services respectively.

Veterans in crisis can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year at 800-273-8255 and Press 1, chat online at VeteransCrisisLine.net/Chat or text to 838255.

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3.7 - Poughkeepsie Journal (Video): Hudson River Housing lose federal funding for homeless veteran program (14 September, Jack Howland, 440k online visitors/mo; Poughkeepsie, NY)

Homeless veterans and their families might be losing support in a few weeks, if Hudson River Housing is forced to shut down a key program.

Hudson River Housing is facing losing its program serving homeless veteran families in Dutchess County by the end of September in the wake of the U.S. Department of Veteran Affairs denying the group an annual grant, the nonprofit said Thursday.

The Support Services for Veteran Families grant - about $500,000 - has been awarded to Hudson River Housing since 2012, and has been the sole source of funding its program for those who are homeless or lack secure housing and their families. Hudson River Housing Executive Director Christa Hines said the VA informed the organization that its funding renewal application was rejected in a letter received Sept. 7.

The 2017 funding of $516,145 provided by the VA is set to run out Sept. 30.

This annual federal grant, Hines said, has been the organization's second-largest source of funding and it's only funding specifically for veterans.

"We have 30 open cases of homeless veteran families we're currently servicing, and in two weeks we could not be able to serve them," she said. "We're beyond concerned."

A spokesperson for the VA could not be reached by deadline.

Hudson River Housing, which began in 1984, has provided outreach services for Dutchess County's homeless population and those who are at-risk, but the SSVF specifically targets veterans.

Since 2012, the program has served more than 458 homeless or at-risk veteran families, providing services like housing location, rental assistance, financial planning, employment assistance and transportation. The organization takes on roughly 10 new cases each month.

Hines said the SSVF grant funds five-full time employees, two of them veterans, as well as an office space on North Clinton Street.

Hudson River Housing President Dan Hubbel said the organization is working on a plan as to "how we can continue that funding and continue the service.

"If the VA wants to renege on our commitment on veterans, Hudson River Housing isn't doing that," he said. "We made a commitment in 2012 and we want to continue that commitment."

Dutchess County Executive Marc Molinaro said the county, with Hudson River Housing, will send a request to the VA to extend the funding for 12 more months. This, he said, would keep the program running and allow the organization to eventually "transition to perhaps some other federally funded program or something that allows us to continue to make the progress we've been making.

“Dutchess has made significant progress with Hudson River Housing in driving down the total number of veterans who are struggling to find housing or are homeless, and the action by the VA to not continue the program — it’s absurd,” Molinaro said. “What is most egregious is to have received notice only three weeks before Hudson River Housing would have to fire their employees and shutter the program.”

He said there’s bipartisan support for continued funding from U.S. Sen. Charles Schumer, State Sen. Sue Serino, R-Hyde Park, and Reps. John Faso, R-Kinderhook, and Sean Patrick Maloney, D-Cold Spring, all of whom spoke out opposing the action.

Maloney called the decision “heartless” in a statement and said the organization has been a “lifeline for hundreds of men and women who wore our country’s uniform and needed some help when they got home."

In a statement, Schumer spokesman Jason Kaplan said: “This is deeply concerning about the wrongheaded decision by the VA to discontinue this vital funding so that Hudson River Housing can continue to do the great work they do to keep our at-risk veterans from becoming homeless. They have done outstanding work so it makes little sense to hinder their ability to deliver top-notch service to our veterans. ...our office is working closely with Rep. Maloney’s office and local officials to bring our concerns to the highest levels of the VA.”

Faso sent a letter Wednesday to John Kuhn, national director of the VA’s Support Services for Veteran Families, imploring him to “use the full resources at your disposal to support HRH, and more importantly the veterans who are now at risk of homelessness, in order to deliver the services they require.

“Dutchess County simply does not have the capacity to deal with this issue without an adequate funding stream,” Faso said in the letter, “because HRH is the only program providing direct housing and support services to local veterans and their families.”

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3.8 - Press of Atlantic City: Veterans push for better health care, experts fight to provide it (14 September, Nicole Leonard, 320k online visitors/mo; Pleasantville, NJ)

NORTHFIELD — Dozens of men and women squeezed together in a small conference room at the VA Outpatient Clinic in Northfield on a hot summer afternoon.

The crowd, the majority veterans in their 60s, 70s and 80s, looked ready for battle as they stood shoulder to shoulder, arms crossed and some prepared with notes as they faced off with local, state and regional officials from the U.S. Department of Veterans Affairs.

It wasn’t nearly as dangerous as the situations these veterans faced while serving in the military, but it ranked high in priority as most of the South Jersey veterans voiced their demands for better localized health care while VA experts expressed their desire to give it to them.

“We believe community care is sufficient,” said Vince Kane, director at the Wilmington VA Medical Center. “We have to get out of the medical centers and get closer to where the veterans

live. They can't all go through Wilmington. As an example, we're working in Cape May to relocate services to those people."

An estimated 355,766 veterans live in New Jersey, according to the VA. Some areas of the state have more than others, including Cape May County, where veterans make up nearly 9 percent of the population, one of the highest rates in the state.

Many of the veterans who get health care through the VA said they are generally happy with the quality of care they receive, as the VA has some of the most advanced medical technology and experts in the country.

The issues lie in the access and delivery of it, veterans said.

"There have been attempts at the county level to make medical care more accessible and affordable to veterans," said Frank Formica, Atlantic County freeholder chairman and an Air Force veteran. "It seems like there's been a trend in the country to pay more attention to local communities, but we don't have enough resources to execute those services."

Many veterans continue to champion the federal Veterans Choice Program, which allows veterans to use private providers outside VA clinics and hospitals to get care if they live more than 40 miles from a VA center or have to wait more than 30 days for a consultation.

Funding for the program was set to run out this summer, but President Donald Trump signed a bill last month that allocated an additional $2.7 billion to keep it going.

Instead of having to travel long distances, sometimes on VA shuttles, veterans are able to go to local providers, with approval, for injury treatment, procedures and specialty care, but the service is complicated.

Veterans' concerns included not getting choice approval, long wait times for paperwork to go through and gaps in communication between an outside provider and the VA.

"I needed emergency spine surgery and used the choice program, which was great because I got one of the best spine surgeons in the country at Penn (Medicine)," said one veteran at the Northfield meeting. "Then I needed therapy, and funding ran out. It took five weeks to get re-approved for services that I needed immediately."

Frustration was felt by both the veterans and those who provide services in the region, as many VA officials said they want nothing more than to increase access to health care, bring more services to South Jersey clinics and reduce issues that have prevented veterans from getting care in a timely manner.

Federal regulations, rules and policies often limit the way in which they can make changes at the county level, VA officials said.

Another issue VA officials found was a lack of eligible veterans enrolling and using VA services for their physical and behavioral health needs. Among the 6,000 eligible veterans in Cape May County, fewer than half are enrolled and only 1,824 are actively using services, Kane said.

Kane said he and other VA officials need to identify how to increase participation, adding he is optimistic that changes coming down the pipeline will lead to better outcomes and satisfaction with services in South Jersey.

At the Cape May community-based outpatient clinic, officials hope to expand the physical footprint and increase the number and range of health care services at that location.

Jackie Hinker, U.S. Veteran Affairs Veteran Community Outreach Specialist, said veterans have been looking forward to an expansion “for the longest of time.”

In addition to the brick and mortar clinics, the VA runs mobile clinics that visit several sites through New Jersey every month to provide basic health care checks and tests. One such clinic regularly stops at Stockton University where William Richmann, 68, of Galloway Township gets his annual health visits.

As far as the choice program, Kane said the VA has established relationships with Shore Medical Center, Cape Regional Medical Center and Inspira Health Network, and is talking about working more with others like AtlantiCare and Bacharach Institute for Rehabilitation.

David Hughes, Shore Medical Center Chief Financial Officer, said the hospital has the ability and willingness to treat more veterans than it is currently limited to because of strict agreement contracts under the choice program.

“One of the things we’re working on is a program specifically for vets so that they can go to their local doctor and for us to provide services so that they don’t need to get on a bus for hours,” he said. “We will do whatever we need to for the needs of veterans.”

At the end of the day, both veterans and VA officials agreed they want better streamlined services, shorter wait times, increased accessibility to local care and the resources to establish and improve more programs.

Current plans for improvement are just the beginning, VA officials said.

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3.9 - WKRG (CBS-5): VA Offers Beds For Hurricane Irma Victims In Florida Nursing Homes (14 September, 272k online visitors/mo; Mobile, AL)

In a press release sent out Thursday by the Department of Veterans Affairs, the U.S. Secretary of Veterans Affairs David Shulkin announced that the VA is making beds available to non-Veteran nursing home residents affected by Hurricane Irma.

This announcement comes after the new reports Wednesday that eight residents of a Florida nursing home died from what appeared to be heat exposure, likely caused by faulty air conditioning at their facility in Hollywood Hills.

Secretary Shulkin has been working with Florida Governor Rick Scott and Senator Bill Nelson and their staffs on this issue since Wednesday evening.

“We thank Governor Scott and Senator Nelson for involving VA and are grateful we can help our fellow citizens where we can in this time of need,” said Shulkin. “All Americans are pulling together to help one another, and we must make a special effort for those most vulnerable to the conditions brought on by the storm.”

VA has the ability to make its facilities available to non-Veterans as part of its fourth mission to support national, state and local emergency management, public health, safety and homeland security efforts and also through a mission agreement with FEMA under a Stafford Act Declaration.

Secretary Shulkin agreed to make more beds available to non-Veteran nursing home residents as needed and free, while ensuring they continue the primary mission of providing healthcare to Veterans.

The VA is also working closely with the U.S. Department of Health and Human Services and the Federal Emergency Management Agency on the overall response to Irma, in addition to this specific issue.

“We will continue to look for ways to relieve the hardship this powerful storm has caused,” said Shulkin. “Much of the heavy-lifting to recover from the hurricane is still to come and our leaders and staff are determined to find as many ways as we can for VA to help in the response.”

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3.10 - WUSF Public Media: VA Secretary Offers Beds To Nursing Home Patients Affected By Irma (14 September, Bobbie O’Brien, 197k online visitors/mo; Tampa, FL)

The tragic deaths of eight nursing home residents after Irma knocked out their air conditioning has prompted the U.S. Secretary of Veterans Affairs to offer up available beds at Florida’s VA nursing homes.

The Florida Department of Veterans Affairs operates six nursing homes for veterans built with federal and state money.

Dr. David Shulkin, U.S. Secretary of Veterans Affairs, said that part of the VA’s mission is to support emergency management and public health which allows them to open up to non-veterans impacted by Hurricane Irma.

In a news release, Shulkin said he was working with Gov. Rick Scott and U.S. Sen. Bill Nelson to help nursing home residents.

"All Americans are pulling together to help one another, and we must make a special effort for those most vulnerable to the conditions brought on by the storm,” Shulkin said.

But Shulkin emphasized that veterans remain their primary mission and the circumstances will not change that.

Five of Florida’s veterans’ homes lost power during the hurricane, but a state spokesman said all the homes had backup generators and have since had power restored.

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3.11 - KSNT (NBC-27): VA opening Veterans Crisis Line in Topeka – expected to hire 100 people (14 September, Grant Stephens, 161k online visitors/mo; Topeka, KS)

The U.S. Veterans Administration is opening it's third Veterans Crisis Line call center in Topeka. It's expected to hire 100 employees.

"When it comes to preventing Veteran suicide, we will do everything we can to make it as easy as possible for Veterans to reach us," said VA secretary Dr. David J. Shulkin. "The new center in Topeka gives us more feet on the ground and an easier way for Veterans to connect with us when they need us most."

The VA already has two call centers, one in upstate New York, and one in Atlanta, Georgia. The VA says the Topeka call center will be located on the VA campus and is expected to open in the fall.

The new center will bring the total number of crisis line responders to 610.

The agency says that since its launch in 2007, the VCL has answered more than 3 million calls. Since launching chat in 2009 and text services in November 2011, the VCL has answered nearly 359,000 and nearly 78,000 requests for chat and text services.

Veterans in crisis can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year at 800-273-8255 and Press 1, chat online at VeteransCrisisLine.net/Chat or text to 838255.

For more information or to apply for openings at the new call center, visit www.usajobs.gov/GetJob/ViewDetails/478700400 or www.usajobs.gov and search for announcement No. 10046052.

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3.12 - Florida Politics: VA hospitals to take in nursing home residents, Bill Nelson says (14 September, Scott Powers, 161k online visitors/mo; Saint Petersburg, FL)

The U.S. Department of Veterans Affairs will make beds in VA facilities available to residents of Florida nursing homes that have no power, Sen. Bill Nelson said Thursday.

Nelson said he saw that the VA had done so with refugees from the U.S. Virgin Islands, accepting them into the VA hospital at Puerto Rico, and asked them Wednesday, before news of the horrific six-death incident in Hollywood, if the same could be done in Florida.

"I called the VA secretary [David Shulkin] yesterday," Nelson said. "He said, 'Absolutely!' He said, 'You have my authority to make that happen.'"

Nelson said he's now working with an assistant secretary to get it done.

Nelson said he is not certain how many beds might be available in Florida's VA facilities.

The VA issued a release Thursday saying that Shulkin has been working with both Florida Gov. Rick Scott and Nelson and their staffs on this issue beginning yesterday evening.

"We thank Governor Scott and Senator Nelson for involving VA and are grateful we can help our fellow citizens where we can in this time of need," Shulkin stated in the release. "All Americans are pulling together to help one another, and we must make a special effort for those most vulnerable to the conditions brought on by the storm."

The VA has the ability to make its facilities available to non-veterans as part of its fourth mission, to support national, state and local emergency management, public health, safety and homeland security efforts and also through a mission agreement with FEMA under a Stafford Act Declaration.

Shulkin agreed to make more beds available to non-veteran nursing home residents as needed and free, while ensuring we continue our primary mission of providing healthcare to Veterans, the release stated.

The VA is also working closely with the U.S. Department of Health and Human Services and the Federal Emergency Management Agency on the overall response to Irma, in addition to this specific issue.

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3.13 - ideastream.org (Audio): Cleveland VA Gets National Recognition (13 September, Stephanie Jarvis, 145k online visitors/mo; Cleveland, OH)

As the battle against the opioid epidemic rages on, a local program to manage opioid addiction among some of our region's most at-risk patients is gaining national recognition.

Of all the veteran's hospitals in the country, the Northeast Ohio VA Healthcare System is being recognized for its innovative program to cut down on opioid prescriptions and addiction among the veterans it serves – at a time ohio sits at the epicenter of the opioid crisis. Thursday, the Secretary of Veterans Affairs, along with New Jersey Governor Chris Christie - who heads up the White House Opioid Task Force, will travel to Cleveland to learn more about the VA's program.

To help us understand how the program is helping our region's veterans steer clear of pain pills -- and how it may be a model for other health systems, ideastream's Kay Colby spoke with Dr. Ali Mchaourab, the head of the pain management program at the Cleveland VA.

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3.14 - ideastream.org (Video/Audio): President's Opioid Task Force Learns Best Practices from Cleveland VA (14 September, Annie Wu, 145k online visitors/mo; Cleveland, OH)

The U.S. Secretary of Veterans Affairs joined President Trump's opioid task force at the Cleveland VA Medical Center on Thursday. They were in town to hear from VA doctors on their best practices for pain management and opioid use including guidelines for prescribing opioids, alternative medicine for dealing with pain, and a continuum of care for opioid addiction.

Nationally, the VA has been using these practices since 2013. Locally, the VA began even earlier and Secretary of Veterans Affairs Dr. David Shulkin says Cleveland is showing strong results.

"Just 4 percent of the patient population they serve are using and being prescribed opioids, which is well, well below what you would find across the country."

At a roundtable discussion that included President Trump's advisor Kellyanne Conway, the VA shared some of its practices to address pain, including the use of alternative treatments such as acupuncture, yoga and meditation.

"In not all cases must pain management mean pain medicine. There are opioids and there are other modalities. And we saw that first hand here. To read about it is one thing. To intuit as a lay person is quite another. But to see it in practice is quite remarkable and something I will take back to the White House and really never forget."

The opioid task force will issue its report on November first.

The group's chairman—New Jersey Governor Chris Christie says his group is working with the White House to designate the opioid epidemic a national emergency.

"The president is getting advice from his staff and from lawyers on the best way to do that, and I'm confident that in the very near future he will execute the documents that need to be executed for us to be able to do that. But the biggest problem would be is if we did it in a way that was haphazard and less effective and have to go back and redo it."

President Trump said in August he intended to make the national emergency declaration—opening up federal funds to address the problem—but he has yet to do so.

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3.15 - KIII (ABC-3, Video): VA Outpatient Clinic closed due to damage from Harvey (14 September, 65k online visitors/mo; Corpus Christi, TX)

Among the facilities that suffered significant damage in Hurricane Harvey was the Corpus Christi Veteran's Affairs Outpatient Clinic.

The building suffered water damage and beginning Monday, veterans who normally receive primary care services at the clinic will be treated at the Corpus Christi Specialty Outpatient Clinic on Enterprize Parkway or the Patient Aligned Care Team Annex Building, which is near the VA's outpatient clinic.

It is expected to take about 130 days to make repairs to the VA building.

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3.16 - KXXV (ABC-25, Video): Reminding veterans of local services this Suicide Prevention Week (13 September, Holly Stouffer, 54k online visitors/mo; Waco, TX)

It's Suicide Prevention Week and a local veterans affairs center is making sure the veteran community knows of the resources available to them.

According to the Department of Veterans Affairs, an average of 20 veterans die by suicide each day.

The Waco VA offers a number of resources to help those struggling with their mental health, including its Center of Excellence, which focuses on researching the events that lead up to suicidal thoughts.

"The classic one certainly is a major depressive disorder, but even minor feelings of depression," said Dr. Richard Seim, a clinical psychologist at the Center of Excellence. "PTSD, traumatic brain injury, symptoms of military sexual trauma or even just kind of life issues like marital problems or family functioning issues."

Dr. Seim said this type of research allows them to better serve veterans who could use additional treatment after going through traditional therapy.

"One of the studies we've been running for the last seven years now is tracking veterans as they come back from recent wars in Iraq and Afghanistan and looking at those symptoms of PTSD, traumatic brain injury and so forth to see how they change over time," said Dr. Seim.

Dr. Seim said the Center of Excellence is also about to open a new clinic. It will involve using magnetic waves to stimulate the brain, which will help to alleviate symptoms of depression.

If you know a veteran struggling with depression, call the Veterans Crisis Line at 1-800-273-8255.

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3.17 - WEWS (ABC-5, Video): White House Opioid Task Force looks for answers to crisis in Cleveland (13 September, Mona Kosar, 17k online visitors/mo; Cleveland, OH)

With the opioid epidemic considered a national emergency, News 5 has learned the answer to this scourge may be here in Cleveland. The president's opioid task force is coming here to look for some answers.

Behind the wall of the Louis Stokes Cleveland VA Medical Center lies a possible solution to a national crisis. “I think the lessons we have learned can be duplicated in the private sector,” said Medical Director Susan Fuehrer.

Those lessons started a decade ago when the center began addressing the over-prescription of addictive opioids with other alternatives such as yoga and physical therapy.

“Rather than just prescribe opioids to manage pain they have been working on evidence based management and alternative therapy,” Fuehrer said.

From 2008 to 2015, the center saw a 50% reduction in the prescription of opioids. Even at the height of the epidemic, the center was recognized for its reduction. “There have been lots of ways that we have been identified as a best practice within the VA health care system,” said Fuehrer.

Their practices haven’t gone unnoticed in Washington either. When it came time for the newly formed white house opioid task force to seek a solution, they pinpointed The Louis Stokes Center.

“They will be meeting with multi disciplinary people and they are going to speak to a veteran or two who have recovered from opioid addiction,” said Fuehrer.

Fuehrer says this is an opportunity for their work to have a national impact.

“If one or two things make a difference for one or two people outside the VA community, then we will call tomorrow a success," Fuehrer said.

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3.18 - Missoula Current: Tester urges VA to move quicker in opening new Missoula health clinic (14 September, Martin Kidston, 17k online visitors/mo; Missoula, MT)

President Donald Trump signed Sen. Jon Tester’s bill securing a lease for a larger Veterans Affairs clinic in Missoula on the first day of August, marking a positive step for a facility that’s long been in need of expansion.

Now, the state’s senior senator is asking the VA to expedite the process.

Tester this week sent a letter to VA Secretary David Shulkin asking the agency to move the process forward, saying the region’s demand for VA care is projected to increase 43 percent over the next 20 years.

While it traditionally takes the VA as long as five years to open a new clinic once authorization is given, Tester said the Missoula facility is needed sooner rather than later.

“To the greatest extent possible, I urge the department to expedite the process for leasing the recently authorized replacement of the outpatient clinic in Missoula in order to better meet current and future patient demand,” Tester wrote. “I urge the VA to move with all due speed to procure this facility.”

Trump signed Tester's VA Choice and Quality Employment Act in August, which included the leasing authority allowing the VA to secure a larger facility in Missoula.

The authorization will nearly triple the clinic's size, providing additional parking, clinical space and the medical services needed to meet the growing demand for VA care in Missoula, the state's second largest city.

Tester's communications director, Marnee Banks, said the VA was authorized to pursue 28 major medical leases under the latest bill, including one in Missoula. The lease allows for a 60,000-square-foot facility with an estimated rent just under $2 million a year.

"It will provide primary care, mental health, specialty care and some outpatient surgeries," Banks said. "The VA intends for the clinic to be located in the same general area as the existing clinic."

Banks said it often takes the VA about two years to develop the specific facility requirements once it begins working on the lease. Another year is needed to negotiate with developers prior to issuing a construction award.

That's followed by an additional two years to build the facility.

"The former Deputy (VA) Secretary (Sloan) Gibson had been working to bring this timeline down," Banks said. "The VA will need to obtain a delegation of authority from GSA to award the Missoula clinic lease."

The effort to securer a larger Missoula clinic dates back to at least 2014 when Tester began pushing the VA to expand the facility. Back then, a VA consulting team had toured the small clinic and recommended a modest expansion.

Nearly a year later, the General Services Administration began studying the possibility of converting the vacant Federal Building in downtown Missoula to a new outpatient clinic. That effort was later deemed cost prohibitive, leaving the clinic's future in limbo.

At the same time, the VA fell into controversy, resulting in the resignation of then-VA Secretary Erick Shinkseki, who was replaced by Robert McDonald and later by Shulkin, who now heads the agency under the Trump administration.

The Montana Department of Veterans Affairs and its own health care system has also seen a parade of new leaders, including Christine Gregory, Johnny Ginnity and Kathy Berger, who took the agency's helm in late 2016 and pledged changes to the system.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

7. Supply Chain Modernization

8. Other

8.1 - Dayton Daily News: Lawmakers pushing for Columbus to get national veterans museum (14 September, Jessica Wehrman, 1.1M online visitors/mo; Dayton, OH)

WASHINGTON - To hear Reps. Joyce Beatty and Steve Stivers tell it, Columbus is an ideal place to host the National Veterans Memorial and Museum.

The state, they said hosts the 6th largest veterans population in the U.S. If that's not enough, it's within an eight–hour car ride of almost half of the nation's veterans.

Speaking before a House panel Wednesday, Stivers and Beatty argued that a memorial to the nation's veterans was long overdue — and that Columbus was all too happy to change that. The site, argued Stivers, "will serve as a civic landmark to honor, inspire and educate all Americans about the service and sacrifice of more than 22 million veterans in this country."

Under construction and scheduled to open next summer, the site started as a replacement for Columbus' previous veterans memorial and then blossomed into something far more sweeping and ambitious, said Stivers. Now, he, Beatty and Rep. Pat Tiberi, R–Genoa Township are pushing a bill that would designate it a national museum.

It wouldn't be the state's only museum honoring the armed services or those who have served: Roughly an hour's drive away, Dayton hosts the National Museum of the United States Air Force.

During a hearing on the bill Wednesday, Matthew Sullivan, deputy undersecretary for finance and planning and CFO for the National Cemetery Administration for the Department of Veterans Affairs, said the department neither supported nor opposed locating the museum in Columbus. "VA respectfully expresses no view on the proposed bill, which does not apply to VA or to VA's core mission," he testified.

But Alex Zhang, assistant director of National Veterans Affairs and Rehabilitation for the American Legion, said his organization backs the bill. He said the bill would "represent American veterans with profound respect, connecting them with the civilian population, possibly inspiring others to serve and most importantly, educating youth about what these fine men and women have done for America."

The organization, he said, "wholeheartedly supports" the "beautiful, thoughtful" memorial's designation, he said.

Veterans of Foreign Wars also backed the legislation, with John Towles, deputy director of national legislative service for the organization, telling the House Veterans Affairs Committee's subcommittee on Disability Assistance and Memorial Affairs "our country currently lacks a museum specifically dedicated to honoring and preserving the collective sacrifices made by this nation's veterans."

"This museum would serve to fill that gap," he said.

Groundbreaking for the 50,000 square foot museum and memorial began in 2015, and more than $75 million was raised for design and construction. It's located at 300 West Broad St. in Columbus, site of the former Franklin County Veterans Memorial.

The entire Ohio congressional delegation is cosponsoring the bill, and Stivers said he hopes to tuck it into a larger legislative package in the months ahead. Sens. Sherrod Brown, D–Ohio, and Rob Portman, R–Ohio, are working on a similar measure in the Senate.

Beatty said the museum was in part the brainchild of former Ohio Sen. John Glenn, who died last year.

"If he were here today, he would highlight this museum and memorial," she said. "He would talk about the 300 foot reflecting pool. He would talk about the memorial wall. He would talk about the sanctuary where veterans families and others could go.

"It's a tremendous idea," she told the panel. "And we ask for your support."

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

4 October 2017

1. Top Stories

1.1 - The Washington Post (AP): VA watchdog reviewing Shulkin's 10-day trip to Europe (3 October, Hope Yen, 43.9M online visitors/mo; Washington, DC)
The Veterans Affairs Department's watchdog said Tuesday it is reviewing Secretary David Shulkin's 10-day trip to Europe with his wife that mixed business meetings with sightseeing. Shulkin disclosed last week he traveled to Denmark and England to discuss veterans' health issues. Travel records released by VA show four days of the trip were spent on personal activities, including attending a Wimbledon tennis match and a cruise on the Thames River.

Hyperlink to Above

1.2 - FOX News: Hurricane Maria: VA in Puerto Rico still trying to reach more than 500 homebound vets (3 October, Tori Richards, 32.5M online visitors/mo; New York, NY)
Nearly two weeks after Hurricane Maria roared through Puerto Rico, destroying much of the island's infrastructure, more than 500 homebound at-risk veterans still haven't been reached by doctors, nurses and social workers, Fox News has learned. There are 1,687 homebound vets in Puerto Rico who require ongoing treatment such as dialysis, chemotherapy and insulin to survive.

Hyperlink to Above

1.3 - CNN (Video): VA Secretary David Shulkin under review for work trip to Europe (3 October, Miranda Green, Rene March, and Gregory Wallace, 29.7M online visitors/mo; Atlanta, GA)
The VA's inspector general is reviewing Veterans Affairs Secretary David Shulkin's July business trip to London and Denmark, which included meetings with Danish and UK officials as well as a stop at Wimbledon. It's now the fifth investigation into a member of the Trump administration's travel by a department inspector general.

Hyperlink to Above

1.4 - CBS News: Veterans Affairs inspector general is reviewing David Shulkin's Europe trip (3 October, Jacqueline Alemany, 26.1M online visitors/mo; New York, NY)
The Department of Veterans Affairs inspector general is reviewing Secretary David Shulkin's 10-day taxpayer-funded trip to Europe in July, during which Shulkin and his wife spent time shopping and sightseeing in Denmark and the U.K. A spokesman for the VA's Office of Inspector General told told CBS News on Tuesday that it is "gathering information and reviewing the recent trip."

Hyperlink to Above

1.5 - Military Times: VA names Elizabeth Dole to head caregivers advisory group (3 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Veterans Affairs officials on Monday announced former North Carolina Sen. Elizabeth Dole will chair the department's new family and caregiver advisory committee, formed in response to problems with support programs earlier this year. The committee, which features a mix of veterans and military caregivers, is charged with advocating for improvements to VA care and benefits services. In a statement, Dole called the work "critical" for the veterans community.

Hyperlink to Above

1.6 - KARE (NBC-11, Video): VA apologizes to Vietnam vet for ER denial - The Department Of Veterans Affairs has apologized to a Vietnam veteran for repeatedly denying his claim for medical care after KARE 11 reported his story as part of its continuing investigation – a pattern of denial. (3 October, A.J. Lagoe and Steven Eckert, 1.5M online visitors/mo; Golden Valley, MN)
Rocky's story of wrongful denial began this past July when he needed emergency surgery to remove a large kidney stone. "The pain just got to be excruciating," Rocky said. "So, I called VA nurses hotline and asked them what I should do, and they said to go to the nearest facility which was St. John's Hospital in Maplewood."

Hyperlink to Above

1.7 - WFED (AM-1500, Audio): Advancing the VA's Community Care Mission: A conversation with Baligh Yehia, Deputy Under Secretary for Health (3 October, 831k online visitors/mo; Washington, DC)
What is the mission of VA's Office of Community Care? How is VA enhancing how it provides Community Care? What can VA do better? Join host Michael Keegan as he explores these questions & more with Baligh Yehia, Deputy Under Secretary for Health for Community Care at the US Department of Veterans Affairs.

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2. Veteran and Employee Experience

2.1 - The Hill: VA chief under investigation over European trip: report (3 October, Jacqueline Thomsen, 11.8M online visitors/mo; Washington, DC)
The Department of Veteran Affairs inspector general is investigating Veteran Affairs Secretary David Shulkin over his trip to Europe, CNN reported Tuesday. Shulkin traveled to London and Demark in July, where he met with officials from both counties. Michael Nacincik, spokesman for the VA inspector general's office, told CNN that he couldn't say what triggered the probe or if the office was investigating any other instances of Shulkin's travel.

Hyperlink to Above

2.2 - Fortune: Trump's VA Secretary Is the Fourth Cabinet Member to be Caught in a Travel Expense Scandal (3 October, John Patrick Pullen, 7.7M online visitors/mo; New York, NY)
Overshadowed by Health and Human Services Secretary Tom Price's resignation Friday afternoon, Veterans Affairs chief David Shulkin is the latest Trump cabinet member to be found mixing personal trips and expenses with government travel. The VA secretary cruised the Thames, took in sight-seeing at Westminster Abbey, and watched a Wimbledon tennis match during a 10-day European trip with his wife, according to an itinerary obtained by The Washington Post.

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2.3 - Washington Examiner: VA watchdog launches probe of David Shulkin's 10-day European trip (3 October, Gabby Morrongiello, 4.8M online visitors/mo; Washington, DC)

The Department of Veterans Affairs' internal watchdog has launched an investigation into a 10-day, taxpayer-funded trip taken by Secretary David Shulkin and his wife earlier this summer. Shulkin came under fire last week for the July vacation to Denmark and the U.K., during which he and his wife attended a Wimbledon tennis match, and went shopping and sightseeing.

Hyperlink to Above

2.4 - WXIN (FOX-59, Video): Veterans voice concerns, outline legislative agenda items at town hall (3 October, Haley Bull, 1.5M online visitors/mo; Indianapolis, IN)
Veterans are making sure their voices are heard by state lawmakers and local government officials during a series of town hall meetings across the state. Tuesday, veterans at a meeting in Carmel raised their concerns and outlined their legislative agenda items for the upcoming legislative session. "It's really important for the legislators to hear our concerns we have many healthcare being right at the top of the list…

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2.5 - Fayetteville Observer: NC congressmen, VA leaders meet in Washington (3 October, Drew Brooks, 439k online visitors/mo; Fayetteville, NC)
Congress members from North Carolina met with Veterans Affairs leaders in Washington on Tuesday, hoping for better communication on problems in the VA system. Eight House members met with top officials from the VA's Mid-Atlantic Health Care Network, also known as Veterans Integrated Service Network 6, and the leaders from at least three VA medical centers, including Fayetteville's.

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2.6 - Michigan Radio Network: Ann Arbor VA Hospital employees and vets protest staffing shortage (3 October, Tracy Samilton, 385k online visitors/mo; Ann Arbor, MI)
Ann Arbor VA Hospital employees rallied Tuesday to ask Congress for enough money to eliminate the 49,000 VA job vacancies nationwide. Similar rallies have been held at other VA hospitals nationally in recent weeks. Ozzie James, Jr. is president of American Federation of Government Employees Local 2092. He says veterans need the expertise of VA doctors, nurses and other staff, because outside health care professionals don't fully understand veterans' needs.

Hyperlink to Above

2.7 - Outer Banks Sentinel: VETERANS POST Will bad employees still linger at VA? (4 October, 23k online visitors/mo; Nags Head, NC)
The Department of Veterans Affairs' new authority to get rid of bad employees is getting a test in Memphis. An employee at the Memphis VA Medical Center was arrested for aggravated assault with a deadly weapon and criminal impersonation of a police office. Specifically, she pulled a revolver on a grandmother and a toddler, waving the gun and saying she was the police.

Hyperlink to Above

2.8 - WSAW (CBS-7, Video): Free benefits expo offered for area veterans (3 October, 196k online visitors/mo; Wausau, WI)
In an effort to serve area veterans, a Wausau expo will offer free service members or dependents of veterans who want to gather information. The U.S. Department of Veterans

Affairs along with the Wausau Veterans Service Office are organizing the event on Thursday, October 5. To explain what will be offered, Veteran Service Officer, Scott Berger joined the Sunrise 7 team.

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3. Access to Healthcare

3.1 - The Hill: Congress can use the power of pets to help women and vets (3 October, Rep Steve Cohen (D-Tenn.) and Mike Bober, 11.8M online visitors/mo; Washington, DC)
Each year, Congress works hard to pass bills that will help the American people. While acrimony and partisanship have made this more difficult, lawmakers are considering two bills that have bipartisan support on Capitol Hill and among the American people: H.R. 2327 and H.R. 909, the Puppies Assisting Wounded Servicemembers (PAWS), and the Pets And Women Safety (PAWS) Acts of 2017.

Hyperlink to Above

3.2 - Dayton Business Journal: Dayton VA moving clinic to new location (3 October, John Bush, 885k online visitors/mo; Dayton, OH)
The Dayton VA Medical Center is moving its Lima clinic to a larger location this spring. The Lima Community Based Outpatient Clinic, currently located at 1303 Bellefontaine Ave., will move to 750 W. High St. following renovations. The project will allow the VA to treat more veterans. The new clinic will be housed in a professional building on the campus of St. Rita's Medical Center. It is owned by Lima IV Medical Properties LLC…

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3.3 - Government Executive: How the VA Is Blocking Marijuana Research Veterans Say Could Save Lives (3 October, Eric Katz, 852k online visitors/mo; Washington, DC)
In 2010, Boone Cutler was taking 30 milligrams of morphine, 70 milligrams of oxycodone and other opioids each day. He regularly went three to four days without sleep. The Army veteran had survived a blast injury while deployed in Sadr City, Iraq, and has since endured seven knee surgeries, five shoulder surgeries and back surgery. He also suffers from Parkinson's Disease.

Hyperlink to Above

3.4 - WSLS (NBC-10, Video): Salem VA Medical Center offering free drive-thru flu vaccines, The medical center has opened a drive-thru flu shot clinic on campus. (3 October, Alison Wickline, 815k online visitors/mo; Roanoke, VA)
The Salem VA Medical Center is making it easier for veterans to get their flu shots. The medical center has opened a drive-thru flu shot clinic on campus. During the whole month of October, between 8 a.m. and 4 p.m., from Monday to Friday, veterans enrolled in the VA system and Salem VA Medical Center employees can receive the vaccine for free.

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3.5 - JD Supra: Department of Veterans Affairs Releases Long-Awaited Proposed Rule to Allow Telehealth Services Across State Lines (3 October, Faegre Baker Daniels, 701k online visitors/mo; Sausalito, CA)

On Friday, September 29, the Department of Veterans Affairs (VA) released its long-awaited proposed rule amending medical regulations to improve access to care for beneficiaries regardless of patient or provider locations. Specifically, the rule enables health care providers to provide telehealth services to beneficiaries across state lines in an effort to increase patient access to care. This “modern, beneficiary- and family-centered health care delivery model” – 38 CFR 17.417…

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3.6 - KRGV (ABC-5, Video): Local VA Records Show Improvements in Veterans' Wait Times (3 October, Matt Rist and Valerie Gonzalez, 275k online visitors/mo; Weslaco, TX)
CHANNEL 5 NEWS’ investigative team looked closer at data behind wait times at the VA Texas Valley Coastal Bend Health Care System clinics. After scouring through records, we found a downward trend in wait times for returning patients. However, if you're a new patient, you can expect to wait as long as 70 days for care.

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3.7 - South Bend Tribune: Our Opinion: A long journey's end for local veterans (3 October, Editorial Board, 273k online visitors/mo; South Bend, IN)
The recent opening of the new St. Joseph County VA Clinic in Mishawaka marked the beginning of a new era for veterans’ care locally. It’s been a long journey. Veterans from South Bend, Mishawaka, Elkhart and other local communities have often had to travel to VA facilities in Chicago or Fort Wayne for more extensive medical procedures.

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3.8 - KRTV (CBS-3): VA gearing up for Drive Thru-Flu Clinic and Health Fair (3 October, Eric Jochim, 195k online visitors/mo; Black Eagle, MT)
Staff at the VA are gearing up for their Annual Drive Thru-Flu Clinic and Health Fair. Tomorrow from 7 am to 5 pm free Flu shots will be available for to all enrolled Veterans and VA employees. If a veteran isn’t enrolled with the VA staff will be on hand to assist with the process. Last year at the event the clinic administered over 500 flu shots.

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3.9 - Healthcare-Informatics: VA Issues Proposed Rule to Allow Home-Based Telemedicine for Veterans (3 October, Heather Landi, 158k online visitors/mo; New York, NY)
The U.S. Department of Veterans Affairs (VA) issued a proposed rule this week that would allow VA healthcare providers to provide medical care via telehealth across state lines and regardless of the location of the provider of the beneficiary. The VA says the proposed rule would increase the availability of mental health, specialty and general clinical care for all VA beneficiaries.

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3.10 - Gatehouse Media: VA’s chief surgeon envisions center of excellence in Fayetteville (3 October, Amanda Dolasinski, 74k online visitors/mo; Fayetteville, NC)
Dr. Lynn Weaver was a part of integration in Knoxville, Tennessee, but bullies were no match. His distinguished career now comes to Fayetteville’s VA Medical Center. Fifty-three years ago, a young Lynn Weaver walked into his new classroom at West High School in Knoxville,

Tennessee, ready for lessons, but honestly more interested in the football field. He and a dozen other black students were the first to integrate into the school.

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3.11 - Salem News: Walgreens to offer flu shots for vets (3 October, Larry Shields, 68k online visitors/mo; Salem, OH)
The shots will be given from 11 a.m. to 5 p.m. Oct. 14 at the AMVETS Post 45, 750 S. Broadway Ave., in Salem. “The VA teamed up with Walgreens this year so we are providing a place for flu shots for all vets in the VA,” Hughes said, adding that, “their spouses are also able to get shots that day with current insurance.”

Hyperlink to Above

3.12 - KGVO (CMN-1290, Audio): Montana Veteran Affairs Talks With Veteran’s Heartbeat About Recent Suicide Numbers (3 October, Nick Chrestenson, 20k online visitors/mo; Missoula, MT)
On the Pulse of the Veteran is a weekly half hour talk show devoted to issues of hope, health, opportunity and well-being of veterans. Join us on KGVO 98.3 FM every Saturday morning at 8:30 a.m. The show is brought to you by the Rural Institute for Veteran’s Education and Research and they are on a mission.

Hyperlink to Above

3.13 - KTVH (NBC-12): Drive-thru flu shot clinic offers vets and others convenient option (3 October, John Riley, 2.3k online visitors/day; Helena, MT)
Over 550 Veterans received their Flu immunization on Tuesday at the Fort Harrison along with community members and VA staff. VA Montana staff braved the cold temperatures outside to kick off the flu season with the annual Fall Health Festival and Drive-Thru Flu Clinic. The shots were free for enrolled veterans and VA employees. County Health Department were on hand to supply flu shots for a fee for everyone else.

Hyperlink to Above

3.14 - Interlochen Public Radio: In Michigan, veterans commit suicide at high rate (3 October, David Cassleman, 900 online visitors/day; Interlochen, MI)
The suicide rate for Michigan veterans is more than twice as high as the state's overall rate, according to data released by the U.S. Department of Veterans Affairs last month. The analysis shows more than 200 veterans killed themselves in Michigan in 2014 – the most recent year covered by the study. Michigan’s rate of 35.5 suicides per 100,000 veterans is slightly less than the national rate of 38.4. The rate for all Michigan residents is 16.9.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - WXIN (FOX-59, Video): Researchers at IUPUI using dogs to sniff out prostate cancer (3 October, Nick McGill, 1.5M online visitors/mo; Indianapolis, IN)
Scientists at IUPUI are hoping man's best friend can help solve one of man's biggest problems. Recently, a study in Italy found that dogs have the ability to smell and detect certain odors in urine that are associated with prostate cancer with 98% accuracy. A team at IUPUI, led by Dr.Mangilal Argawal, is hoping to replicate that process and develop an early screening method.

Hyperlink to Above

7. Supply Chain Modernization

7.1 - Forbes: Use It Or Lose It -- Trump's Agencies Spent $11 Billion Last Week In Year-End Spending Spree (3 October, Adam Andrzejewski, 29.8M online visitors/mo; Jersey City, NJ)
For the new fiscal year, many federal agencies decided to redecorate. In one week, the government spent $83.4 million on furniture plus another $23 million on office supplies and equipment. The Department of Veterans Affairs spent $15.6 million on new office furniture including $4.7 million to a veteran-owned company, American Veteran Office Furniture, LLC.

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7.2 - EHR Intelligence: VA to Award Cerner EHR Implementation Contract Within 30 Days, The federal agency will migrate or abandon 240 of its 299 other IT projects to allocate funding toward the Cerner EHR implementation. (3 October, Kate Monica, 50k online visitors/mo; Danvers, MA)
VA Secretary David Shulkin announced the federal agency will award its EHR implementation contract to Cerner Corporation in the next thirty days. The announcement came during the recent Senate Veterans Affairs Committee hearing last week. The new VA EHR system will operate on a similar platform as the Department of Defense (DoD) EHR system—MHS Genesis—in an effort to improve interoperability between agencies.

Hyperlink to Above

7.3 - ExecutiveGov: Report: VA Inches Closer to Cerner EHR Devt Contract Award (3 October, Jane Edwards, 20k online visitors/mo; Tysons Corner, VA)
The Department of Veterans Affairs expects to award Cerner a contract to build a new electronic health record system for VA as early as this month, Federal News Radio reported Friday. VA Secretary David Shulkin told members of the Senate Veterans Affairs Committee at a hearing Wednesday that the department issued to Congress a 30-day notice of contract award for the new EHR platform.

Hyperlink to Above

8. Other

8.1 - The Washington Post (AP): Tennessee mail carrier sentenced for stealing opioids (3 October, 43.9M online visitors/mo; Washington, DC)

A Tennessee mail carrier who pleaded guilty to stealing at least 33 packages of medications intended for veterans has been sentenced to probation. The Kingsport Times-News reports that Bronson Cobble was sentenced last week to three years' probation and ordered to pay $1,154 in restitution following his June plea to one count of theft of mail.

Hyperlink to Above

8.2 - The Buffalo News: Alden companies accused in fraud case agree to pay $3 million (3 October, Phil Fairbanks, 1.6M online visitors/mo; Buffalo, NY)
"The contracting companies and principals allowed greed to corrupt a federal process intended to benefit service-disabled, veteran-owned small businesses," said Special Agent in Charge Adam S. Cohen of FBI Buffalo Field Office. The settlement is the result of investigation by the FBI, Assistant U.S. Attorney Kathleen A. Lynch, the VA Office of Inspector General and the Small Business Administration's Office of Inspector General.

Hyperlink to Above

1. Top Stories

1.1 - The Washington Post (AP): VA watchdog reviewing Shulkin's 10-day trip to Europe (3 October, Hope Yen, 43.9M online visitors/mo; Washington, DC)

WASHINGTON — The Veterans Affairs Department's watchdog said Tuesday it is reviewing Secretary David Shulkin's 10-day trip to Europe with his wife that mixed business meetings with sightseeing.

Shulkin disclosed last week he traveled to Denmark and England to discuss veterans' health issues. Travel records released by VA show four days of the trip were spent on personal activities, including attending a Wimbledon tennis match and a cruise on the Thames River. The VA said Shulkin traveled on a commercial airline, and that his wife's airfare and meals were paid for by the government as part of "temporary duty" expenses.

A spokesman for VA inspector general Michael Missal described the review as "preliminary."

Shulkin is one of several Cabinet members who have faced questions about travel after Tom Price resigned as health chief.

Curt Cashour, a VA spokesman, said the travel activities had been approved as part of an ethics review.

"The secretary welcomes the IG looking into his travel, and a good place to start would be VA's website where VA posted his full foreign travel itineraries, along with any travel on government or private aircraft," Cashour said.

The site lists Shulkin's travel itineraries but does not detail costs to the government.

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1.2 - FOX News: Hurricane Maria: VA in Puerto Rico still trying to reach more than 500 homebound vets (3 October, Tori Richards, 32.5M online visitors/mo; New York, NY)

Nearly two weeks after Hurricane Maria roared through Puerto Rico, destroying much of the island's infrastructure, more than 500 homebound at-risk veterans still haven't been reached by doctors, nurses and social workers, Fox News has learned.

There are 1,687 homebound vets in Puerto Rico who require ongoing treatment such as dialysis, chemotherapy and insulin to survive. Since Maria struck Sept. 20, the San Juan VA Medical Center has dispatched special teams consisting of a doctor, nurse and social worker to visit the homes of each one of these vets.

It has been a tough task. Most of the island still lacks power because of damage to the electric grid and intermittent phone service because of downed lines and cell towers. Many rural areas have been rendered inaccessible by damage to roads and the scarcity of gasoline for vehicles.

As of Tuesday, VA officials said visits have taken place at the homes of 1,147 homebound vets. That leaves 540 more to be seen. The VA is vowing to reach the rest but isn't sure how long it will take.

"The safety of all our patients is a top priority," VA spokesperson Mary Kay Rutan told Fox News Tuesday. "We have been going out in the communities where it is safe to do so. Additionally, we are engaged with local shelter operations and other agencies to assist in helping us locate veterans."

One of the visits resulted in a homebound vet who needed more treatment being transported by military helicopter to the San Juan VA, Rutan said.

Another visit brought more insulin to 75-year-old Vietnam vet Miguel Olivera in the hard-hit mountain town of Aguas Buenas, north of San Juan. The Veterans of Foreign Wars in Washington had asked the VA to check on Olivera after learning that he was in danger of losing his last vial of insulin because he had no electricity to keep it refrigerated.

"I'm just happy to hear one veteran is being taken care of." VFW spokesman Joe Davis told Fox News. "I wish there was more that all of us could do for Puerto Rico, it's just terrible down there."

VA whistleblower Joseph Colon, a credentialing official at the San Juan VA Medical Center, said more needed to be done for the island's homebound vets.

"If you are truly in the business of caring for veterans it should not take two weeks to check on all high-risk patients," Colon told Fox News.

Colon also complained that the majority of staff at the San Juan VA had to be sent home last week because the hospital was running out of food, water and diesel fuel for generators.

He also accused hospital leaders of not having a contingency plan to deal with the storm and said the hospital's acting director, Dr. Antonio Sanchez, wasn't around when Maria struck.

"If you know you are going to have problems with water and possibly the electrical grid, why wouldn't you stock up on supplies?" he said. "There is a big new concrete garage next door, they could've put it in there."

As of Monday, the hospital was back at full strength, according to officials.

Rutan defended the hospital's plans for dealing with Maria and the previous one that passed through, Hurricane Irma.

"The San Juan VA Medical Center has comprehensive and well-tested emergency management and operations plans where they have successfully managed numerous hurricanes and other events, including most recently Hurricane Irma," she said.

Rutan also said that Sanchez was at a VA meeting in the U.S. the day of the hurricane and returned as fast as he could three days later.

"He was on the very first available flight to the island on Saturday after the storm," Rutan said. "In his absence, the deputy medical center director and the full incident management team

conducted necessary operations ensuring the safety of more than 300 patients and 800 staff during the height of the storm."

But Colon said he still questioned why Sanchez wouldn't skip the meeting knowing that a Category 4 storm was bearing down on Puerto Rico.

"He had plenty of time to get back here – was that conference so important?" he said.

Back to Top

1.3 - CNN (Video): VA Secretary David Shulkin under review for work trip to Europe (3 October, Miranda Green, Rene March, and Gregory Wallace, 29.7M online visitors/mo; Atlanta, GA)

Washington (CNN) - The VA's inspector general is reviewing Veterans Affairs Secretary David Shulkin's July business trip to London and Denmark, which included meetings with Danish and UK officials as well as a stop at Wimbledon.

It's now the fifth investigation into a member of the Trump administration's travel by a department inspector general.

Shulkin joins Environmental Protection Agency Administrator Scott Pruitt, Interior Secretary Ryan Zinke, Treasury Secretary Steven Mnuchin and recently resigned Heath and Human Services Secretary Tom Price under scrutiny for the use of private planes, first class travel, military air or flights for possible personal reasons.

Michael Nacincik, spokesman for the VA inspector general's office, told CNN he could not specify who requested the investigation, nor whether the inspector general's office was investigating any other travel by the secretary.

News of Shulkin's July trip abroad, which included a Thames River cruise, was first reported by The Washington Post last week.

Following the report, the Veterans Affairs department posted the trip itinerary online, which showed that Shulkin traveled with his wife and three members of the department, one of whom also brought a spouse. The US government paid for the travel expenses and a per diem for Shulkin's wife, Merle Bari, the Post reported.

Last Friday, HHS Secretary Price resigned after coming under fire for his use of chartered planes for business purposes. Price's departure came as he's being investigated by the department's inspector general for using private jets for multiple government business trips, even to fly distances often as short as from Washington to Philadelphia. The total cost for the trips ran into the hundreds of thousands of dollars.

Interior's Zinke is also being investigated over his travel.

In a statement he gave before giving his policy speech at the Heritage Foundation Friday, Zinke confirmed that he's used private jet travel on three occasions and has flown military aircraft at other times as well.

"Using tax dollars wisely and ethically is a greatest responsibility and is at the heart of good government," he said. "Unfortunately there are some times when Interior has to utilize charter services because we often travel to areas that don't have a lot of flight options."

He called the recent criticism about his use of private jets "a little BS."

CNN's Kevin Liptak contributed to this report.

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1.4 - CBS News: Veterans Affairs inspector general is reviewing David Shulkin's Europe trip (3 October, Jacqueline Alemany, 26.1M online visitors/mo; New York, NY)

The Department of Veterans Affairs inspector general is reviewing Secretary David Shulkin's 10-day taxpayer-funded trip to Europe in July, during which Shulkin and his wife spent time shopping and sightseeing in Denmark and the U.K.

A spokesman for the VA's Office of Inspector General told told CBS News on Tuesday that it is "gathering information and reviewing the recent trip."

Details of the trip, which included visits to Westminster Abbey and Wimbledon, were first reported by The Washington Post. While the trip to Denmark and the United Kingdom was focused on veterans issues, Shulkin and his wife also devoted significant time to leisure activities paid for by U.S. government dollars.

Shulkin joins the list of cabinet members under investigation for travel. Tom Price resigned as Secretary of Human and Health Services last week after coming under fire for extensive use of expensive private jets footed by taxpayers. EPA Administrator Scott Pruitt, Treasury Secretary Steven Mnuchin and Interior Secretary Ryan Zinke are also currently under investigation by their respective agency's inspector generals for travel spending.

Shulkin announced in a statement last week that the VA would be posting all official travel taken since January 20th on the VA website.

"Under this administration, VA is committed to becoming the most transparent organization in government, and I'm pleased to take another step in that direction with this move," Shulkin said in a statement. "Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that."

The itinerary uploaded to the website details conferences on veterans policy and meetings with various government officials but also time carved out of his schedule for extracurricular activities. In London, Shulkin and his wife Dr. Merle Bari attended Wimbledon and visited Buckingham Palace and Westminster Abbey. They also took a cruise down the Thames River followed by "dinner/ evening in Piccadilly Circus" and spent their first day in Denmark visiting various castles throughout Copenhagen.

The website also notes that Shulkin has not utilized private aircraft to date. Curt Cashour, VA Press Secretary told CBS News in a statement, "The Secretary welcomes the IG looking into his

travel, and a good place to start would be VA's website where the VA posted his full foreign travel itineraries, along with any travel on government or private aircraft."

"As the posted information shows, the Secretary has taken no trips on private aircraft," Cashour continued, "and the only government aircraft trips he has taken has been as a guest on the planes of the President, Vice President, or First Lady."

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1.5 - Military Times: VA names Elizabeth Dole to head caregivers advisory group (3 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Veterans Affairs officials on Monday announced former North Carolina Sen. Elizabeth Dole will chair the department's new family and caregiver advisory committee, formed in response to problems with support programs earlier this year.

The committee, which features a mix of veterans and military caregivers, is charged with advocating for improvements to VA care and benefits services. In a statement, Dole called the work "critical" for the veterans community.

"Military families, caregivers, and survivors are truly our nation's hidden heroes, and make great sacrifices each and every day on behalf of their loved ones, so we must do more to support them on their journey," she said.

Last spring, VA conducted a nine-week review of the department's caregiver program after an NPR report revealed dozens of regional medical centers were cutting back on the number of families receiving caregiver benefits, possibly against program rules.

More than 20,000 individuals are currently enrolled in the department's caregivers stipend program, which awards payouts of several thousand dollars a month to family members of severely injured post-9/11 veterans providing full-time caregiving duties.

In July, VA officials ended the review promising better communication and outreach to families involved. Shulkin has also publicly discussed the possibility of extending the caregiver stipend to veterans of other war generations, but doing so will likely require congressional action.

In a statement Monday, Shulkin said his department "is committed to the delivery of highest quality care and support to our veterans, and recognizes the essential role their families, caregivers, and survivors have every day."

Dole, herself a caregiver to husband Bob Dole, the former U.S. Senate majority leader and a veteran injured in World War II, has been an advocate for military and veteran caregivers in recent years through the Elizabeth Dole Foundation.

Sherman Gillums, executive director at Paralyzed Veterans of America, will serve as vice chair of the committee. The group also includes Lolita Zinke, wife of Interior Secretary Ryan Zinke, who served as a Navy SEAL.

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1.6 - KARE (NBC-11, Video): VA apologizes to Vietnam vet for ER denial - The Department Of Veterans Affairs has apologized to a Vietnam veteran for repeatedly denying his claim for medical care after KARE 11 reported his story as part of its continuing investigation – a pattern of denial. (3 October, A.J. Lagoe and Steven Eckert, 1.5M online visitors/mo; Golden Valley, MN)

LITTLE CANADA, Minn. - Rockne "Rocky" Waite of Little Canada, Minnesota sat in his living room on September 26th watching his television in disbelief.

"It was like watching my own story," the 71-year-old former Army Medic recalled.

He was watching a KARE 11 investigative report exposing how veterans are being saddled with medical debt they should not owe – some of it even turned over to collection agencies – after trips to the emergency room.

"It was exactly what happened to me!" Rocky said.

Rocky's story of wrongful denial began this past July when he needed emergency surgery to remove a large kidney stone.

"The pain just got to be excruciating," Rocky said. "So, I called VA nurses hotline and asked them what I should do, and they said to go to the nearest facility which was St. John's Hospital in Maplewood."

Following his emergency operation in the private hospital, the surgeon told Rocky a stent had been inserted and he needed to get it removed in 10 days.

Following VA protocol, Rocky again called the nurses hotline at the Minneapolis VA to ask if he should go back to the private hospital where he had the surgery, or if he should come into the VA for the procedure?

His VA medical file shows Rocky spoke with a registered nurse who, after consulting with his regular VA physician, instructed him to go back to St. John's to have the stent removed.

"I took their advice, went, had the procedure done," Rocky said.

Despite doing exactly what the VA instructed, Rocky received a denial letter in the mail. The VA was refusing to pay for the stent removal, leaving the 100% service connected disabled veteran with the $1,200 bill.

"What more could I have done?" Rocky asked while throwing his hands in the air. "I did as I was told, I don't know how else you could do it!"

Rocky's is not an isolated case.

Current and former VA staffers tell KARE 11 that medical claim processors at the VA are pressured to review complicated files in just minutes.

To meet performance goals, they say it's quicker to deny claims than to take the additional steps needed to approve payments.

"We are accountable for speed," one VA insider told KARE 11 in an exclusive interview. "We were told to pick-n-click and get them moving."

When he appealed his bill rejection, Rocky said he quickly received another denial letter.

Fast forward a few weeks and the frustrated veteran watched as KARE 11's investigation aired.

Rocky emailed his denial records to KARE 11. Investigative Reporter A.J. Lagoe told about Rocky's case during a follow-up broadcast and emailed the Department of Veterans Affairs asking what the veteran, who appeared to have followed all the rules, should have done differently?

VA Press Secretary Curt Cashour responded, "While strict rules and federal law govern when VA can pay for emergency care, we always want to work with veterans on their particular claim(s) to see what VA can do in their case. We will do that in this case."

The next day, Rocky received a voicemail from a VA official apologizing for the hassle he'd been through and stating, "So we'll get that paid for you, probably today."

"What bothers me about this is it is not just one incident," Senator Amy Klobuchar (D-MN) said.

Klobuchar says her office has received a number of similar constituent complaints.

"There are many incidents and usually when a member of Congress starts getting called over and over again it's like the canary in the coal mine. It means there is one, and then there's 10, and then there's 20. It means there's probably thousands across the country, and this means they are having a rule problem, a protocol problem, that has to be fixed!"

The Senator said she would be speaking directly to VA Secretary David J. Shulkin this week about the ER denials uncovered in the KARE 11 investigation.

KARE 11 analyzed two and a half years of VA data and found in the VA MidWest Network, which includes Minnesota, 52% of all ER claims were denied.

As a result, $65,772,205 in medical bills were forced back onto veterans to pay.

There is no way to determine how many of those veterans got stuck with bills – like Rocky – because of improper VA denials.

"If it hadn't been for KARE 11, I would still have been fighting this battle," Rocky said. "And it could go on for years with these people."

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1.7 - WFED (AM-1500, Audio): Advancing the VA's Community Care Mission: A conversation with Baligh Yehia, Deputy Under Secretary for Health (3 October, 831k online visitors/mo; Washington, DC)

This content is provided by the IBM Center for the Business of Government.

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The Business of Government Radio Hour, hosted by Michael J. Keegan, features a conversation with a federal executive who is changing the way government does business. The executives discuss their careers and the management challenges facing their organizations. Guests include administrators, chief financial officers, chief information officers, chief operating officers, commissioners, controllers, directors, and undersecretaries.

SPECIAL REBROADCAST:

What is the mission of VA's Office of Community Care? How is VA enhancing how it provides Community Care? What can VA do better? Join host Michael Keegan as he explores these questions & more with Baligh Yehia, Deputy Under Secretary for Health for Community Care at the US Department of Veterans Affairs.

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2. Veteran and Employee Experience

2.1 - The Hill: VA chief under investigation over European trip: report (3 October, Jacqueline Thomsen, 11.8M online visitors/mo; Washington, DC)

The Department of Veteran Affairs inspector general is investigating Veteran Affairs Secretary David Shulkin over his trip to Europe, CNN reported Tuesday.

Shulkin traveled to London and Demark in July, where he met with officials from both counties.

Michael Nacincik, spokesman for the VA inspector general's office, told CNN that he couldn't say what triggered the probe or if the office was investigating any other instances of Shulkin's travel.

The Washington Post first reported last week that Shulkin spent half of the trip sightseeing and shopping with his wife.

The VA chief was there to attended a conference in London on veterans' health issues and then held a series of meetings in Denmark.

Shulkin reportedly attended a Wimbledon tennis tournament match, toured multiple palaces in London and Denmark and took a cruise on the River Thames in London while on the trip.

The VA head took commercial flights for the trip and reportedly sat in coach on at least one of them, The Post reported.

The investigation into Shulkin is the fifth inspector-general investigation into a member of the Trump administration.

Environmental Protection Agency Administrator Scott Pruitt, Interior Secretary Ryan Zinke, Treasury Secretary Steven Mnuchin and former Heath Secretary Tom Price were each probed over their use of private, military or chartered planes.

Price resigned last week over his use of private jets.

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2.2 - Fortune: Trump's VA Secretary Is the Fourth Cabinet Member to be Caught in a Travel Expense Scandal (3 October, John Patrick Pullen, 7.7M online visitors/mo; New York, NY)

Overshadowed by Health and Human Services Secretary Tom Price's resignation Friday afternoon, Veterans Affairs chief David Shulkin is the latest Trump cabinet member to be found mixing personal trips and expenses with government travel. The VA secretary cruised the Thames, took in sight-seeing at Westminster Abbey, and watched a Wimbledon tennis match during a 10-day European trip with his wife, according to an itinerary obtained by The Washington Post.

The VA secretary's 10-day trip—which also included the department's undersecretary and her husband, Shulkin's chief of staff, an aide, and six security people—was approximately half business, half pleasure, the itinerary reportedly details. The government paid for Shulkin's wife airfare and provided a per diem for her meals because she was traveling on "approved invitational orders," reports the Post.

The Shulkins' July trip was revealed as the personal travel and government expenses of other cabinet officials have also come under scrutiny. In his first three months in office, Environmental Protection Agency chief Scott Pruitt reportedly travelled home to Oklahoma at least 10 times, according to records acquired by a watchdog group. In addition, the EPA is building a $25,000 soundproof booth for Pruitt, the first agency head to have an aroud-the-clock security detail.

In August, U.S. Treasury Secretary Steve Mnuchin and his wife reportedly used a government plane to travel to Lexington, Ky. to watch the solar eclipse, a trip that came to light after Mnuchin's wife, Louise Linton boasted on Instagram about traveling with her husband on a government plane. Mnuchin has denied that he took the trip to view the eclipse. He has also said claims about him requesting the use of a government jet during his honeymoon with Linton earlier this year were about national security.

HHS secretary Price's spending has been the most audacious of the cabinet so far. The former Georgia congressman may have taken more than $1 million in chartered, private jets, according to reporting by the Post. The revelation ultimately led to his resignation on Friday.

As for Shulkin, the VA Secretary is likely hoping Price's exit helps his own spending to fly under the radar. One of few Obama administration holdovers, Shulkin was most recently the VA's undersecretary before being promoted by President Trump. Considering his previous boss and

the current president's unfavorable views of how the VA has been run, Shulkin may now be on thin ice—if he wasn't already.

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2.3 - Washington Examiner: VA watchdog launches probe of David Shulkin's 10-day European trip (3 October, Gabby Morrongiello, 4.8M online visitors/mo; Washington, DC)

The Department of Veterans Affairs' internal watchdog has launched an investigation into a 10-day, taxpayer-funded trip taken by Secretary David Shulkin and his wife earlier this summer.

Shulkin came under fire last week for the July vacation to Denmark and the U.K., during which he and his wife attended a Wimbledon tennis match, and went shopping and sightseeing.

Though a conference on veterans policy and meetings with foreign officials were included in the trip, much of the secretary's time was spent touring castles in Copenhagen and enjoying a cruise with his wife.

Michael Nacincik, a spokesperson for the VA's Inspector General, told the Washington Examiner on Tuesday the internal watchdog is "gathering information and reviewing the secretary's recent trip." CBS News first reported the investigation.

Nacincik could not say how long the investigation is estimated to take or when it began.

"It really depends on what they find or what they don't find," he said.

Shulkin denied any wrongdoing in a statement last week, and announced that he would make the itinerary from his trip for the public.

"Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that," he said.

"The secretary welcomes the IG looking into his travel, and a good place to start would be VA's website where the VA posted his full foreign travel itineraries, along with any travel on a government or private aircraft," VA press secretary Curt Cashour later told CBS.

News of the IG investigation comes days after Health and Human Services Secretary Tom Price was fired for chartering several private flights on the taxpayer dime.

The Interior Department's internal watchdog also launched an investigation this week into Secretary Zinke's travel, bring the total number of Cabinet officials under investigation by their own agencies to four, including Treasury Secretary Steve Mnuchin and EPA administrator Scott Pruitt.

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2.4 - WXIN (FOX-59, Video): Veterans voice concerns, outline legislative agenda items at town hall (3 October, Haley Bull, 1.5M online visitors/mo; Indianapolis, IN)

CARMEL, Ind. – Veterans are making sure their voices are heard by state lawmakers and local government officials during a series of town hall meetings across the state.

Tuesday, veterans at a meeting in Carmel raised their concerns and outlined their legislative agenda items for the upcoming legislative session.

"It's really important for the legislators to hear our concerns we have many healthcare being right at the top of the list, also treatment of PTSD as our returning veterans from the global war on terror suicide rates among veterans are at an all-time high," said Steven McDanield, commander of VFW Post 10003.

Some of the issues veterans raised include support for medical marijuana and ways to help veterans find employment.

But before the town hall, a group of Indiana veterans groups called the Big Four, including the VFW, AMVETS, Disabled American Veterans and the American legion, met to approve a list of their legislative agenda items for the next session.

"We've come a long way veterans contribute a lot to the state of Indiana we're not asking for a handout," said Richard Leirer, the commander for dist. 6 of the VFW in Indiana and legislative chairman.

"We want to make sure we clean up some legislation that was passed this last year in the budget bill with some wording to extend the program for our homeless veterans and for our hyperbaric oxygen therapy treatment for traumatic brain injury," said Lisa Wilken, the legislative director for Indiana AMVETS.

Wilken said they also want to make another run at a bill creating a lottery scratch off ticket to help fund veterans' programs.

"We think we have the support now to get it passed this year," Leirer said.

The next town hall will be held Oct. 17 in Indianapolis.

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2.5 - Fayetteville Observer: NC congressmen, VA leaders meet in Washington (3 October, Drew Brooks, 439k online visitors/mo; Fayetteville, NC)

Congress members from North Carolina met with Veterans Affairs leaders in Washington on Tuesday, hoping for better communication on problems in the VA system.

Eight House members met with top officials from the VA's Mid-Atlantic Health Care Network, also known as Veterans Integrated Service Network 6, and the leaders from at least three VA medical centers, including Fayetteville's.

The meeting was an introduction of sorts for DeAnne Seekins, who became director of VISN 6 in July. The network includes seven VA medical centers, 27 community-based outpatient clinics and four health care centers, and it is the fastest-growing region within the VA.

Republican Rep. Richard Hudson, whose district includes parts of Fayetteville, said he was impressed by Seekins and other VA leaders.

The discussion was “very candid, very open,” and addressed concerns about delays in VA care, problems within the VA Choice Program and late payments to vendors working with the VA, Hudson said.

“Hopefully it’s the beginning of better communication,” said Hudson, who helped organize the meeting.

Seekins was appointed director of VISN 6 after leading the Durham VA Health Care System for five years. Directors of VA medical centers in Asheville and Durham also attended the meeting.

Fayetteville has the fastest growing patient population in the VA, Hudson said, and it was important for VA leaders and Congress to be on the same page to help address issues that arise with that growth.

“I take very seriously my responsibilities as a voice for veterans in North Carolina,” he said. “I wanted to open better lines of communications.”

The meeting was co-chaired by Democratic Rep. David Price. It included Republican Reps. Robert Pittenger, Virginia Foxx, David Rouzer, Walter Jones and Mark Meadows, and Democratic Rep. Alma Adams.

In the past, members of Congress have had to “start at the bottom and work up” when it comes to VA issues, Hudson said. After the meeting, he hopes there will be a direct line of dialogue at the highest levels of the local VA network.

He said he would like VA leaders to notify the congressional delegation of potential issues or when problems arise. The delegation can be more proactive in helping the VA fix issues that continue to plaque the system.

“We both have the same mission — taking care of our veterans,” he said.

VISN 6 officials said the meeting was important to Seekins, who wants to develop relationships with the delegation and learn their concerns.

A spokesman, Stephen Wilkins, said the meeting was not meant to address specific issues, but instead more of a meet and greet.

But Hudson said the delegation was able to ask questions, paying particular attention to access to VA care, the opioid epidemic among veterans, and the Choice program that allows some veterans to seek care outside the VA system.

Several representatives also brought up VA payments. They said veterans are being harassed by collection agencies because the VA is not paying its bills.

Hudson said that while he praises the network's efforts to cut down on wait times, he is lobbying for an expanded Choice program that gives more veterans the ability to go outside the VA.

The Fayetteville VA previously had one of the nation's longest waits for veteran care. In recent months, officials have said those numbers have drastically improved.

"I think we're making progress, but I personally would like to see veterans having more access to private care as an alternative," Hudson said.

Hudson has introduced legislation that would allow any veteran who is at least 50 percent disabled to see whatever doctor they would like.

"I'm just not convinced we can build enough VA facilities to keep up with the growth," Hudson said.

He said that expanded Choice would never destroy the VA. But giving veterans the ability to "vote with their feet" may force the VA to improve its practices.

"Competition will make the VA better," he said. "They care about our veterans but they work within a system that is just strangled with bureaucracy."

The congressional delegation last met with VA leaders earlier this year, after a VA audit found that the network underreported the length of wait times for new patients, and that those seeking care outside of the Department of Veterans Affairs often had long waits or were unable to receive care.

Hudson said the delegation wants to meet regularly with VA leaders.

"I think we all agreed we'd like to have something," he said. He urged veterans in North Carolina who have problems with the VA to contact their Congress representative.

"We'll be their advocate," he said.

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2.6 - Michigan Radio Network: Ann Arbor VA Hospital employees and vets protest staffing shortage (3 October, Tracy Samilton, 385k online visitors/mo; Ann Arbor, MI)

Ann Arbor VA Hospital employees rallied Tuesday to ask Congress for enough money to eliminate the 49,000 VA job vacancies nationwide. Similar rallies have been held at other VA hospitals nationally in recent weeks.

Ozzie James, Jr. is president of American Federation of Government Employees Local 2092. He says veterans need the expertise of VA doctors, nurses and other staff, because outside health care professionals don't fully understand veterans' needs.

"The promise to take care of the veterans who go fight the war, you're not keeping that promise," says James. "Because you fail to have the staffing that's needed to take care of the veteran when he or she comes home. It's a disgrace to us."

James says the shortage is particularly acute for VA nurses; many cannot take the vacations to which they're entitled because there is no one to fill in for them.

He says the staffing problem predates the Trump administration but has gotten worse under it.

Darcy Guyton-Hanna is a dental hygienist at the Ann Arbor VA. She says the staffing shortage means some veterans have to wait a year for a comprehensive dental exam.

"We are short two dental assistants and one administrative assistant, so they have a lot of the dentists doing paperwork and administrative jobs instead of seeing patients," says Guyton-Hanna.

She says administrators told her there is a hiring freeze so nothing can be done about the situation.

But according to recent comments by VA Secretary David Shulkin, the prospect for more federal money for the VA to boost hiring seems dim. At a press conference in late May, he said, "the problems in VA are not largely going to be solved through additional money. These are going to be solved through management practices, focus, and some legislation changes."

Shulkin said the VA will have a position management system in place by December, so it can track which jobs are open. And the agency plans to expand graduate medical education training opportunities to be able to train more health professionals to stay in the VA system.

He said the VA also plans to work with the Unified Services University -- the medical school of the military -- to train more medical students who then would serve in the VA for 10 years after their education.

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2.7 - Outer Banks Sentinel: VETERANS POST Will bad employees still linger at VA? (4 October, 23k online visitors/mo; Nags Head, NC)

The Department of Veterans Affairs' new authority to get rid of bad employees is getting a test in Memphis.

An employee at the Memphis VA Medical Center was arrested for aggravated assault with a deadly weapon and criminal impersonation of a police office. Specifically, she pulled a revolver on a grandmother and a toddler, waving the gun and saying she was the police.

According to the VA, the employee was being processed for removal and has been suspended. What, exactly, does that mean. Taking steps to terminate the employee? Barred from the facility? Told to stay home with pay?

Inquiring minds want to know: Will the Merit Systems Protection Board jump in on this one, too? Long ago the VA tried twice to remove an employee because the hospital kept running out of crucial surgical inventory. The Office of the Inspector General got involved and came up with yet one more reason to get rid of the guy: He'd been sending sensitive VA personnel information

to his personal email account and his wife. The guy was fired, but after the Board got involved, the VA had to rehire him. It took quite a while, but finally he is gone.

This is the same place where a veteran getting care had his vehicle stolen from the parking lot by a VA employee. The veteran had to turn over all his personal belongings when he was admitted ... including his car keys. Within hours, before his wife could retrieve the car, it was gone. Six months later, the veteran saw his car in the parking lot, called police, and they arrested a VA employee when he came out.

So now we watch and wait. Will pulling a handgun on a little girl and her grandmother be serious enough to get rid of the employee? Does the Accountability Act truly have enough teeth to get the job done?

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2.8 - WSAW (CBS-7, Video): Free benefits expo offered for area veterans (3 October, 196k online visitors/mo; Wausau, WI)

In an effort to serve area veterans, a Wausau expo will offer free service members or dependents of veterans who want to gather information.

The U.S. Department of Veterans Affairs along with the Wausau Veterans Service Office are organizing the event on Thursday, October 5.

To explain what will be offered, Veteran Service Officer, Scott Berger joined the Sunrise 7 team.

From 10 a.m. to 2 p.m. at the East Gate Hall of Marathon Park in Wausau area veterans are encouraged to visit the Wausau Area Veterans Benefits Expo.

Vets can expect to gather information and learn about VA and other community services that they may want to avail themselves to. Also, eligible veterans will be able to get their flu shot.

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3. Access to Healthcare

3.1 - The Hill: Congress can use the power of pets to help women and vets (3 October, Rep Steve Cohen (D-Tenn.) and Mike Bober, 11.8M online visitors/mo; Washington, DC)

Each year, Congress works hard to pass bills that will help the American people. While acrimony and partisanship have made this more difficult, lawmakers are considering two bills that have bipartisan support on Capitol Hill and among the American people: H.R. 2327 and H.R. 909, the Puppies Assisting Wounded Servicemembers (PAWS), and the Pets And Women Safety (PAWS) Acts of 2017.

Each of these bills involves man's best friend, and both provide for an underserved segment of America. In the case of H.R. 2327, veterans with PTSD and traumatic brain injuries are provided

opportunities for healing through grant-funded service dogs. H.R. 909 expands the number of domestic abuse shelters that can accept pets, in order to help abused women escape domestic violence.

Rep. Cohen is a sponsor of both bills, and PIJAC supports them on behalf of the professional pet care community. Passing these bills now would be a powerful symbol to a public eager for Congress to lead, as National Suicide Prevention Month ends and National Domestic Violence Awareness Month begins.

The House is already taking important steps to help veterans get the companions they need. On Sept. 26, the House Veterans Affairs Committee held a hearing about several bills, including H.R. 2327, that can help servicemembers adjust back to non-combat life. H.R. 2327 has support among myriad veterans' groups, and 200 House co-sponsors. With about 20 veterans committing suicide each day, the PAWS Act is just one way that Congress can improve assistance to America's military servicemembers who return from war with physical and mental scars.

H.R. 909 is likewise an important bill with enormous support. It has 230 co-sponsors in the House and 20 in the Senate. It will provide assistance to many of the approximately one in four women, and one in seven men, who are domestically abused each year.

Studies are clear that in a home where human abuse is taking place, a pet is also often a target. With nearly half of women saying they have returned to an abusive home out of concern for a pet's safety, H.R. 909 is clearly necessary to save lives and prevent more harm to innocent human and animal victims.

The bill provides funds so that abuse shelters can accommodate pets, and extends domestic abuse laws so that courts may require abusers to provide restitution for veterinary costs a victim may incur.

These bills recognize the strength of the human-animal bond. Fully 65 percent of U.S. households have a pet; 88 percent of House and Senate offices allow pets in their offices.

Not only is connecting people and pets good business – with 1.3 million jobs, mostly small business, supported in 2015 alone – it is also great for human health. Just owning a pet saves over $11 billion in health care dollars each year, according to a conservative study by George Mason University. Other studies show direct links to less stress, better educational results, and improved health for senior citizens.

Whether in Washington, D.C. or Tennessee, pets are everyone's best friend. Congress should use the power of pets to bring people together by passing H.R. 2327 and H.R. 909.

Representative Steve Cohen represents the 9th District of Tennessee. Mike Bober is President of the Pet Industry Joint Advisory Council (PIJAC), which is the legislative and advocacy voice of the responsible pet industry.

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3.2 - Dayton Business Journal: Dayton VA moving clinic to new location (3 October, John Bush, 885k online visitors/mo; Dayton, OH)

The Dayton VA Medical Center is moving its Lima clinic to a larger location this spring.

The Lima Community Based Outpatient Clinic, currently located at 1303 Bellefontaine Ave., will move to 750 W. High St. following renovations.

The project will allow the VA to treat more veterans.

The new clinic will be housed in a professional building on the campus of St. Rita's Medical Center. It is owned by Lima IV Medical Properties LLC, which will hire a contractor to perform renovations after a bidding process.

The clinic will offer more than 1,400 additional square feet compared to the old location — 9,750 square feet versus 8,341. The increase in space will allow for additional nursing clinics, dedicated exam rooms for tele-health and other specialty services, and more parking (about 100 spaces).

It is also located near major roadways such as U.S. 30, state Route 501, Hume Road and Thayer Road.

The new clinic will be designed "to best serve the needs of veterans" by improving access to care, efficiency of facility operations, infrastructure layout, parking and care coordination between all services, according to a press release from the Dayton VA.

The VA stated the relocation was a necessary move, as the number of veterans served at the current Lima CBOC has expanded by 10.5 percent over the past two years.

The Bellefontaine Avenue site will remain open for all existing services until the new location is ready in spring 2018. At that time, veterans' medical information and appointment schedules will be transferred to the new CBOC.

The Lima clinic served more than 4,200 veterans in the last year, with more than 22,000 outpatient visits.

The Dayton VA Medical Center is the third-largest hospital in the Dayton region with $382 million in net revenue for 2015, according to DBJ research. The hospital has 371 beds and saw about 5,500 admissions that year.

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3.3 - Government Executive: How the VA Is Blocking Marijuana Research Veterans Say Could Save Lives (3 October, Eric Katz, 852k online visitors/mo; Washington, DC)

In 2010, Boone Cutler was taking 30 milligrams of morphine, 70 milligrams of oxycodone and other opioids each day. He regularly went three to four days without sleep. The Army veteran had survived a blast injury while deployed in Sadr City, Iraq, and has since endured seven knee surgeries, five shoulder surgeries and back surgery. He also suffers from Parkinson's Disease.

“I did my time,” Cutler says. “I’ve been beat up a few times.”

That year, however, Cutler abandoned his treatment through the Veterans Affairs Department and checked himself into a psychiatric ward at a private hospital, where he quit his prescribed cocktail of opioid painkillers cold turkey. Upon leaving the hospital, a coworker convinced him to try something new for his physical and psychological symptoms: marijuana. He was reluctant, telling his colleague, “I’m not one of those pot heads.”

The more he thought about it, the more he realized he had nothing left to lose: “I tried everything,” he says. “Nothing worked.”

But after trying cannabis, Cutler experienced something for the first time since he returned from Iraq: He slept for five hours.

“I thought it was a fluke. I tried it again, and it happened again,” he says. “That was an absolute, 100 percent, 180-degree life changing event for me.”

Cutler is part of a growing community of veterans who depend on cannabis to treat post-traumatic stress and pain from service-connected injuries. Some vets returning from combat tours of duty have reported that the drug has reduced nightmares and flashbacks, eased pain and helped eliminate their dependency on opioids. The drug nonetheless remains classified as “schedule one” by the federal government, which it defines as “drugs with no currently accepted medical use and a high potential for abuse.” While some studies have examined the potential medicinal benefits of cannabis and a growing number of states have legalized medical and even recreational marijuana, there has never been a federally-approved study of its impact on post-traumatic stress disorder with the potential to change the federal government’s scheduling.

Dr. Sue Sisley and the Multidisciplinary Association for Psychedelic Studies are trying to change that. Sisley and the group have worked for 10 years to get their triple-blind study with a placebo on the impact of marijuana on veterans with PTSD off the ground. Sisley’s research now has approval from the Food and Drug Administration, the Drug Enforcement Administration and the Health and Human Services Department’s National Institute on Drug Abuse, which is supplying the marijuana for the study. The research has finally commenced, and Sisley now has 28 participants in treatment. She will need 76 to complete the study, but she is facing a significant barrier: she is running out of veterans who qualify to participate, and the Veterans Affairs Department is refusing to help her identify more.

Taking Risks

Unlike Cutler’s state of Nevada, where marijuana is now legal, Thomas Brennan lives in North Carolina, where the drug remains outlawed in all forms. The Marine Corps veteran who completed tours in Fallujah, Iraq, in 2004 and the Helmand Province in Afghanistan in 2010 felt he had no choice but to set up a cannabis distribution network with a handful of other veterans. While they had the marijuana shipped from Marines they trusted located in other parts of the country, they knew they were putting themselves in jeopardy.

“Veterans know this is better than the alternative and were willing to take the risks to deal with this,” says Brennan, who suffers from PTSD.

Brennan also tried to use VA as his primary care provider, but felt shunned after informing his doctors there he used marijuana.

“They treated me like a drug addict when I told them about my cannabis use,” says Brennan, who considers himself lucky because he is now entitled to TRICARE by virtue of being medically retired. “They weren’t willing to help me wean off narcotics.” Brennan, before he started using marijuana, took a mixture of antidepressants, sedatives, amphetamines and mood stabilizers that VA sent him through the mail.

Brennan credits marijuana with saving his life, saying without it, he would have committed suicide.

Blocking Research

VA says it is willing to examine research on medical marijuana.

“There may be some evidence that this is beginning to be helpful,” VA Secretary David Shulkin said in May. “And we're interested in looking at that and learning from that.”

To veterans like Cutler and Brennan, and service organizations like the American Legion, which is pushing VA to adopt a more lenient position on medical marijuana, the department is standing directly in the way of researchers trying to collect that evidence. The researchers will continue their work even if they cannot sign up a sufficient number of veterans, according to MAPS’ Brad Burge, by opening up the study to anyone with PTSD. Burge said it is unclear if such a study would still be generalizable to the veteran community.

VA, for its part, said it is bound by federal law that prohibits its clinicians from recommending patients for studies involving marijuana. A spokesman blamed Sisley and MAPS for not finding other means to recruit veterans for their research.

“Federal law restricts VA’s ability to conduct research involving medical marijuana, or to refer veterans to such research projects,” said Curt Cashour, the VA spokesman. “If the researcher is truly interested in finding veterans for her study, she should spend more time recruiting candidates and less time protesting to the media.”

Sisley says VA is poorly informed, noting she and her team have been “pounding the pavement” to recruit participants. She has screened more than 4,000 veterans over the last two years, but most of them are not qualified to participate. Veterans enrolled in VA health care are uniquely qualified subjects, she explains, as they are likely to have already attempted other treatment and are less likely to already depend on marijuana.

“If you’re in the VA system, that means you’ve already raised your hand and said ‘I need help,’” Sisley says. She adds the department is being disingenuous when it says it wants to examine more research: “It’s very negligent for VA to be begging for more data, and then refuse to cooperate with the federally legal, FDA-approved study that is happening right in the backyard of a VA facility. They should be ashamed.”

Sisley’s study is not receiving any federal funds. She has a $2.1 million grant awarded from the state of Colorado, and received the marijuana from a National Institute on Drug Abuse contracted facility at the University of Mississippi (all federally approved research on marijuana

comes from plants grown at that facility). To advocates, VA already has the authority to refer its patients to the study.

“We’ve been, to no avail, trying to work locally with the hospital director and the [Veterans Integrated Service Networks] director to try to get them to build some kind of bridge, some kind of information bridge between the [researchers] and the VA, and they’ve just been really resistant to doing that,” said Lou Celli, American Legion’s VA director. He noted VA’s laudable history in research, with its clinicians winning three Nobel prizes.

“The time is ripe for this administration to take the lead on this issue and really come out looking like superheroes,” Celli said. “It’s not a controversial topic. It’s only controversial in their own minds.”

The American Legion is hopeful if Sisley’s study is completed, and its results are accepted by the FDA, it would just be the tip of the iceberg into researching the possibilities of medical marijuana. Like Brennan and Cutler, he acknowledges cannabis will not cure PTSD for any veteran. The alleviation it does provide, however, enables them to seek further help.

“The most common term I hear is, ‘It helps keep the visitors away,’ meaning the nightmares, the flashbacks,” Celli says. “We don’t believe there is any study that will prove cannabis cures PTSD. But what it does do is it relaxes them enough, and it lowers their inhibitions enough to be able to receive counseling and to be able to work through whatever issues that they have.”

Sisley says marijuana could help address the epidemic of veteran suicides, and if the plant can save even one life, her research is worth pursuing.

“Please allow science to stop being shackled by VA politics,” she says in a plea to the department. Absent such action, the American Legion plans to mobilize its 2 million members to lobby VA and members of Congress to help the study move forward.

Getting Out of Bed

Cutler describes the period of his life in which he was taking an ever-growing opioid cocktail as a “never-ending blackout.” He went through cycles in which his tolerance would soar, he would detox, the pain would continue and he would repeat the process all over again. He now takes cannabidiol tablets during the day, which he says have no psychoactive effect, and smokes marijuana at night before going to sleep. Cutler calls the VA “hypocritical” for prescribing addictive opioids, but refusing to even research marijuana.

“You send us to war,” he says, “and you deny us medication.”

Brennan knows marijuana is not a cure-all. He still takes some prescription drugs. He still has migraines. He is, however, sleeping more easily and for longer. He has seen gradual improvements to his depression, mood and relationships. He no longer feels numb.

“Sometimes,” Brennan explains, “the smallest reasons for getting out of bed in the morning are what can make a difference for mental health.”

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3.4 - WSLS (NBC-10, Video): Salem VA Medical Center offering free drive-thru flu vaccines, The medical center has opened a drive-thru flu shot clinic on campus. (3 October, Alison Wickline, 815k online visitors/mo; Roanoke, VA)

SALEM, Va. - The Salem VA Medical Center is making it easier for veterans to get their flu shots.

The medical center has opened a drive-thru flu shot clinic on campus. During the whole month of October, between 8 a.m. and 4 p.m., from Monday to Friday, veterans enrolled in the VA system and Salem VA Medical Center employees can receive the vaccine for free.

"For them, it's just a quick and easy process. It's less time-consuming for them because it's a hassle to go into primary care and have a wait time," said Jody Duke, assistant nurse manager for the Salem VA Medical Center.

Veterans are asked to bring their ID card when they visit the flu shot clinic. The clinic is set up in front of Building 1. Staff members say they have given more than 200 vaccines since Monday.

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3.5 - JD Supra: Department of Veterans Affairs Releases Long-Awaited Proposed Rule to Allow Telehealth Services Across State Lines (3 October, Faegre Baker Daniels, 701k online visitors/mo; Sausalito, CA)

On Friday, September 29, the Department of Veterans Affairs (VA) released its long-awaited proposed rule amending medical regulations to improve access to care for beneficiaries regardless of patient or provider locations. Specifically, the rule enables health care providers to provide telehealth services to beneficiaries across state lines in an effort to increase patient access to care. This “modern, beneficiary- and family-centered health care delivery model” – 38 CFR 17.417 – will leverage novel information and telecommunication technologies, such as apps on a patient’s phone or computer, to connect patients and providers throughout the country.

The proposed rule provides a concrete outline for how the Trump Administration intends to utilize the increasingly popular telehealth technology to care for veterans. In fiscal year (FY) 2016, VA providers had 2.17 million telehealth episodes serving over 700,000 beneficiaries. While this accounted for only 12 percent of all beneficiaries that sought care from the Veterans Health Administration (VHA), 45 percent of these patients were from rural communities. Telehealth technology is incredibly effective at expanding access to care for patients in remote locations.

As a national health care provider, the VHA must ensure that its beneficiaries all receive an adequate level of care regardless of location at the time which health care services are provided. As the proposed rule notes, a focused effort to ensure beneficiaries in remote, rural or medically underserved areas is necessary to level accessibility to those with on-site services available. Telehealth will improve the ability of the VHA to take these clinical services to beneficiaries in a convenient, cost-effective and institutionally efficient matter. Congressional and Administration-based efforts to date have demonstrated the desire to make this transition,

evidenced by authorization of department-wide initiatives, copayment waivers and pilot programs.

Today, all VHA providers are licensed in at least one state, but are restricted from practicing in states in which they are not licensed. The proposed rule would exercise federal preemption of state licensure and allow licensed providers to provide services, regardless of the patient's location. Previously, VA medical centers have held off on expansion of telehealth services outside of federal property, such as a beneficiary or provider's home, for fear of repercussions. To date, issues arising from disparities between state law and the VA health care practice have impeded the integration of these services. While some states have already begun to regulate the practice of interstate telehealth, the VA would exercise the federal preemption of state licensure, registration, and certification laws, rules and regulations for all VA providers offering telehealth services within the scope of their employment. Furthering the VA's capabilities to provide telehealth services across state lines would allow these providers to treat more patients in a more timely fashion.

The proposed rule is in stark contrast to Medicare rules, which still require patients to reside in certain locations to receive covered telehealth services. VHA could be paving the way for changes to the Medicare program as the benefits to increased access to care, as well as cost-effective care, are demonstrated.

At a time where the country faces the perils of a deadly prescription opioid epidemic, however, the proposed rule is absent of any language around prescribing practices. The rulemaking does not affect the VA's existing requirement for compliance with state regulations on prescribing and administering controlled substances. Health care providers are still required to abide by limitations put forth in the Controlled Substances Act alongside any additional federal regulations that apply to the VA.

Advancing access to health care services for individuals in remote, rural or medically underserved areas will also benefit those dealing with serious mental illnesses, such as anxiety, depression or agoraphobia. Research conducted by the VA in 2016 clearly demonstrates the improvement that telehealth provides in terms of outcomes, especially in the instance of mental health. VA beneficiaries receiving mental health services through synchronous video telehealth saw a 39 percent reduction in acute psychiatric intakes. Data also supports the use of telehealth for the treatment of general or chronic condition management. For those with limited mobility, telehealth offers an alternative to receiving care without the stress of traveling to receive care. For many, receiving care in the comfort of their home may also lead them to take a more proactive role in their health care, thus improving outcomes.

As a part of the proposed rulemaking, VA solicited comments and input from a variety of stakeholders, including the National Governors Association, Association of State and Provincial Psychology, National Council of State Boards of Nursing, Federation of State Medical Boards, Association of Social Work Boards, and National Association of State Directors of Veterans Affairs. Each of these stakeholders, among others, responded favorably to the inquiries and noted their support of the proposed rulemaking.

The proposed rule will be published in the Federal Register on Monday, October 2, with an open comment period lasting 30 days.

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3.6 - KRGV (ABC-5, Video): Local VA Records Show Improvements in Veterans' Wait Times (3 October, Matt Rist and Valerie Gonzalez, 275k online visitors/mo; Weslaco, TX)

CHANNEL 5 NEWS' investigative team looked closer at data behind wait times at the VA Texas Valley Coastal Bend Health Care System clinics.

After scouring through records, we found a downward trend in wait times for returning patients. However, if you're a new patient, you can expect to wait as long as 70 days for care.

The Texas Valley Coastal Bend Veteran's administration booked more than 235,000 appointments for the fiscal year 2017 alone.

That works out to just shy of 30,000 patients churning through the system.

"We have radically changed the access to our patients," said Dr. Jorge Ortegon, Chief of Medicine at the Texas Valley Coastal Bend VA.

He shared what happens if patients face high wait times.

"The health of the patient will deteriorate," said Dr. Ortegon.

CHANNEL 5 NEWS wanted to find out exactly how long VATVCBHCS patients are waiting, so we pulled data from the VA's government website.

As of Sept. 1st, patients waited an average of five days for primary care, five days for specialists and 2.5 days for mental health care in the Rio Grande Valley region.

"Fortunately, we've done a really good job of gaining trust and credibility back with our patients," said VA Texas Valley Coastal Bend Health Care System VA director Joe Perez.

The data showed it's difficult for veterans to get certain types of care in some places.

In July, veterans at a Harlingen clinic waited an average of 13.5 days to see a specialist. The Sept. 1st numbers show improvement; veterans now wait at that clinic just more than 10 days.

Several Corpus Christi and Laredo veterans also faced waits longer than overall averages.

In July, veterans from Corpus Christi waited 10 days to get primary care. In Laredo, it took eight days to see a specialist.

"Our challenge here is having some of these specialties on board," Perez said.

Perez said they streamlined many processes to reduce wait times. He said veterans can directly opt into the Choice Program and choose an outside provider if wait times are clocking over a certain number of days.

If you're a new patient, expect to wait as many as 70 days to get specialty care at the VA.

The following is a breakdown of new patient wait times as of late September:

In McAllen, for primary care, you'll wait an average of 24 days, compared to 16 in the Harlingen clinic and just 12 at its other Treasure Hills location.

According to the records, when it comes to specialized care like gastroenterology, it takes 27 days. To see an Audiologist, you'll have to take a 70-day wait.

Perez said that number is an exception.

"These are really good compared to what I've experienced out in the community," Perez said. "From my own personal experience, if I could have something at 24 days that would be awesome."

Perez said wait times rise when patients miss or forget to cancel appointments. He also said wait times can be a testament to the quality of care they provide.

"We have a number of patients who choose to wait a little bit longer to be seen by us," Perez said. "We do know their background, we can relate to them. A lot of it is by veteran's choice."

Veterans like Hilario Diaz make that choice every day. Diaz said he's satisfied with his experiences at local regional VA clinics.

"Where in the Valley can you go to and you don't have to wait to see a doctor?" Diaz said.

He did not wait long for care.

"It's free. I haven't researched, but I would venture to say there's no other country in the world that does for veterans what the United States of America does," Diaz said.

Army veteran Robert Grandstaff shared a different experience with the VA. He was injured while deployed.

"I need a lot of care, I have a lot of physical injuries, PTSD, chronic back pain," Grandstaff said.

He said he waited long for his first VA appointment in 2013.

"When I first moved here, I asked for an appointment and they told me to wait three to four months," Grandstaff said.

Grandstaff said his injuries force him to seek specialty care.

"Just like other veterans, I'm going to have to find other care," Grandstaff said. "There needs to be some sort of better system, better accountability."

Back in 2016, the local VA was scrutinized after an allegation of altering data to make it look like veterans were waiting less time for appointments.

Perez said it happened at clinics across the country, but it's no longer an issue.

"It was a national initiative to do training and re-training of everybody that had the ability to schedule within our system and that continues annually," Perez said.

The director admits wait times will constantly change. A new patient survey will be a crucial measuring stick to find out how satisfied or dissatisfied veterans are with their care.

If you want to learn more about wait times at VA clinics across the region, you can log on to the VA's website: https://www.accesstopwt.va.gov/

There are bi-monthly published reports on government websites which outline wait times and show conflicting information. Perez said the data online is always changing and it can make monthly published reports quickly outdated.

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3.7 - South Bend Tribune: Our Opinion: A long journey's end for local veterans (3 October, Editorial Board, 273k online visitors/mo; South Bend, IN)

The recent opening of the new St. Joseph County VA Clinic in Mishawaka marked the beginning of a new era for veterans' care locally.

It's been a long journey. Veterans from South Bend, Mishawaka, Elkhart and other local communities have often had to travel to VA facilities in Chicago or Fort Wayne for more extensive medical procedures. Now, patients will be able to receive more services here. As many as 8,000 patients will be receiving services here initially and the VA hopes to grow that number to 13,000 in the next two years.

Work on the clinic began nearly a decade ago when, as a U.S. representative, Joe Donnelly began work on improving veterans' services here with the possible goal of building a new facility. Credit, too, should be given to Jackie Walorski, who has made veterans' issues a priority during her time as Indiana's 2nd District congressional representative.

The VA approved a clinic for the South Bend area and in 2011 Congress appropriated $6.7 million to build it.

Nearly two years ago, ground was broken for a new 89,000-square-foot clinic. Now, the dream has become a reality.

Veterans will be able to receive a range of offerings at the new clinic that the current clinic on South Bend's Western Avenue doesn't provide: eye and hearing clinics, foot and skin doctors, a cardiologist for consulting (no procedures), prosthetics, physical and occupational therapy and CT scans. Women will have a space for primary care and procedures.

More services will gradually be added.

"It's the culmination of the dedication and determination of the entire community," Donnelly wrote in a Tribune Viewpoint last week, "and it's an example of what we can accomplish when we work together."

Hoosier veterans in northern Indiana now are getting the care they need and a clinic they deserve.

• • •

Leaders at the South Bend Police Department, who are finding it difficult to recruit and retain officers in this day and age, are trying something different to address the problem.

The Common Council approved a plan by Police Chief Scott Ruszkowski to begin a part-time program using retired officers to staff certain positions.

Rather than working patrol beats, retired officers would be assigned to more administrative and less confrontational tasks.

Ruszkowski envisions part-time officers handling jobs such as traffic control at Notre Dame football games, taking vandalism and shoplifting reports, traffic enforcement and other "quality of life issues."

The officers would be paid a bit less, but would carry the same weapons and have the same arrest powers as full-time officers. Pending approval by the city's Board of Public Safety, the program could be launched by spring.

Statewide, the only other known city department to operate such a program is Danville, a small community west of Indianapolis.

South Bend's plan to use retired officers is a creative way to address its personnel shortage. That kind of resourcefulness is what's needed to attract new officers to the city, retain current ones and maintain the level of public safety this community deserves.

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3.8 - KRTV (CBS-3): VA gearing up for Drive Thru-Flu Clinic and Health Fair (3 October, Eric Jochim, 195k online visitors/mo; Black Eagle, MT)

Staff at the VA are gearing up for their Annual Drive Thru-Flu Clinic and Health Fair.

Tomorrow from 7 am to 5 pm free Flu shots will be available for to all enrolled Veterans and VA employees.

If a veteran isn't enrolled with the VA staff will be on hand to assist with the process.

Last year at the event the clinic administered over 500 flu shots.

Registered Nurse Katie Temple urges the public to get their flu shot sooner than later.

"Up to 20% of the population actually gets influenza every year and the elderly and the young are really prone to get hospitalized from influenza," said Temple.

The clinic will also offer health promotions, disease prevention, suicide awareness, and hepatitis C screenings.

According to VA staff baby boomers are 5 times more likely to test positive for hepatitis C than any other age group.

The county health office will also be in attendance from 8:30am to 3 pm, to provide flu shots to family members for a small fee.

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3.9 - Healthcare-Informatics: VA Issues Proposed Rule to Allow Home-Based Telemedicine for Veterans (3 October, Heather Landi, 158k online visitors/mo; New York, NY)

The U.S. Department of Veterans Affairs (VA) issued a proposed rule this week that would allow VA healthcare providers to provide medical care via telehealth across state lines and regardless of the location of the provider of the beneficiary.

The VA says the proposed rule would increase the availability of mental health, specialty and general clinical care for all VA beneficiaries. “Just as it is critical to ensure there are qualified health care providers on-site at all VA medical facilities, VA must ensure that all beneficiaries, specifically including beneficiaries in remote, rural or medically underserved areas, have the greatest possible access to mental health care, specialty care and general clinical care,” the proposed rule states. “Thus, VA has developed a telehealth program as a modern, beneficiary- and family-centered health care delivery model that leverages information and telecommunication technologies to connect beneficiaries with health care providers, irrespective of the state or location within a state where the health care provider or the beneficiary is physically located at the time the health care is provided.”

Further, VA officials stated, “By providing health care services by telehealth from one state to a beneficiary located in another state or within the same state, whether that beneficiary is located at a VA medical facility or in his or her own home, VA can use its limited health care resources most efficiently.”

VA will accept comments on the proposed rule through Nov. 1.

For fiscal year (FY) 2016, VA health care providers had 2.17 million telehealth episodes of health care (meaning a clinical encounter or a period of time in which care was monitored), which served over 702,000 veterans (approximately 12 percent of the total patient population), with 45 percent of those veterans living in rural communities. By increasing VA’s capabilities to provide telehealth services, VA would be able to expand these services, the agency said in the proposed rule.

While telehealth enhances VA’s capacity to deliver health care services to beneficiaries located in areas where health care providers may be unavailable or to beneficiaries who may be unable to travel to the nearest VA medical facility for care because of their medical conditions, the agency states that in order to protect VA health care providers from potential adverse actions by states, many VA medical centers (VAMC) are currently not expanding some critical telehealth services if the health care service is provided outside federal property, or across state lines.

In addition, many individual VA health care providers refuse to practice telehealth because of concerns over states taking action against the health care provider’s state license, state laws, or

the shifting regulatory landscape that creates legal ambiguity and unacceptable state licensing risk, the VA stated in the proposed rule. “The current disparities between VA health care practice in telehealth and state laws have effectively stopped or inhibited VA’s expansion of telehealth services to certain locations, thereby reducing the availability and accessibility of care for beneficiaries,” the VA stated.

This proposed rulemaking would clarify that VA health care providers may exercise their authority to provide care through the use of telehealth, notwithstanding any state laws, rules, or licensure, registration, or certification requirements to the contrary. In so doing, VA would exercise federal preemption of state licensure, registration, and certification laws, rules, regulations, or requirements to the extent such state laws conflict with the ability of VA health care providers to engage in the practice of telehealth while acting within the scope of their VA employment.

The VA notes in the proposed rule that the changes would improve VA’s ability to provide mental health services to veterans. Veterans who received mental health services through synchronous video telehealth in fiscal year 2016 saw a reduction in the number of acute psychiatric VA bed days of care by 39 percent, the VA reports.

Another benefit of expanding VA telehealth includes serving a recruitment incentive for VA healthcare providers and allowing VA to address recruitment shortages, the agency states. In Charleston, South Carolina, the South Carolina VAMC serves as one of the VA’s National TeleMental Health Hubs and provides mental health services to veterans across eight states with a team of 30 full-time healthcare provides. The VA notes there are currently multiple vacancies for TeleMental Health psychiatrists at the Charleston Hub, and “in the past six months, applicants have only expressed interest in telework positions.”

The American Medical Association (AMA) released a statement supporting the expansion of clinically validated telehealth services within the VA, and stated that “this decision ensures that important patient protections are in place for the delivery of high quality and reliable care.

“The VA has a unique federally controlled healthcare system with essential safeguards to help ensure that both in-person and virtual beneficiary care meet and exceed the standard of care. The AMA strongly supports that the proposed rule explicitly provides that this program’s multi-state licensure exception applies only to VA-employed providers and would not be expanded to contracted physicians or providers who are not directly controlled and supervised by the VA and would not necessarily have the same training, staff support, shared access to a beneficiary’s EHR and infrastructure capabilities. We applaud the VA’s expansion of telehealth services in a manner that promotes quality and access,” the AMA stated.

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3.10 - Gatehouse Media: VA’s chief surgeon envisions center of excellence in Fayetteville
(3 October, Amanda Dolasinski, 74k online visitors/mo; Fayetteville, NC)

Dr. Lynn Weaver was a part of integration in Knoxville, Tennessee, but bullies were no match. His distinguished career now comes to Fayetteville’s VA Medical Center.

Fifty-three years ago, a young Lynn Weaver walked into his new classroom at West High School in Knoxville, Tennessee, ready for lessons, but honestly more interested in the football field.

He and a dozen other black students were the first to integrate into the school.

“I got stomach cramps every morning just thinking about going to school,” Weaver said. “I stopped eating breakfast.”

The daring move led Weaver to second-guess his abilities. But the 14-year-old student who was constantly targeted by racist teachers and bullies would not only ace his classes, he also became one of the top Veterans Affairs surgeons.

In February, Weaver was named the chief of surgery at the Fayetteville Veterans Affairs Medical Center. Weaver, who completed his residency while serving 13 years in the Army, most recently worked as the senior associate dean and chairman of surgery at Ross University School of Medicine in Dominica.

Gregory Antoine, the medical center’s chief of staff and a longtime friend, enticed him to take over the surgery department in Fayetteville, Weaver said. The men were stationed together at Fort Campbell, Kentucky.

The VA has been finding ways to work with Womack Army Medical Center on Fort Bragg, and is looking into ways to work with Wake Forest University and the University of North Carolina at Chapel Hill, he said.

“I liked the picture he envisioned for patients,” Weaver said. “You can put together a center of excellence right here in Fayetteville.”

Weaver’s career began to take shape when he was a high school student in Knoxville. That’s when learning became a spiteful act, and he learned as much as he could, he said.

Weaver was a constant target of racist teachers, who put his desk in the back corner of their classrooms, he said. And of the students and parents who crowded him on the football team, intimidating him.

With failing grades in all of his seventh grade classes, Weaver questioned if he was smart enough to be in the school.

“I started to think I am dumb,” Weaver said. “Maybe I don’t belong.”

Then Edward Hill, his science teacher, knocked on the door at his family’s home.

“He said, ‘I heard you’re having problems,’ ” Weaver recalled. “I said, ‘Yeah, they’re trying to run me away.’ ”

Hill, a black teacher, set up private tutoring lessons for Weaver after school and on Saturdays.

“I was able to pass the semester,” Weaver said. “After they got through tutoring me, learning became a spiteful activity. I needed to show I belong and I was as smart as everyone else.”

Hill encouraged Weaver to compete in the Southern Appalachian Science Fair that year. Weaver, not thrilled about yet another activity that would cut away at his time practicing football, conceded when Hill paid another visit to his home and spoke with his parents.

For three days, Weaver dressed up in a jacket and tie and stood next to his project at the science fair. The other contestants, mostly white students, ignored him and didn't speak to him, Weaver said.

His project was simple compared to the other students. He set out to prove why asbestos was a good insulator; it is now a known carcinogen.

A group of men stopped at his project and Weaver was so excited someone wanted to talk to him. He rattled off all the details of his experiment.

Unbeknownst to him, they were the judges — and they would later name him grand champion.

"I was the first black student to win," Weaver said, smiling at the memory. "It was a huge deal in Knoxville."

His win caught the attention of bullies, Weaver said. He had a brief brush with being a "bigger thug than they were," Weaver said.

Then he decided to get back on track, dedicating his life to making his father and Hill proud.

He hadn't given college much thought, but didn't question when he received a scholarship to Howard University. Years later he learned he received that scholarship because Hill applied for it on his behalf.

Weaver would go on to complete his residency training in general surgery at Fitzsimmons Army Medical Center in Denver, Colorado, and residency at Madigan Army Medical Center in Tacoma, Washington. He served in the Army from 1974 to 1987, when he was a major.

"As far as being a surgeon in the Army, you're not trying to make money," Weaver said. "You're there to take care of the soldiers. I really enjoyed my time in the Army."

As Weaver winds down his busy career, he said he's happy to be in Fayetteville, taking care of soldiers.

"I thought it'd be great to end my career in a place with a lot of soldiers and veterans," he said. "I've made a difference, I hope."

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3.11 - Salem News: Walgreens to offer flu shots for vets (3 October, Larry Shields, 68k online visitors/mo; Salem, OH)

For the first time, the Veterans Administration is partnering with the Walgreens drug store chain to provide flu shots for all veterans, Rod Hughes, commander of AMVETS Post 45, said.

The shots will be given from 11 a.m. to 5 p.m. Oct. 14 at the AMVETS Post 45, 750 S. Broadway Ave., in Salem.

“The VA teamed up with Walgreens this year so we are providing a place for flu shots for all vets in the VA,” Hughes said, adding that, “their spouses are also able to get shots that day with current insurance.”

The Columbiana County Veterans Service Commission will also have representatives available for veterans who are not registered and veterans can speak with them about what services and benefits are available to them.

Any veteran who is unsure if they are registered should bring their DD-214 form. The shots will be at no cost to veterans with proof of registration.

Hughes said Walgreens will provide pharmacists and the necessary personnel to fill out paperwork to the post.

Privacy laws under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will be followed Hughes said.

“Our members are aware of the flu shot program this year,” Hughes said, “but possibly not all veterans.”

AMVETS Post 45 has a combined membership of 800 regular, auxiliary and Sons of AMVETS members.

The VA system includes the Youngstown and Calcutta outpatient clinics along with Brecksville and Wade Park hospitals.

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3.12 - KGVO (CMN-1290, Audio): Montana Veteran Affairs Talks With Veteran’s Heartbeat About Recent Suicide Numbers (3 October, Nick Chrestenson, 20k online visitors/mo; Missoula, MT)

Veteran’s Heartbeat – On the Pulse of the Veteran is a weekly half hour talk show devoted to issues of hope, health, opportunity and well-being of veterans. Join us on KGVO 98.3 FM every Saturday morning at 8:30 a.m. The show is brought to you by the Rural Institute for Veteran’s Education and Research and they are on a mission. When veterans encounter obstacles to health and well-being, RIVER is there to help. RIVER provides training to the veteran’s community for outdoor recreational therapists and emergency medical technicians, plus medical services and cutting edge research projects. If you are a veteran or veteran’s family, contact RIVER at riverofchange.org.

For episode 32 of Veteran’s Heartbeat, we spoke with Juliana Hallows and she is the Suicide Prevention Coordinator with Veteran Affairs Montana.

Read More: Montana Veteran Affairs Talks With Veteran's Heartbeat About Recent Suicide Numbers | http://newstalkkgvo.com/montana-veteran-affairs-talks-with-veterans-heartbeat-about-recent-suicide-numbers/?trackback=tsmclip

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3.13 - KTVH (NBC-12): Drive-thru flu shot clinic offers vets and others convenient option (3 October, John Riley, 2.3k online visitors/day; Helena, MT)

Over 550 Veterans received their Flu immunization on Tuesday at the Fort Harrison along with community members and VA staff.

VA Montana staff braved the cold temperatures outside to kick off the flu season with the annual Fall Health Festival and Drive-Thru Flu Clinic.

The shots were free for enrolled veterans and VA employees. County Health Department were on hand to supply flu shots for a fee for everyone else.

People 65 years and older, young children and people with certain health conditions are at higher risk for serious flu complications.

Each year around 200,000 people are hospitalized and around 32,000 people die from Influenza. Health experts say best way to prevent the flu is by getting vaccinated each year.

Veterans attending the event said that they love the ease of the clinic considering they didn't even have to leave their vehicles.

"I've never had to wait long," said veteran Louie Stiles, "When I was doing it privately getting these private shots they'd just take a lot of time, this doesn't. "

If you are an enrolled veteran and missed the clinic you can still get your shot at the VA Medical Center.

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3.14 - Interlochen Public Radio: In Michigan, veterans commit suicide at high rate (3 October, David Cassleman, 900 online visitors/day; Interlochen, MI)

The suicide rate for Michigan veterans is more than twice as high as the state's overall rate, according to data released by the U.S. Department of Veterans Affairs last month.

The analysis shows more than 200 veterans killed themselves in Michigan in 2014 – the most recent year covered by the study.

Michigan's rate of 35.5 suicides per 100,000 veterans is slightly less than the national rate of 38.4. The rate for all Michigan residents is 16.9.

Dr. Nazzareno Liegghio, the chief of mental health at the Saginaw VA medical center, says it can be difficult for veterans to travel to get mental health treatment.

“In Michigan I think the biggest challenge is just our huge space and area,” Liegghio says, “and the location of veterans between the upper part of lower Michigan and Upper Peninsula.”

The suicide rate is especially high among young Michigan veterans. Only Oklahoma had a higher rate than Michigan for veterans aged 18-34.

Liegghio says young veterans are at risk when they transition out of the military.

“Usually they enlist around 18, 19, so they get out, they’re 23, 24,” Liegghio says. “They come home. They have a little time to adjust. And then all of a sudden they find themselves, ‘okay, now what do I do?’”

Nationwide more than two-thirds of veterans who commit suicide are aged 50 or older.

The analysis shows 20 veterans commit suicide each day in the United States.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - WXIN (FOX-59, Video): Researchers at IUPUI using dogs to sniff out prostate cancer
(3 October, Nick McGill, 1.5M online visitors/mo; Indianapolis, IN)

Scientists at IUPUI are hoping man’s best friend can help solve one of man’s biggest problems.

Recently, a study in Italy found that dogs have the ability to smell and detect certain odors in urine that are associated with prostate cancer with 98% accuracy. A team at IUPUI, led by Dr.Mangilal Argawal, is hoping to replicate that process and develop an early screening method.

“If we can find that smell in prostate cancer from urine, it can really change the way we diagnose prostate cancer right now,” Argawal said.

Partnering with the Roudebush VA Medical Center, Argawal says his team has potentially identified molecules that could be the key to the “odor test.”

The team is working with dog training service “Medical Mutts” to verify their work. The hope is then to create a sensor that can detect the odors. Argawal says it would work similar to a “pregnancy test for prostate cancer.”

"So if you can make a sensor that is as accurate as a trained dog that can sniff prostate cancer from urine at 98% accuracy, then you are completely changing the field," he said.

Argawal says current tests for prostate cancer screening can be inaccurate and lead to unnecessary and painful biopsies, a fact that can deter many men from seeking the tests. Argawal says if his team is successful, it would eliminate those problems.

"You can do the test in a clinic, you could do the test at home, same day results, and same day discussion with you doctor. So there are a lot of advantages to having accurate tests that avoid biopsies," he said.

Argawal says so far the results of his team's work are promising. He says they may be about four years away from finishing their study, developing a sensor and clearing clinical trials. However, he added that four years in "medical time" is relatively quick.

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7. Supply Chain Modernization

7.1 - Forbes: Use It Or Lose It -- Trump's Agencies Spent $11 Billion Last Week In Year-End Spending Spree (3 October, Adam Andrzejewski, 29.8M online visitors/mo; Jersey City, NJ)

Every September, the end of the fiscal year sparks a "use it or lose it" spending frenzy as federal agencies race to use up what's left in their annual budgets. It's a phenomenon that should drive taxpayers crazy. Agencies are afraid that if they spend less than their budget allows, Congress might send them less money in the next year. Agencies often try to spend everything that's left instead of admitting they can operate on less.

Here are the top ten ways the government wasted taxpayer money in the last week of FY2017:

[…]

5. Insect and Rodent Control at the VA – The federal government did some end-of-the-year cleaning, paying $152.5 million in "housekeeping" bills. While agencies paid $114 million to guards and facilities operations support, they also signed for custodial janitorial ($24.3 million); laundry and dry cleaning ($2.9 million); surveillance ($2.7 million); trash and garbage collection ($1 million); carpet cleaning ($630,943); interior plantscaping ($154,458); and snow removal/salt ($127,373). "Housekeeping" contracts included insect and rodent control, which cost $111,000 at the Department of Veterans Affairs.

6. Redecorating Allowance – For the new fiscal year, many federal agencies decided to redecorate. In one week, the government spent $83.4 million on furniture plus another $23 million on office supplies and equipment. The Department of Veterans Affairs spent $15.6 million on new office furniture including $4.7 million to a veteran-owned company, American Veteran Office Furniture, LLC. The largest furniture contractor across all agencies, however, was Knoll, Inc. ($6.2 million) – a luxury furniture company that has 40 pieces permanently displayed in the American Museum of Modern Art in New York City.

7. Self-Promotion (PR) Machine – The government spent tens of millions of dollars on last-minute self-promotion. Agencies spent $18.6 million on public relations, $11.7 million on market research and public opinion, and $5.5 million on communications. Further, $28.8 million went to advertising efforts – the Department of Homeland Security spent $15 million on advertising, including a $6.7 million deal with Lempugh, Inc., and a $4 million contract with the Ogilvy Group. Further, the Department of Veterans Affairs spent $3.2 million on signs and advertising displays with S2 Ventures, LLC.

[…]

In the midst of the government's year-end spending spree, Senator Rand Paul (R-KY) introduced the Bonuses for Cost-Cutters Act to curb "use it or lose it" spending. Paul's bill would expand current law to pay bonus happy bureaucrats who identify unneeded or surplus funds and redirect 90 percent of those savings to deficit reduction.

The private-sector uses zero-based budgeting - where all expenses need to be justified from the ground up and every function within an organization is audited for cost. As a businessman, the president should know this.

Whether it's passing legislation or finding another way to address this taxpayer abuse, Congress needs to crack down on "use it lose it" spending. When agencies engage in this wasteful practice, we all lose.

Adam Andrzejewski (say: Angie-eff-ski) is the Founder and CEO of OpenTheBooks.com – a national transparency organization with a database of 4 billion federal, state and local expenditures.

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7.2 - EHR Intelligence: VA to Award Cerner EHR Implementation Contract Within 30 Days, The federal agency will migrate or abandon 240 of its 299 other IT projects to allocate funding toward the Cerner EHR implementation. (3 October, Kate Monica, 50k online visitors/mo; Danvers, MA)

VA Secretary David Shulkin announced the federal agency will award its EHR implementation contract to Cerner Corporation in the next thirty days.

The announcement came during the recent Senate Veterans Affairs Committee hearing last week. The new VA EHR system will operate on a similar platform as the Department of Defense (DoD) EHR system—MHS Genesis—in an effort to improve interoperability between agencies.

"We released to Congress—to you—30-day notice of award of a contract," said Shulkin. "We are keeping on the timeline that we talked about. We're marching forward. We have the principles. I have some updates to share with you on the strategic IT plan, because I think we are making a lot of progress with that."

In June, three senators submitted a letter to Shulkin and DoD Secretary James Mattis requesting more information about the Cerner EHR replacement, as well as a projected timeline.

Senators John McCain (R-AZ), Johnny Isakson (R-GA), and Jerry Moran (R-KS) emphasized the importance of an efficient integrated health system.

In this most recent discussion of the upcoming project, Shulkin stated part of VA's strategic plan will involve phasing out 80 percent of VA's other projects currently in development. The federal department will migrate or cease work on 240 of its 299 projects.

"By concentrating on some specific IT modernization initiatives, like [electronic health record modernization, financial management business transformation], etc., and leveraging cloud and digital platforms, the 80 percent reduction of ongoing development projects is expected to occur within 18 months, which is part of the overall IT modernization roadmap," VA Press Secretary Curt Cashour told Federal News Radio in an email.

VA has not stated how much the Cerner EHR implementation will cost. However, the VA IT office must contend with the $215 million budget cut in the President's fiscal 2018 proposal. An appropriations bill for 2018 designated $78.6 billion in discretionary funding for VA healthcare modernization and improvements.

In an effort to better utilize funds, a source close to the department stated VA is ceasing development on less pressing projects and instead allocating those funds to the new Cerner system.

While VA has not released any information about how much the system will cost, the federal department has outlined its priorities for the new Cerner EHR and indicated other tools necessary to optimize the system.

"We haven't gotten to defining which specific tools they are yet, and how we're going to meet those needs," Shulkin said. "We've talked about the days of VA being a software developer are over, and we're going to be looking at off the shelf, current technologies. There's going to be a lot more definition on that."

Shulkin also emphasized the need for experienced political leadership and assistance from the private sector to offer guidance during the implementation process.

"This is a big, complex organization," Shulkin told reporters following the hearing. "I need the best team possible. I need my nominees, all my political appointments to clear through the vetting process and then to go through their confirmation if it's required. And I need additional people from the private sector who want to come and serve their country to get in touch, because we need the A team on this."

Toward this end, Cerner created an Advisory Group last month to offer insights and recommendations during the EHR modernization that includes former government, military, and private sector leaders.

"Our Veterans deserve continuous access to their medical records while in the service and afterward, whether they are seen in VA or a private health care system," said former Nebraska Senator and Governor Bob Kerrey, who will chair the group. "I received years of treatment from VA and have firsthand experience with the challenges veterans often face when receiving care."

Other members of the group include Former VA CEO and Assistant Secretary of Information and Technology Roger Baker and former National Coordinator and Acting Assistant Secretary for Health Karen DeSalvo, MD.

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7.3 - ExecutiveGov: Report: VA Inches Closer to Cerner EHR Devt Contract Award (3 October, Jane Edwards, 20k online visitors/mo; Tysons Corner, VA)

The Department of Veterans Affairs expects to award Cerner a contract to build a new electronic health record system for VA as early as this month, Federal News Radio reported Friday.

VA Secretary David Shulkin told members of the Senate Veterans Affairs Committee at a hearing Wednesday that the department issued to Congress a 30-day notice of contract award for the new EHR platform.

His statement came months after he announced plans in June to issue a direct solicitation to Cerner to implement the same EHR system – MHS Genesis – that the Defense Department currently deploys.

VA Press Secretary Curt Cashour told the station in an email that the department will end 80 percent of its ongoing information technology development projects over the next 18 months as part of VA's IT strategic plan.

A source said the agency's move to reduce its current projects seeks to help fund the implementation of the new EHR system, the report added.

Cerner collaborates with Leidos and Accenture as part an industry team that won a potential 10-year, $4.3 billion contract in 2015 to help DoD integrate a commercial EHR platform across the Military Health System.

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8. Other

8.1 - The Washington Post (AP): Tennessee mail carrier sentenced for stealing opioids (3 October, 43.9M online visitors/mo; Washington, DC)

GREENEVILLE, Tenn. — A Tennessee mail carrier who pleaded guilty to stealing at least 33 packages of medications intended for veterans has been sentenced to probation.

The Kingsport Times-News reports that Bronson Cobble was sentenced last week to three years' probation and ordered to pay $1,154 in restitution following his June plea to one count of theft of mail.

Prosecutors in a sentencing memorandum recommended a bottom-range sentence, saying his admission of guilt and request for court-appointed counsel makes him unlike most defendants and suggests a low risk of recidivism.

Court records state that between August 2016 and March, Cobble stole the packages mailed from the U.S. Department of Veterans Affairs to patients in East Tennessee and used the narcotics himself because of a severe opioid addiction.

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8.2 - The Buffalo News: Alden companies accused in fraud case agree to pay $3 million (3 October, Phil Fairbanks, 1.6M online visitors/mo; Buffalo, NY)

An Alden company used a figurehead to qualify for contracts set aside for disabled veteran-owned small businesses and on Tuesday agreed to pay $3 million to settle a whistleblower's lawsuit, according to federal prosecutors.

The monetary settlement ends a civil suit that accused Zoladz Construction Company, Arsenal Contracting LLC and Alliance Contracting, all of Alden, of recruiting a service-disabled veteran to serve as a front for Arsenal, a sham company controlled by two other individuals.

Those two men, John Zoladz of Darien and David Lyons of Grand Island, also were named in the suit and in the agreement settling allegations that they violated the federal False Claims Act. Neither Zoladz nor Lyons is a service-disabled veteran.

The government, in its suit, claimed Arsenal was a front company that had few employees of its own and relied almost exclusively on Zoladz Construction and Alliance to operate.

“Every time an ineligible contractor knowingly pursues and obtains such set-aside contracts, they are cheating American taxpayers at the expense of service-disabled veterans," said acting Assistant Attorney General Chad A. Readler in a statement.

A woman answering the phone at Zoladz said the company would not comment.

The scheme that Zoladz and Lyons carried out included false statements regarding Arsenal's qualifications for the small business program to the U.S. Department of Veterans’ Affairs.

"The multi-million dollar civil judgment ensures that those involved pay a heavy price for their decision to divert to themselves resources intended for the benefit of those who have made supreme sacrifices on behalf of all," said acting U.S. Attorney James P. Kennedy.

The settlement also resolves a whistleblower lawsuit filed in 2011 by the Western New York Foundation for Fair Contracting, a labor-management group acting as watchdog on public contracts.

Under the settlement, the foundation will receive $450,000.

“The contracting companies and principals allowed greed to corrupt a federal process intended to benefit service-disabled, veteran-owned small businesses,” said Special Agent in Charge Adam S. Cohen of FBI Buffalo Field Office.

The settlement is the result of investigation by the FBI, Assistant U.S. Attorney Kathleen A. Lynch, the VA Office of Inspector General and the Small Business Administrations's Office of Inspector General.

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

4 October 2017

1. Top Stories

1.1 - The Washington Post (AP): VA watchdog reviewing Shulkin's 10-day trip to Europe (3 October, Hope Yen, 43.9M online visitors/mo; Washington, DC)
The Veterans Affairs Department's watchdog said Tuesday it is reviewing Secretary David Shulkin's 10-day trip to Europe with his wife that mixed business meetings with sightseeing. Shulkin disclosed last week he traveled to Denmark and England to discuss veterans' health issues. Travel records released by VA show four days of the trip were spent on personal activities, including attending a Wimbledon tennis match and a cruise on the Thames River.

Hyperlink to Above

1.2 - FOX News: Hurricane Maria: VA in Puerto Rico still trying to reach more than 500 homebound vets (3 October, Tori Richards, 32.5M online visitors/mo; New York, NY)
Nearly two weeks after Hurricane Maria roared through Puerto Rico, destroying much of the island's infrastructure, more than 500 homebound at-risk veterans still haven't been reached by doctors, nurses and social workers, Fox News has learned. There are 1,687 homebound vets in Puerto Rico who require ongoing treatment such as dialysis, chemotherapy and insulin to survive.

Hyperlink to Above

1.3 - CNN (Video): VA Secretary David Shulkin under review for work trip to Europe (3 October, Miranda Green, Rene March, and Gregory Wallace, 29.7M online visitors/mo; Atlanta, GA)
The VA's inspector general is reviewing Veterans Affairs Secretary David Shulkin's July business trip to London and Denmark, which included meetings with Danish and UK officials as well as a stop at Wimbledon. It's now the fifth investigation into a member of the Trump administration's travel by a department inspector general.

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1.4 - CBS News: Veterans Affairs inspector general is reviewing David Shulkin's Europe trip (3 October, Jacqueline Alemany, 26.1M online visitors/mo; New York, NY)
The Department of Veterans Affairs inspector general is reviewing Secretary David Shulkin's 10-day taxpayer-funded trip to Europe in July, during which Shulkin and his wife spent time shopping and sightseeing in Denmark and the U.K. A spokesman for the VA's Office of Inspector General told told CBS News on Tuesday that it is "gathering information and reviewing the recent trip."

Hyperlink to Above

1.5 - Military Times: VA names Elizabeth Dole to head caregivers advisory group (3 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Veterans Affairs officials on Monday announced former North Carolina Sen. Elizabeth Dole will chair the department's new family and caregiver advisory committee, formed in response to problems with support programs earlier this year. The committee, which features a mix of veterans and military caregivers, is charged with advocating for improvements to VA care and benefits services. In a statement, Dole called the work "critical" for the veterans community.

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1.6 - KARE (NBC-11, Video): VA apologizes to Vietnam vet for ER denial - The Department Of Veterans Affairs has apologized to a Vietnam veteran for repeatedly denying his claim for medical care after KARE 11 reported his story as part of its continuing investigation – a pattern of denial. (3 October, A.J. Lagoe and Steven Eckert, 1.5M online visitors/mo; Golden Valley, MN)
Rocky's story of wrongful denial began this past July when he needed emergency surgery to remove a large kidney stone. "The pain just got to be excruciating," Rocky said. "So, I called VA nurses hotline and asked them what I should do, and they said to go to the nearest facility which was St. John's Hospital in Maplewood."

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1.7 - WFED (AM-1500, Audio): Advancing the VA's Community Care Mission: A conversation with Baligh Yehia, Deputy Under Secretary for Health (3 October, 831k online visitors/mo; Washington, DC)
What is the mission of VA's Office of Community Care? How is VA enhancing how it provides Community Care? What can VA do better? Join host Michael Keegan as he explores these questions & more with Baligh Yehia, Deputy Under Secretary for Health for Community Care at the US Department of Veterans Affairs.

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2. Veteran and Employee Experience

2.1 - The Hill: VA chief under investigation over European trip: report (3 October, Jacqueline Thomsen, 11.8M online visitors/mo; Washington, DC)
The Department of Veteran Affairs inspector general is investigating Veteran Affairs Secretary David Shulkin over his trip to Europe, CNN reported Tuesday. Shulkin traveled to London and Demark in July, where he met with officials from both counties. Michael Nacincik, spokesman for the VA inspector general's office, told CNN that he couldn't say what triggered the probe or if the office was investigating any other instances of Shulkin's travel.

Hyperlink to Above

2.2 - Fortune: Trump's VA Secretary Is the Fourth Cabinet Member to be Caught in a Travel Expense Scandal (3 October, John Patrick Pullen, 7.7M online visitors/mo; New York, NY)
Overshadowed by Health and Human Services Secretary Tom Price's resignation Friday afternoon, Veterans Affairs chief David Shulkin is the latest Trump cabinet member to be found mixing personal trips and expenses with government travel. The VA secretary cruised the Thames, took in sight-seeing at Westminster Abbey, and watched a Wimbledon tennis match during a 10-day European trip with his wife, according to an itinerary obtained by The Washington Post.

Hyperlink to Above

2.3 - Washington Examiner: VA watchdog launches probe of David Shulkin's 10-day European trip (3 October, Gabby Morrongiello, 4.8M online visitors/mo; Washington, DC)

The Department of Veterans Affairs' internal watchdog has launched an investigation into a 10-day, taxpayer-funded trip taken by Secretary David Shulkin and his wife earlier this summer. Shulkin came under fire last week for the July vacation to Denmark and the U.K., during which he and his wife attended a Wimbledon tennis match, and went shopping and sightseeing.

Hyperlink to Above

2.4 - WXIN (FOX-59, Video): Veterans voice concerns, outline legislative agenda items at town hall (3 October, Haley Bull, 1.5M online visitors/mo; Indianapolis, IN)
Veterans are making sure their voices are heard by state lawmakers and local government officials during a series of town hall meetings across the state. Tuesday, veterans at a meeting in Carmel raised their concerns and outlined their legislative agenda items for the upcoming legislative session. "It's really important for the legislators to hear our concerns we have many healthcare being right at the top of the list…

Hyperlink to Above

2.5 - Fayetteville Observer: NC congressmen, VA leaders meet in Washington (3 October, Drew Brooks, 439k online visitors/mo; Fayetteville, NC)
Congress members from North Carolina met with Veterans Affairs leaders in Washington on Tuesday, hoping for better communication on problems in the VA system. Eight House members met with top officials from the VA's Mid-Atlantic Health Care Network, also known as Veterans Integrated Service Network 6, and the leaders from at least three VA medical centers, including Fayetteville's.

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2.6 - Michigan Radio Network: Ann Arbor VA Hospital employees and vets protest staffing shortage (3 October, Tracy Samilton, 385k online visitors/mo; Ann Arbor, MI)
Ann Arbor VA Hospital employees rallied Tuesday to ask Congress for enough money to eliminate the 49,000 VA job vacancies nationwide. Similar rallies have been held at other VA hospitals nationally in recent weeks. Ozzie James, Jr. is president of American Federation of Government Employees Local 2092. He says veterans need the expertise of VA doctors, nurses and other staff, because outside health care professionals don't fully understand veterans' needs.

Hyperlink to Above

2.7 - Outer Banks Sentinel: VETERANS POST Will bad employees still linger at VA? (4 October, 23k online visitors/mo; Nags Head, NC)
The Department of Veterans Affairs' new authority to get rid of bad employees is getting a test in Memphis. An employee at the Memphis VA Medical Center was arrested for aggravated assault with a deadly weapon and criminal impersonation of a police office. Specifically, she pulled a revolver on a grandmother and a toddler, waving the gun and saying she was the police.

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2.8 - WSAW (CBS-7, Video): Free benefits expo offered for area veterans (3 October, 196k online visitors/mo; Wausau, WI)

In an effort to serve area veterans, a Wausau expo will offer free service members or dependents of veterans who want to gather information. The U.S. Department of Veterans Affairs along with the Wausau Veterans Service Office are organizing the event on Thursday, October 5. To explain what will be offered, Veteran Service Officer, Scott Berger joined the Sunrise 7 team.

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3. Access to Healthcare

3.1 - The Hill: Congress can use the power of pets to help women and vets (3 October, Rep Steve Cohen (D-Tenn.) and Mike Bober, 11.8M online visitors/mo; Washington, DC)
Each year, Congress works hard to pass bills that will help the American people. While acrimony and partisanship have made this more difficult, lawmakers are considering two bills that have bipartisan support on Capitol Hill and among the American people: H.R. 2327 and H.R. 909, the Puppies Assisting Wounded Servicemembers (PAWS), and the Pets And Women Safety (PAWS) Acts of 2017.

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3.2 - Dayton Business Journal: Dayton VA moving clinic to new location (3 October, John Bush, 885k online visitors/mo; Dayton, OH)
The Dayton VA Medical Center is moving its Lima clinic to a larger location this spring. The Lima Community Based Outpatient Clinic, currently located at 1303 Bellefontaine Ave., will move to 750 W. High St. following renovations. The project will allow the VA to treat more veterans. The new clinic will be housed in a professional building on the campus of St. Rita's Medical Center. It is owned by Lima IV Medical Properties LLC…

Hyperlink to Above

3.3 - Government Executive: How the VA Is Blocking Marijuana Research Veterans Say Could Save Lives (3 October, Eric Katz, 852k online visitors/mo; Washington, DC)
In 2010, Boone Cutler was taking 30 milligrams of morphine, 70 milligrams of oxycodone and other opioids each day. He regularly went three to four days without sleep. The Army veteran had survived a blast injury while deployed in Sadr City, Iraq, and has since endured seven knee surgeries, five shoulder surgeries and back surgery. He also suffers from Parkinson's Disease.

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3.4 - WSLS (NBC-10, Video): Salem VA Medical Center offering free drive-thru flu vaccines, The medical center has opened a drive-thru flu shot clinic on campus. (3 October, Alison Wickline, 815k online visitors/mo; Roanoke, VA)
The Salem VA Medical Center is making it easier for veterans to get their flu shots. The medical center has opened a drive-thru flu shot clinic on campus. During the whole month of October, between 8 a.m. and 4 p.m., from Monday to Friday, veterans enrolled in the VA system and Salem VA Medical Center employees can receive the vaccine for free.

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3.5 - JD Supra: Department of Veterans Affairs Releases Long-Awaited Proposed Rule to Allow Telehealth Services Across State Lines (3 October, Faegre Baker Daniels, 701k online visitors/mo; Sausalito, CA)
On Friday, September 29, the Department of Veterans Affairs (VA) released its long-awaited proposed rule amending medical regulations to improve access to care for beneficiaries regardless of patient or provider locations. Specifically, the rule enables health care providers to provide telehealth services to beneficiaries across state lines in an effort to increase patient access to care. This "modern, beneficiary- and family-centered health care delivery model" – 38 CFR 17.417…

Hyperlink to Above

3.6 - KRGV (ABC-5, Video): Local VA Records Show Improvements in Veterans' Wait Times (3 October, Matt Rist and Valerie Gonzalez, 275k online visitors/mo; Weslaco, TX)
CHANNEL 5 NEWS' investigative team looked closer at data behind wait times at the VA Texas Valley Coastal Bend Health Care System clinics. After scouring through records, we found a downward trend in wait times for returning patients. However, if you're a new patient, you can expect to wait as long as 70 days for care.

Hyperlink to Above

3.7 - South Bend Tribune: Our Opinion: A long journey's end for local veterans (3 October, Editorial Board, 273k online visitors/mo; South Bend, IN)
The recent opening of the new St. Joseph County VA Clinic in Mishawaka marked the beginning of a new era for veterans' care locally. It's been a long journey. Veterans from South Bend, Mishawaka, Elkhart and other local communities have often had to travel to VA facilities in Chicago or Fort Wayne for more extensive medical procedures.

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3.8 - KRTV (CBS-3): VA gearing up for Drive Thru-Flu Clinic and Health Fair (3 October, Eric Jochim, 195k online visitors/mo; Black Eagle, MT)
Staff at the VA are gearing up for their Annual Drive Thru-Flu Clinic and Health Fair. Tomorrow from 7 am to 5 pm free Flu shots will be available for to all enrolled Veterans and VA employees. If a veteran isn't enrolled with the VA staff will be on hand to assist with the process. Last year at the event the clinic administered over 500 flu shots.

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3.9 - Healthcare-Informatics: VA Issues Proposed Rule to Allow Home-Based Telemedicine for Veterans (3 October, Heather Landi, 158k online visitors/mo; New York, NY)
The U.S. Department of Veterans Affairs (VA) issued a proposed rule this week that would allow VA healthcare providers to provide medical care via telehealth across state lines and regardless of the location of the provider of the beneficiary. The VA says the proposed rule would increase the availability of mental health, specialty and general clinical care for all VA beneficiaries.

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3.10 - Gatehouse Media: VA's chief surgeon envisions center of excellence in Fayetteville (3 October, Amanda Dolasinski, 74k online visitors/mo; Fayetteville, NC)

Dr. Lynn Weaver was a part of integration in Knoxville, Tennessee, but bullies were no match. His distinguished career now comes to Fayetteville's VA Medical Center. Fifty-three years ago, a young Lynn Weaver walked into his new classroom at West High School in Knoxville, Tennessee, ready for lessons, but honestly more interested in the football field. He and a dozen other black students were the first to integrate into the school.

Hyperlink to Above

3.11 - Salem News: Walgreens to offer flu shots for vets (3 October, Larry Shields, 68k online visitors/mo; Salem, OH)
The shots will be given from 11 a.m. to 5 p.m. Oct. 14 at the AMVETS Post 45, 750 S. Broadway Ave., in Salem. "The VA teamed up with Walgreens this year so we are providing a place for flu shots for all vets in the VA," Hughes said, adding that, "their spouses are also able to get shots that day with current insurance."

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3.12 - KGVO (CMN-1290, Audio): Montana Veteran Affairs Talks With Veteran's Heartbeat About Recent Suicide Numbers (3 October, Nick Chrestenson, 20k online visitors/mo; Missoula, MT)
On the Pulse of the Veteran is a weekly half hour talk show devoted to issues of hope, health, opportunity and well-being of veterans. Join us on KGVO 98.3 FM every Saturday morning at 8:30 a.m. The show is brought to you by the Rural Institute for Veteran's Education and Research and they are on a mission.

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3.13 - KTVH (NBC-12): Drive-thru flu shot clinic offers vets and others convenient option (3 October, John Riley, 2.3k online visitors/day; Helena, MT)
Over 550 Veterans received their Flu immunization on Tuesday at the Fort Harrison along with community members and VA staff. VA Montana staff braved the cold temperatures outside to kick off the flu season with the annual Fall Health Festival and Drive-Thru Flu Clinic. The shots were free for enrolled veterans and VA employees. County Health Department were on hand to supply flu shots for a fee for everyone else.

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3.14 - Interlochen Public Radio: In Michigan, veterans commit suicide at high rate (3 October, David Cassleman, 900 online visitors/day; Interlochen, MI)
The suicide rate for Michigan veterans is more than twice as high as the state's overall rate, according to data released by the U.S. Department of Veterans Affairs last month. The analysis shows more than 200 veterans killed themselves in Michigan in 2014 – the most recent year covered by the study. Michigan's rate of 35.5 suicides per 100,000 veterans is slightly less than the national rate of 38.4. The rate for all Michigan residents is 16.9.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - WXIN (FOX-59, Video): Researchers at IUPUI using dogs to sniff out prostate cancer (3 October, Nick McGill, 1.5M online visitors/mo; Indianapolis, IN)
Scientists at IUPUI are hoping man's best friend can help solve one of man's biggest problems. Recently, a study in Italy found that dogs have the ability to smell and detect certain odors in urine that are associated with prostate cancer with 98% accuracy. A team at IUPUI, led by Dr.Mangilal Argawal, is hoping to replicate that process and develop an early screening method.

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7. Supply Chain Modernization

7.1 - Forbes: Use It Or Lose It -- Trump's Agencies Spent $11 Billion Last Week In Year-End Spending Spree (3 October, Adam Andrzejewski, 29.8M online visitors/mo; Jersey City, NJ)
For the new fiscal year, many federal agencies decided to redecorate. In one week, the government spent $83.4 million on furniture plus another $23 million on office supplies and equipment. The Department of Veterans Affairs spent $15.6 million on new office furniture including $4.7 million to a veteran-owned company, American Veteran Office Furniture, LLC.

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7.2 - EHR Intelligence: VA to Award Cerner EHR Implementation Contract Within 30 Days, The federal agency will migrate or abandon 240 of its 299 other IT projects to allocate funding toward the Cerner EHR implementation. (3 October, Kate Monica, 50k online visitors/mo; Danvers, MA)
VA Secretary David Shulkin announced the federal agency will award its EHR implementation contract to Cerner Corporation in the next thirty days. The announcement came during the recent Senate Veterans Affairs Committee hearing last week. The new VA EHR system will operate on a similar platform as the Department of Defense (DoD) EHR system—MHS Genesis—in an effort to improve interoperability between agencies.

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7.3 - ExecutiveGov: Report: VA Inches Closer to Cerner EHR Devt Contract Award (3 October, Jane Edwards, 20k online visitors/mo; Tysons Corner, VA)
The Department of Veterans Affairs expects to award Cerner a contract to build a new electronic health record system for VA as early as this month, Federal News Radio reported Friday. VA Secretary David Shulkin told members of the Senate Veterans Affairs Committee at a hearing Wednesday that the department issued to Congress a 30-day notice of contract award for the new EHR platform.

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8. Other

8.1 - The Washington Post (AP): Tennessee mail carrier sentenced for stealing opioids (3 October, 43.9M online visitors/mo; Washington, DC)
A Tennessee mail carrier who pleaded guilty to stealing at least 33 packages of medications intended for veterans has been sentenced to probation. The Kingsport Times-News reports that Bronson Cobble was sentenced last week to three years' probation and ordered to pay $1,154 in restitution following his June plea to one count of theft of mail.

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8.2 - The Buffalo News: Alden companies accused in fraud case agree to pay $3 million (3 October, Phil Fairbanks, 1.6M online visitors/mo; Buffalo, NY)
"The contracting companies and principals allowed greed to corrupt a federal process intended to benefit service-disabled, veteran-owned small businesses," said Special Agent in Charge Adam S. Cohen of FBI Buffalo Field Office. The settlement is the result of investigation by the FBI, Assistant U.S. Attorney Kathleen A. Lynch, the VA Office of Inspector General and the Small Business Administration's Office of Inspector General.

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1. Top Stories

1.1 - The Washington Post (AP): VA watchdog reviewing Shulkin's 10-day trip to Europe (3 October, Hope Yen, 43.9M online visitors/mo; Washington, DC)

WASHINGTON — The Veterans Affairs Department's watchdog said Tuesday it is reviewing Secretary David Shulkin's 10-day trip to Europe with his wife that mixed business meetings with sightseeing.

Shulkin disclosed last week he traveled to Denmark and England to discuss veterans' health issues. Travel records released by VA show four days of the trip were spent on personal activities, including attending a Wimbledon tennis match and a cruise on the Thames River. The VA said Shulkin traveled on a commercial airline, and that his wife's airfare and meals were paid for by the government as part of "temporary duty" expenses.

A spokesman for VA inspector general Michael Missal described the review as "preliminary."

Shulkin is one of several Cabinet members who have faced questions about travel after Tom Price resigned as health chief.

Curt Cashour, a VA spokesman, said the travel activities had been approved as part of an ethics review.

"The secretary welcomes the IG looking into his travel, and a good place to start would be VA's website where VA posted his full foreign travel itineraries, along with any travel on government or private aircraft," Cashour said.

The site lists Shulkin's travel itineraries but does not detail costs to the government.

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1.2 - FOX News: Hurricane Maria: VA in Puerto Rico still trying to reach more than 500 homebound vets (3 October, Tori Richards, 32.5M online visitors/mo; New York, NY)

Nearly two weeks after Hurricane Maria roared through Puerto Rico, destroying much of the island's infrastructure, more than 500 homebound at-risk veterans still haven't been reached by doctors, nurses and social workers, Fox News has learned.

There are 1,687 homebound vets in Puerto Rico who require ongoing treatment such as dialysis, chemotherapy and insulin to survive. Since Maria struck Sept. 20, the San Juan VA Medical Center has dispatched special teams consisting of a doctor, nurse and social worker to visit the homes of each one of these vets.

It has been a tough task. Most of the island still lacks power because of damage to the electric grid and intermittent phone service because of downed lines and cell towers. Many rural areas have been rendered inaccessible by damage to roads and the scarcity of gasoline for vehicles.

As of Tuesday, VA officials said visits have taken place at the homes of 1,147 homebound vets. That leaves 540 more to be seen. The VA is vowing to reach the rest but isn't sure how long it will take.

"The safety of all our patients is a top priority," VA spokesperson Mary Kay Rutan told Fox News Tuesday. "We have been going out in the communities where it is safe to do so. Additionally, we are engaged with local shelter operations and other agencies to assist in helping us locate veterans."

One of the visits resulted in a homebound vet who needed more treatment being transported by military helicopter to the San Juan VA, Rutan said.

Another visit brought more insulin to 75-year-old Vietnam vet Miguel Olivera in the hard-hit mountain town of Aguas Buenas, north of San Juan. The Veterans of Foreign Wars in Washington had asked the VA to check on Olivera after learning that he was in danger of losing his last vial of insulin because he had no electricity to keep it refrigerated.

"I'm just happy to hear one veteran is being taken care of." VFW spokesman Joe Davis told Fox News. "I wish there was more that all of us could do for Puerto Rico, it's just terrible down there."

VA whistleblower Joseph Colon, a credentialing official at the San Juan VA Medical Center, said more needed to be done for the island's homebound vets.

"If you are truly in the business of caring for veterans it should not take two weeks to check on all high-risk patients," Colon told Fox News.

Colon also complained that the majority of staff at the San Juan VA had to be sent home last week because the hospital was running out of food, water and diesel fuel for generators.

He also accused hospital leaders of not having a contingency plan to deal with the storm and said the hospital's acting director, Dr. Antonio Sanchez, wasn't around when Maria struck.

"If you know you are going to have problems with water and possibly the electrical grid, why wouldn't you stock up on supplies?" he said. "There is a big new concrete garage next door, they could've put it in there."

As of Monday, the hospital was back at full strength, according to officials.

Rutan defended the hospital's plans for dealing with Maria and the previous one that passed through, Hurricane Irma.

"The San Juan VA Medical Center has comprehensive and well-tested emergency management and operations plans where they have successfully managed numerous hurricanes and other events, including most recently Hurricane Irma," she said.

Rutan also said that Sanchez was at a VA meeting in the U.S. the day of the hurricane and returned as fast as he could three days later.

"He was on the very first available flight to the island on Saturday after the storm," Rutan said. "In his absence, the deputy medical center director and the full incident management team

conducted necessary operations ensuring the safety of more than 300 patients and 800 staff during the height of the storm."

But Colon said he still questioned why Sanchez wouldn't skip the meeting knowing that a Category 4 storm was bearing down on Puerto Rico.

"He had plenty of time to get back here – was that conference so important?" he said.

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1.3 - CNN (Video): VA Secretary David Shulkin under review for work trip to Europe (3 October, Miranda Green, Rene March, and Gregory Wallace, 29.7M online visitors/mo; Atlanta, GA)

Washington (CNN) - The VA's inspector general is reviewing Veterans Affairs Secretary David Shulkin's July business trip to London and Denmark, which included meetings with Danish and UK officials as well as a stop at Wimbledon.

It's now the fifth investigation into a member of the Trump administration's travel by a department inspector general.

Shulkin joins Environmental Protection Agency Administrator Scott Pruitt, Interior Secretary Ryan Zinke, Treasury Secretary Steven Mnuchin and recently resigned Heath and Human Services Secretary Tom Price under scrutiny for the use of private planes, first class travel, military air or flights for possible personal reasons.

Michael Nacincik, spokesman for the VA inspector general's office, told CNN he could not specify who requested the investigation, nor whether the inspector general's office was investigating any other travel by the secretary.

News of Shulkin's July trip abroad, which included a Thames River cruise, was first reported by The Washington Post last week.

Following the report, the Veterans Affairs department posted the trip itinerary online, which showed that Shulkin traveled with his wife and three members of the department, one of whom also brought a spouse. The US government paid for the travel expenses and a per diem for Shulkin's wife, Merle Bari, the Post reported.

Last Friday, HHS Secretary Price resigned after coming under fire for his use of chartered planes for business purposes. Price's departure came as he's being investigated by the department's inspector general for using private jets for multiple government business trips, even to fly distances often as short as from Washington to Philadelphia. The total cost for the trips ran into the hundreds of thousands of dollars.

Interior's Zinke is also being investigated over his travel.

In a statement he gave before giving his policy speech at the Heritage Foundation Friday, Zinke confirmed that he's used private jet travel on three occasions and has flown military aircraft at other times as well.

"Using tax dollars wisely and ethically is a greatest responsibility and is at the heart of good government," he said. "Unfortunately there are some times when Interior has to utilize charter services because we often travel to areas that don't have a lot of flight options."

He called the recent criticism about his use of private jets "a little BS."

CNN's Kevin Liptak contributed to this report.

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1.4 - CBS News: Veterans Affairs inspector general is reviewing David Shulkin's Europe trip (3 October, Jacqueline Alemany, 26.1M online visitors/mo; New York, NY)

The Department of Veterans Affairs inspector general is reviewing Secretary David Shulkin's 10-day taxpayer-funded trip to Europe in July, during which Shulkin and his wife spent time shopping and sightseeing in Denmark and the U.K.

A spokesman for the VA's Office of Inspector General told told CBS News on Tuesday that it is "gathering information and reviewing the recent trip."

Details of the trip, which included visits to Westminster Abbey and Wimbledon, were first reported by The Washington Post. While the trip to Denmark and the United Kingdom was focused on veterans issues, Shulkin and his wife also devoted significant time to leisure activities paid for by U.S. government dollars.

Shulkin joins the list of cabinet members under investigation for travel. Tom Price resigned as Secretary of Human and Health Services last week after coming under fire for extensive use of expensive private jets footed by taxpayers. EPA Administrator Scott Pruitt, Treasury Secretary Steven Mnuchin and Interior Secretary Ryan Zinke are also currently under investigation by their respective agency's inspector generals for travel spending.

Shulkin announced in a statement last week that the VA would be posting all official travel taken since January 20th on the VA website.

"Under this administration, VA is committed to becoming the most transparent organization in government, and I'm pleased to take another step in that direction with this move," Shulkin said in a statement. "Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that."

The itinerary uploaded to the website details conferences on veterans policy and meetings with various government officials but also time carved out of his schedule for extracurricular activities. In London, Shulkin and his wife Dr. Merle Bari attended Wimbledon and visited Buckingham Palace and Westminster Abbey. They also took a cruise down the Thames River followed by "dinner/ evening in Piccadilly Circus" and spent their first day in Denmark visiting various castles throughout Copenhagen.

The website also notes that Shulkin has not utilized private aircraft to date. Curt Cashour, VA Press Secretary told CBS News in a statement, "The Secretary welcomes the IG looking into his

travel, and a good place to start would be VA's website where the VA posted his full foreign travel itineraries, along with any travel on government or private aircraft."

"As the posted information shows, the Secretary has taken no trips on private aircraft," Cashour continued, "and the only government aircraft trips he has taken has been as a guest on the planes of the President, Vice President, or First Lady."

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1.5 - Military Times: VA names Elizabeth Dole to head caregivers advisory group (3 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Veterans Affairs officials on Monday announced former North Carolina Sen. Elizabeth Dole will chair the department's new family and caregiver advisory committee, formed in response to problems with support programs earlier this year.

The committee, which features a mix of veterans and military caregivers, is charged with advocating for improvements to VA care and benefits services. In a statement, Dole called the work "critical" for the veterans community.

"Military families, caregivers, and survivors are truly our nation's hidden heroes, and make great sacrifices each and every day on behalf of their loved ones, so we must do more to support them on their journey," she said.

Last spring, VA conducted a nine-week review of the department's caregiver program after an NPR report revealed dozens of regional medical centers were cutting back on the number of families receiving caregiver benefits, possibly against program rules.

More than 20,000 individuals are currently enrolled in the department's caregivers stipend program, which awards payouts of several thousand dollars a month to family members of severely injured post-9/11 veterans providing full-time caregiving duties.

In July, VA officials ended the review promising better communication and outreach to families involved. Shulkin has also publicly discussed the possibility of extending the caregiver stipend to veterans of other war generations, but doing so will likely require congressional action.

In a statement Monday, Shulkin said his department "is committed to the delivery of highest quality care and support to our veterans, and recognizes the essential role their families, caregivers, and survivors have every day."

Dole, herself a caregiver to husband Bob Dole, the former U.S. Senate majority leader and a veteran injured in World War II, has been an advocate for military and veteran caregivers in recent years through the Elizabeth Dole Foundation.

Sherman Gillums, executive director at Paralyzed Veterans of America, will serve as vice chair of the committee. The group also includes Lolita Zinke, wife of Interior Secretary Ryan Zinke, who served as a Navy SEAL.

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1.6 - KARE (NBC-11, Video): VA apologizes to Vietnam vet for ER denial - The Department Of Veterans Affairs has apologized to a Vietnam veteran for repeatedly denying his claim for medical care after KARE 11 reported his story as part of its continuing investigation – a pattern of denial. (3 October, A.J. Lagoe and Steven Eckert, 1.5M online visitors/mo; Golden Valley, MN)

LITTLE CANADA, Minn. - Rockne "Rocky" Waite of Little Canada, Minnesota sat in his living room on September 26th watching his television in disbelief.

"It was like watching my own story," the 71-year-old former Army Medic recalled.

He was watching a KARE 11 investigative report exposing how veterans are being saddled with medical debt they should not owe – some of it even turned over to collection agencies – after trips to the emergency room.

"It was exactly what happened to me!" Rocky said.

Rocky's story of wrongful denial began this past July when he needed emergency surgery to remove a large kidney stone.

"The pain just got to be excruciating," Rocky said. "So, I called VA nurses hotline and asked them what I should do, and they said to go to the nearest facility which was St. John's Hospital in Maplewood."

Following his emergency operation in the private hospital, the surgeon told Rocky a stent had been inserted and he needed to get it removed in 10 days.

Following VA protocol, Rocky again called the nurses hotline at the Minneapolis VA to ask if he should go back to the private hospital where he had the surgery, or if he should come into the VA for the procedure?

His VA medical file shows Rocky spoke with a registered nurse who, after consulting with his regular VA physician, instructed him to go back to St. John's to have the stent removed.

"I took their advice, went, had the procedure done," Rocky said.

Despite doing exactly what the VA instructed, Rocky received a denial letter in the mail. The VA was refusing to pay for the stent removal, leaving the 100% service connected disabled veteran with the $1,200 bill.

"What more could I have done?" Rocky asked while throwing his hands in the air. "I did as I was told, I don't know how else you could do it!"

Rocky's is not an isolated case.

Current and former VA staffers tell KARE 11 that medical claim processors at the VA are pressured to review complicated files in just minutes.

To meet performance goals, they say it's quicker to deny claims than to take the additional steps needed to approve payments.

"We are accountable for speed," one VA insider told KARE 11 in an exclusive interview. "We were told to pick-n-click and get them moving."

When he appealed his bill rejection, Rocky said he quickly received another denial letter.

Fast forward a few weeks and the frustrated veteran watched as KARE 11's investigation aired.

Rocky emailed his denial records to KARE 11. Investigative Reporter A.J. Lagoe told about Rocky's case during a follow-up broadcast and emailed the Department of Veterans Affairs asking what the veteran, who appeared to have followed all the rules, should have done differently?

VA Press Secretary Curt Cashour responded, "While strict rules and federal law govern when VA can pay for emergency care, we always want to work with veterans on their particular claim(s) to see what VA can do in their case. We will do that in this case."

The next day, Rocky received a voicemail from a VA official apologizing for the hassle he'd been through and stating, "So we'll get that paid for you, probably today."

"What bothers me about this is it is not just one incident," Senator Amy Klobuchar (D-MN) said.

Klobuchar says her office has received a number of similar constituent complaints.

"There are many incidents and usually when a member of Congress starts getting called over and over again it's like the canary in the coal mine. It means there is one, and then there's 10, and then there's 20. It means there's probably thousands across the country, and this means they are having a rule problem, a protocol problem, that has to be fixed!"

The Senator said she would be speaking directly to VA Secretary David J. Shulkin this week about the ER denials uncovered in the KARE 11 investigation.

KARE 11 analyzed two and a half years of VA data and found in the VA MidWest Network, which includes Minnesota, 52% of all ER claims were denied.

As a result, $65,772,205 in medical bills were forced back onto veterans to pay.

There is no way to determine how many of those veterans got stuck with bills – like Rocky – because of improper VA denials.

"If it hadn't been for KARE 11, I would still have been fighting this battle," Rocky said. "And it could go on for years with these people."

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1.7 - WFED (AM-1500, Audio): Advancing the VA's Community Care Mission: A conversation with Baligh Yehia, Deputy Under Secretary for Health (3 October, 831k online visitors/mo; Washington, DC)

This content is provided by the IBM Center for the Business of Government.

Mondays at 11:00 a.m. & Fridays at 1:00 p.m.

The Business of Government Radio Hour, hosted by Michael J. Keegan, features a conversation with a federal executive who is changing the way government does business. The executives discuss their careers and the management challenges facing their organizations. Guests include administrators, chief financial officers, chief information officers, chief operating officers, commissioners, controllers, directors, and undersecretaries.

SPECIAL REBROADCAST:

What is the mission of VA's Office of Community Care? How is VA enhancing how it provides Community Care? What can VA do better? Join host Michael Keegan as he explores these questions & more with Baligh Yehia, Deputy Under Secretary for Health for Community Care at the US Department of Veterans Affairs.

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2. Veteran and Employee Experience

2.1 - The Hill: VA chief under investigation over European trip: report (3 October, Jacqueline Thomsen, 11.8M online visitors/mo; Washington, DC)

The Department of Veteran Affairs inspector general is investigating Veteran Affairs Secretary David Shulkin over his trip to Europe, CNN reported Tuesday.

Shulkin traveled to London and Demark in July, where he met with officials from both counties.

Michael Nacincik, spokesman for the VA inspector general's office, told CNN that he couldn't say what triggered the probe or if the office was investigating any other instances of Shulkin's travel.

The Washington Post first reported last week that Shulkin spent half of the trip sightseeing and shopping with his wife.

The VA chief was there to attended a conference in London on veterans' health issues and then held a series of meetings in Denmark.

Shulkin reportedly attended a Wimbledon tennis tournament match, toured multiple palaces in London and Denmark and took a cruise on the River Thames in London while on the trip.

The VA head took commercial flights for the trip and reportedly sat in coach on at least one of them, The Post reported.

The investigation into Shulkin is the fifth inspector-general investigation into a member of the Trump administration.

Environmental Protection Agency Administrator Scott Pruitt, Interior Secretary Ryan Zinke, Treasury Secretary Steven Mnuchin and former Heath Secretary Tom Price were each probed over their use of private, military or chartered planes.

Price resigned last week over his use of private jets.

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2.2 - Fortune: Trump's VA Secretary Is the Fourth Cabinet Member to be Caught in a Travel Expense Scandal (3 October, John Patrick Pullen, 7.7M online visitors/mo; New York, NY)

Overshadowed by Health and Human Services Secretary Tom Price's resignation Friday afternoon, Veterans Affairs chief David Shulkin is the latest Trump cabinet member to be found mixing personal trips and expenses with government travel. The VA secretary cruised the Thames, took in sight-seeing at Westminster Abbey, and watched a Wimbledon tennis match during a 10-day European trip with his wife, according to an itinerary obtained by The Washington Post.

The VA secretary's 10-day trip—which also included the department's undersecretary and her husband, Shulkin's chief of staff, an aide, and six security people—was approximately half business, half pleasure, the itinerary reportedly details. The government paid for Shulkin's wife airfare and provided a per diem for her meals because she was traveling on "approved invitational orders," reports the Post.

The Shulkins' July trip was revealed as the personal travel and government expenses of other cabinet officials have also come under scrutiny. In his first three months in office, Environmental Protection Agency chief Scott Pruitt reportedly travelled home to Oklahoma at least 10 times, according to records acquired by a watchdog group. In addition, the EPA is building a $25,000 soundproof booth for Pruitt, the first agency head to have an aroud-the-clock security detail.

In August, U.S. Treasury Secretary Steve Mnuchin and his wife reportedly used a government plane to travel to Lexington, Ky. to watch the solar eclipse, a trip that came to light after Mnuchin's wife, Louise Linton boasted on Instagram about traveling with her husband on a government plane. Mnuchin has denied that he took the trip to view the eclipse. He has also said claims about him requesting the use of a government jet during his honeymoon with Linton earlier this year were about national security.

HHS secretary Price's spending has been the most audacious of the cabinet so far. The former Georgia congressman may have taken more than $1 million in chartered, private jets, according to reporting by the Post. The revelation ultimately led to his resignation on Friday.

As for Shulkin, the VA Secretary is likely hoping Price's exit helps his own spending to fly under the radar. One of few Obama administration holdovers, Shulkin was most recently the VA's undersecretary before being promoted by President Trump. Considering his previous boss and

the current president's unfavorable views of how the VA has been run, Shulkin may now be on thin ice—if he wasn't already.

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2.3 - Washington Examiner: VA watchdog launches probe of David Shulkin's 10-day European trip (3 October, Gabby Morrongiello, 4.8M online visitors/mo; Washington, DC)

The Department of Veterans Affairs' internal watchdog has launched an investigation into a 10-day, taxpayer-funded trip taken by Secretary David Shulkin and his wife earlier this summer.

Shulkin came under fire last week for the July vacation to Denmark and the U.K., during which he and his wife attended a Wimbledon tennis match, and went shopping and sightseeing.

Though a conference on veterans policy and meetings with foreign officials were included in the trip, much of the secretary's time was spent touring castles in Copenhagen and enjoying a cruise with his wife.

Michael Nacincik, a spokesperson for the VA's Inspector General, told the Washington Examiner on Tuesday the internal watchdog is "gathering information and reviewing the secretary's recent trip." CBS News first reported the investigation.

Nacincik could not say how long the investigation is estimated to take or when it began.

"It really depends on what they find or what they don't find," he said.

Shulkin denied any wrongdoing in a statement last week, and announced that he would make the itinerary from his trip for the public.

"Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that," he said.

"The secretary welcomes the IG looking into his travel, and a good place to start would be VA's website where the VA posted his full foreign travel itineraries, along with any travel on a government or private aircraft," VA press secretary Curt Cashour later told CBS.

News of the IG investigation comes days after Health and Human Services Secretary Tom Price was fired for chartering several private flights on the taxpayer dime.

The Interior Department's internal watchdog also launched an investigation this week into Secretary Zinke's travel, bring the total number of Cabinet officials under investigation by their own agencies to four, including Treasury Secretary Steve Mnuchin and EPA administrator Scott Pruitt.

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2.4 - WXIN (FOX-59, Video): Veterans voice concerns, outline legislative agenda items at town hall (3 October, Haley Bull, 1.5M online visitors/mo; Indianapolis, IN)

CARMEL, Ind. – Veterans are making sure their voices are heard by state lawmakers and local government officials during a series of town hall meetings across the state.

Tuesday, veterans at a meeting in Carmel raised their concerns and outlined their legislative agenda items for the upcoming legislative session.

"It's really important for the legislators to hear our concerns we have many healthcare being right at the top of the list, also treatment of PTSD as our returning veterans from the global war on terror suicide rates among veterans are at an all-time high," said Steven McDanield, commander of VFW Post 10003.

Some of the issues veterans raised include support for medical marijuana and ways to help veterans find employment.

But before the town hall, a group of Indiana veterans groups called the Big Four, including the VFW, AMVETS, Disabled American Veterans and the American legion, met to approve a list of their legislative agenda items for the next session.

"We've come a long way veterans contribute a lot to the state of Indiana we're not asking for a handout," said Richard Leirer, the commander for dist. 6 of the VFW in Indiana and legislative chairman.

"We want to make sure we clean up some legislation that was passed this last year in the budget bill with some wording to extend the program for our homeless veterans and for our hyperbaric oxygen therapy treatment for traumatic brain injury," said Lisa Wilken, the legislative director for Indiana AMVETS.

Wilken said they also want to make another run at a bill creating a lottery scratch off ticket to help fund veterans' programs.

"We think we have the support now to get it passed this year," Leirer said.

The next town hall will be held Oct. 17 in Indianapolis.

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2.5 - Fayetteville Observer: NC congressmen, VA leaders meet in Washington (3 October, Drew Brooks, 439k online visitors/mo; Fayetteville, NC)

Congress members from North Carolina met with Veterans Affairs leaders in Washington on Tuesday, hoping for better communication on problems in the VA system.

Eight House members met with top officials from the VA's Mid-Atlantic Health Care Network, also known as Veterans Integrated Service Network 6, and the leaders from at least three VA medical centers, including Fayetteville's.

The meeting was an introduction of sorts for DeAnne Seekins, who became director of VISN 6 in July. The network includes seven VA medical centers, 27 community-based outpatient clinics and four health care centers, and it is the fastest-growing region within the VA.

Republican Rep. Richard Hudson, whose district includes parts of Fayetteville, said he was impressed by Seekins and other VA leaders.

The discussion was “very candid, very open,” and addressed concerns about delays in VA care, problems within the VA Choice Program and late payments to vendors working with the VA, Hudson said.

“Hopefully it’s the beginning of better communication,” said Hudson, who helped organize the meeting.

Seekins was appointed director of VISN 6 after leading the Durham VA Health Care System for five years. Directors of VA medical centers in Asheville and Durham also attended the meeting.

Fayetteville has the fastest growing patient population in the VA, Hudson said, and it was important for VA leaders and Congress to be on the same page to help address issues that arise with that growth.

“I take very seriously my responsibilities as a voice for veterans in North Carolina,” he said. “I wanted to open better lines of communications.”

The meeting was co-chaired by Democratic Rep. David Price. It included Republican Reps. Robert Pittenger, Virginia Foxx, David Rouzer, Walter Jones and Mark Meadows, and Democratic Rep. Alma Adams.

In the past, members of Congress have had to “start at the bottom and work up” when it comes to VA issues, Hudson said. After the meeting, he hopes there will be a direct line of dialogue at the highest levels of the local VA network.

He said he would like VA leaders to notify the congressional delegation of potential issues or when problems arise. The delegation can be more proactive in helping the VA fix issues that continue to plaque the system.

“We both have the same mission — taking care of our veterans,” he said.

VISN 6 officials said the meeting was important to Seekins, who wants to develop relationships with the delegation and learn their concerns.

A spokesman, Stephen Wilkins, said the meeting was not meant to address specific issues, but instead more of a meet and greet.

But Hudson said the delegation was able to ask questions, paying particular attention to access to VA care, the opioid epidemic among veterans, and the Choice program that allows some veterans to seek care outside the VA system.

Several representatives also brought up VA payments. They said veterans are being harassed by collection agencies because the VA is not paying its bills.

Hudson said that while he praises the network's efforts to cut down on wait times, he is lobbying for an expanded Choice program that gives more veterans the ability to go outside the VA.

The Fayetteville VA previously had one of the nation's longest waits for veteran care. In recent months, officials have said those numbers have drastically improved.

"I think we're making progress, but I personally would like to see veterans having more access to private care as an alternative," Hudson said.

Hudson has introduced legislation that would allow any veteran who is at least 50 percent disabled to see whatever doctor they would like.

"I'm just not convinced we can build enough VA facilities to keep up with the growth," Hudson said.

He said that expanded Choice would never destroy the VA. But giving veterans the ability to "vote with their feet" may force the VA to improve its practices.

"Competition will make the VA better," he said. "They care about our veterans but they work within a system that is just strangled with bureaucracy."

The congressional delegation last met with VA leaders earlier this year, after a VA audit found that the network underreported the length of wait times for new patients, and that those seeking care outside of the Department of Veterans Affairs often had long waits or were unable to receive care.

Hudson said the delegation wants to meet regularly with VA leaders.

"I think we all agreed we'd like to have something," he said. He urged veterans in North Carolina who have problems with the VA to contact their Congress representative.

"We'll be their advocate," he said.

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2.6 - Michigan Radio Network: Ann Arbor VA Hospital employees and vets protest staffing shortage (3 October, Tracy Samilton, 385k online visitors/mo; Ann Arbor, MI)

Ann Arbor VA Hospital employees rallied Tuesday to ask Congress for enough money to eliminate the 49,000 VA job vacancies nationwide. Similar rallies have been held at other VA hospitals nationally in recent weeks.

Ozzie James, Jr. is president of American Federation of Government Employees Local 2092. He says veterans need the expertise of VA doctors, nurses and other staff, because outside health care professionals don't fully understand veterans' needs.

"The promise to take care of the veterans who go fight the war, you're not keeping that promise," says James. "Because you fail to have the staffing that's needed to take care of the veteran when he or she comes home. It's a disgrace to us."

James says the shortage is particularly acute for VA nurses; many cannot take the vacations to which they're entitled because there is no one to fill in for them.

He says the staffing problem predates the Trump administration but has gotten worse under it.

Darcy Guyton-Hanna is a dental hygienist at the Ann Arbor VA. She says the staffing shortage means some veterans have to wait a year for a comprehensive dental exam.

"We are short two dental assistants and one administrative assistant, so they have a lot of the dentists doing paperwork and administrative jobs instead of seeing patients," says Guyton-Hanna.

She says administrators told her there is a hiring freeze so nothing can be done about the situation.

But according to recent comments by VA Secretary David Shulkin, the prospect for more federal money for the VA to boost hiring seems dim. At a press conference in late May, he said, "the problems in VA are not largely going to be solved through additional money. These are going to be solved through management practices, focus, and some legislation changes."

Shulkin said the VA will have a position management system in place by December, so it can track which jobs are open. And the agency plans to expand graduate medical education training opportunities to be able to train more health professionals to stay in the VA system.

He said the VA also plans to work with the Unified Services University -- the medical school of the military -- to train more medical students who then would serve in the VA for 10 years after their education.

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2.7 - Outer Banks Sentinel: VETERANS POST Will bad employees still linger at VA? (4 October, 23k online visitors/mo; Nags Head, NC)

The Department of Veterans Affairs' new authority to get rid of bad employees is getting a test in Memphis.

An employee at the Memphis VA Medical Center was arrested for aggravated assault with a deadly weapon and criminal impersonation of a police office. Specifically, she pulled a revolver on a grandmother and a toddler, waving the gun and saying she was the police.

According to the VA, the employee was being processed for removal and has been suspended. What, exactly, does that mean. Taking steps to terminate the employee? Barred from the facility? Told to stay home with pay?

Inquiring minds want to know: Will the Merit Systems Protection Board jump in on this one, too? Long ago the VA tried twice to remove an employee because the hospital kept running out of crucial surgical inventory. The Office of the Inspector General got involved and came up with yet one more reason to get rid of the guy: He'd been sending sensitive VA personnel

information to his personal email account and his wife. The guy was fired, but after the Board got involved, the VA had to rehire him. It took quite a while, but finally he is gone.

This is the same place where a veteran getting care had his vehicle stolen from the parking lot by a VA employee. The veteran had to turn over all his personal belongings when he was admitted ... including his car keys. Within hours, before his wife could retrieve the car, it was gone. Six months later, the veteran saw his car in the parking lot, called police, and they arrested a VA employee when he came out.

So now we watch and wait. Will pulling a handgun on a little girl and her grandmother be serious enough to get rid of the employee? Does the Accountability Act truly have enough teeth to get the job done?

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2.8 - WSAW (CBS-7, Video): Free benefits expo offered for area veterans (3 October, 196k online visitors/mo; Wausau, WI)

In an effort to serve area veterans, a Wausau expo will offer free service members or dependents of veterans who want to gather information.

The U.S. Department of Veterans Affairs along with the Wausau Veterans Service Office are organizing the event on Thursday, October 5.

To explain what will be offered, Veteran Service Officer, Scott Berger joined the Sunrise 7 team.

From 10 a.m. to 2 p.m. at the East Gate Hall of Marathon Park in Wausau area veterans are encouraged to visit the Wausau Area Veterans Benefits Expo.

Vets can expect to gather information and learn about VA and other community services that they may want to avail themselves to. Also, eligible veterans will be able to get their flu shot.

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3. Access to Healthcare

3.1 - The Hill: Congress can use the power of pets to help women and vets (3 October, Rep Steve Cohen (D-Tenn.) and Mike Bober, 11.8M online visitors/mo; Washington, DC)

Each year, Congress works hard to pass bills that will help the American people. While acrimony and partisanship have made this more difficult, lawmakers are considering two bills that have bipartisan support on Capitol Hill and among the American people: H.R. 2327 and H.R. 909, the Puppies Assisting Wounded Servicemembers (PAWS), and the Pets And Women Safety (PAWS) Acts of 2017.

Each of these bills involves man's best friend, and both provide for an underserved segment of America. In the case of H.R. 2327, veterans with PTSD and traumatic brain injuries are provided

opportunities for healing through grant-funded service dogs. H.R. 909 expands the number of domestic abuse shelters that can accept pets, in order to help abused women escape domestic violence.

Rep. Cohen is a sponsor of both bills, and PIJAC supports them on behalf of the professional pet care community. Passing these bills now would be a powerful symbol to a public eager for Congress to lead, as National Suicide Prevention Month ends and National Domestic Violence Awareness Month begins.

The House is already taking important steps to help veterans get the companions they need. On Sept. 26, the House Veterans Affairs Committee held a hearing about several bills, including H.R. 2327, that can help servicemembers adjust back to non-combat life. H.R. 2327 has support among myriad veterans' groups, and 200 House co-sponsors. With about 20 veterans committing suicide each day, the PAWS Act is just one way that Congress can improve assistance to America's military servicemembers who return from war with physical and mental scars.

H.R. 909 is likewise an important bill with enormous support. It has 230 co-sponsors in the House and 20 in the Senate. It will provide assistance to many of the approximately one in four women, and one in seven men, who are domestically abused each year.

Studies are clear that in a home where human abuse is taking place, a pet is also often a target. With nearly half of women saying they have returned to an abusive home out of concern for a pet's safety, H.R. 909 is clearly necessary to save lives and prevent more harm to innocent human and animal victims.

The bill provides funds so that abuse shelters can accommodate pets, and extends domestic abuse laws so that courts may require abusers to provide restitution for veterinary costs a victim may incur.

These bills recognize the strength of the human-animal bond. Fully 65 percent of U.S. households have a pet; 88 percent of House and Senate offices allow pets in their offices.

Not only is connecting people and pets good business – with 1.3 million jobs, mostly small business, supported in 2015 alone – it is also great for human health. Just owning a pet saves over $11 billion in health care dollars each year, according to a conservative study by George Mason University. Other studies show direct links to less stress, better educational results, and improved health for senior citizens.

Whether in Washington, D.C. or Tennessee, pets are everyone's best friend. Congress should use the power of pets to bring people together by passing H.R. 2327 and H.R. 909.

Representative Steve Cohen represents the 9th District of Tennessee. Mike Bober is President of the Pet Industry Joint Advisory Council (PIJAC), which is the legislative and advocacy voice of the responsible pet industry.

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3.2 - Dayton Business Journal: Dayton VA moving clinic to new location (3 October, John Bush, 885k online visitors/mo; Dayton, OH)

The Dayton VA Medical Center is moving its Lima clinic to a larger location this spring.

The Lima Community Based Outpatient Clinic, currently located at 1303 Bellefontaine Ave., will move to 750 W. High St. following renovations.

The project will allow the VA to treat more veterans.

The new clinic will be housed in a professional building on the campus of St. Rita's Medical Center. It is owned by Lima IV Medical Properties LLC, which will hire a contractor to perform renovations after a bidding process.

The clinic will offer more than 1,400 additional square feet compared to the old location — 9,750 square feet versus 8,341. The increase in space will allow for additional nursing clinics, dedicated exam rooms for tele-health and other specialty services, and more parking (about 100 spaces).

It is also located near major roadways such as U.S. 30, state Route 501, Hume Road and Thayer Road.

The new clinic will be designed "to best serve the needs of veterans" by improving access to care, efficiency of facility operations, infrastructure layout, parking and care coordination between all services, according to a press release from the Dayton VA.

The VA stated the relocation was a necessary move, as the number of veterans served at the current Lima CBOC has expanded by 10.5 percent over the past two years.

The Bellefontaine Avenue site will remain open for all existing services until the new location is ready in spring 2018. At that time, veterans' medical information and appointment schedules will be transferred to the new CBOC.

The Lima clinic served more than 4,200 veterans in the last year, with more than 22,000 outpatient visits.

The Dayton VA Medical Center is the third-largest hospital in the Dayton region with $382 million in net revenue for 2015, according to DBJ research. The hospital has 371 beds and saw about 5,500 admissions that year.

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3.3 - Government Executive: How the VA Is Blocking Marijuana Research Veterans Say Could Save Lives (3 October, Eric Katz, 852k online visitors/mo; Washington, DC)

In 2010, Boone Cutler was taking 30 milligrams of morphine, 70 milligrams of oxycodone and other opioids each day. He regularly went three to four days without sleep. The Army veteran had survived a blast injury while deployed in Sadr City, Iraq, and has since endured seven knee surgeries, five shoulder surgeries and back surgery. He also suffers from Parkinson's Disease.

“I did my time,” Cutler says. “I’ve been beat up a few times.”

That year, however, Cutler abandoned his treatment through the Veterans Affairs Department and checked himself into a psychiatric ward at a private hospital, where he quit his prescribed cocktail of opioid painkillers cold turkey. Upon leaving the hospital, a coworker convinced him to try something new for his physical and psychological symptoms: marijuana. He was reluctant, telling his colleague, “I’m not one of those pot heads.”

The more he thought about it, the more he realized he had nothing left to lose: “I tried everything,” he says. “Nothing worked.”

But after trying cannabis, Cutler experienced something for the first time since he returned from Iraq: He slept for five hours.

“I thought it was a fluke. I tried it again, and it happened again,” he says. “That was an absolute, 100 percent, 180-degree life changing event for me.”

Cutler is part of a growing community of veterans who depend on cannabis to treat post-traumatic stress and pain from service-connected injuries. Some vets returning from combat tours of duty have reported that the drug has reduced nightmares and flashbacks, eased pain and helped eliminate their dependency on opioids. The drug nonetheless remains classified as “schedule one” by the federal government, which it defines as “drugs with no currently accepted medical use and a high potential for abuse.” While some studies have examined the potential medicinal benefits of cannabis and a growing number of states have legalized medical and even recreational marijuana, there has never been a federally-approved study of its impact on post-traumatic stress disorder with the potential to change the federal government’s scheduling.

Dr. Sue Sisley and the Multidisciplinary Association for Psychedelic Studies are trying to change that. Sisley and the group have worked for 10 years to get their triple-blind study with a placebo on the impact of marijuana on veterans with PTSD off the ground. Sisley’s research now has approval from the Food and Drug Administration, the Drug Enforcement Administration and the Health and Human Services Department’s National Institute on Drug Abuse, which is supplying the marijuana for the study. The research has finally commenced, and Sisley now has 28 participants in treatment. She will need 76 to complete the study, but she is facing a significant barrier: she is running out of veterans who qualify to participate, and the Veterans Affairs Department is refusing to help her identify more.

Taking Risks

Unlike Cutler’s state of Nevada, where marijuana is now legal, Thomas Brennan lives in North Carolina, where the drug remains outlawed in all forms. The Marine Corps veteran who completed tours in Fallujah, Iraq, in 2004 and the Helmand Province in Afghanistan in 2010 felt he had no choice but to set up a cannabis distribution network with a handful of other veterans. While they had the marijuana shipped from Marines they trusted located in other parts of the country, they knew they were putting themselves in jeopardy.

“Veterans know this is better than the alternative and were willing to take the risks to deal with this,” says Brennan, who suffers from PTSD.

Brennan also tried to use VA as his primary care provider, but felt shunned after informing his doctors there he used marijuana.

“They treated me like a drug addict when I told them about my cannabis use,” says Brennan, who considers himself lucky because he is now entitled to TRICARE by virtue of being medically retired. “They weren’t willing to help me wean off narcotics.” Brennan, before he started using marijuana, took a mixture of antidepressants, sedatives, amphetamines and mood stabilizers that VA sent him through the mail.

Brennan credits marijuana with saving his life, saying without it, he would have committed suicide.

Blocking Research

VA says it is willing to examine research on medical marijuana.

“There may be some evidence that this is beginning to be helpful,” VA Secretary David Shulkin said in May. “And we're interested in looking at that and learning from that.”

To veterans like Cutler and Brennan, and service organizations like the American Legion, which is pushing VA to adopt a more lenient position on medical marijuana, the department is standing directly in the way of researchers trying to collect that evidence. The researchers will continue their work even if they cannot sign up a sufficient number of veterans, according to MAPS’ Brad Burge, by opening up the study to anyone with PTSD. Burge said it is unclear if such a study would still be generalizable to the veteran community.

VA, for its part, said it is bound by federal law that prohibits its clinicians from recommending patients for studies involving marijuana. A spokesman blamed Sisley and MAPS for not finding other means to recruit veterans for their research.

“Federal law restricts VA’s ability to conduct research involving medical marijuana, or to refer veterans to such research projects,” said Curt Cashour, the VA spokesman. “If the researcher is truly interested in finding veterans for her study, she should spend more time recruiting candidates and less time protesting to the media.”

Sisley says VA is poorly informed, noting she and her team have been “pounding the pavement” to recruit participants. She has screened more than 4,000 veterans over the last two years, but most of them are not qualified to participate. Veterans enrolled in VA health care are uniquely qualified subjects, she explains, as they are likely to have already attempted other treatment and are less likely to already depend on marijuana.

“If you’re in the VA system, that means you’ve already raised your hand and said ‘I need help,’” Sisley says. She adds the department is being disingenuous when it says it wants to examine more research: “It’s very negligent for VA to be begging for more data, and then refuse to cooperate with the federally legal, FDA-approved study that is happening right in the backyard of a VA facility. They should be ashamed.”

Sisley’s study is not receiving any federal funds. She has a $2.1 million grant awarded from the state of Colorado, and received the marijuana from a National Institute on Drug Abuse contracted facility at the University of Mississippi (all federally approved research on marijuana

comes from plants grown at that facility). To advocates, VA already has the authority to refer its patients to the study.

“We’ve been, to no avail, trying to work locally with the hospital director and the [Veterans Integrated Service Networks] director to try to get them to build some kind of bridge, some kind of information bridge between the [researchers] and the VA, and they’ve just been really resistant to doing that,” said Lou Celli, American Legion’s VA director. He noted VA’s laudable history in research, with its clinicians winning three Nobel prizes.

“The time is ripe for this administration to take the lead on this issue and really come out looking like superheroes,” Celli said. “It’s not a controversial topic. It’s only controversial in their own minds.”

The American Legion is hopeful if Sisley’s study is completed, and its results are accepted by the FDA, it would just be the tip of the iceberg into researching the possibilities of medical marijuana. Like Brennan and Cutler, he acknowledges cannabis will not cure PTSD for any veteran. The alleviation it does provide, however, enables them to seek further help.

“The most common term I hear is, ‘It helps keep the visitors away,’ meaning the nightmares, the flashbacks,” Celli says. “We don’t believe there is any study that will prove cannabis cures PTSD. But what it does do is it relaxes them enough, and it lowers their inhibitions enough to be able to receive counseling and to be able to work through whatever issues that they have.”

Sisley says marijuana could help address the epidemic of veteran suicides, and if the plant can save even one life, her research is worth pursuing.

“Please allow science to stop being shackled by VA politics,” she says in a plea to the department. Absent such action, the American Legion plans to mobilize its 2 million members to lobby VA and members of Congress to help the study move forward.

Getting Out of Bed

Cutler describes the period of his life in which he was taking an ever-growing opioid cocktail as a “never-ending blackout.” He went through cycles in which his tolerance would soar, he would detox, the pain would continue and he would repeat the process all over again. He now takes cannabidiol tablets during the day, which he says have no psychoactive effect, and smokes marijuana at night before going to sleep. Cutler calls the VA “hypocritical” for prescribing addictive opioids, but refusing to even research marijuana.

“You send us to war,” he says, “and you deny us medication.”

Brennan knows marijuana is not a cure-all. He still takes some prescription drugs. He still has migraines. He is, however, sleeping more easily and for longer. He has seen gradual improvements to his depression, mood and relationships. He no longer feels numb.

“Sometimes,” Brennan explains, “the smallest reasons for getting out of bed in the morning are what can make a difference for mental health.”

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3.4 - WSLS (NBC-10, Video): Salem VA Medical Center offering free drive-thru flu vaccines, The medical center has opened a drive-thru flu shot clinic on campus. (3 October, Alison Wickline, 815k online visitors/mo; Roanoke, VA)

SALEM, Va. - The Salem VA Medical Center is making it easier for veterans to get their flu shots.

The medical center has opened a drive-thru flu shot clinic on campus. During the whole month of October, between 8 a.m. and 4 p.m., from Monday to Friday, veterans enrolled in the VA system and Salem VA Medical Center employees can receive the vaccine for free.

"For them, it's just a quick and easy process. It's less time-consuming for them because it's a hassle to go into primary care and have a wait time," said Jody Duke, assistant nurse manager for the Salem VA Medical Center.

Veterans are asked to bring their ID card when they visit the flu shot clinic. The clinic is set up in front of Building 1. Staff members say they have given more than 200 vaccines since Monday.

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3.5 - JD Supra: Department of Veterans Affairs Releases Long-Awaited Proposed Rule to Allow Telehealth Services Across State Lines (3 October, Faegre Baker Daniels, 701k online visitors/mo; Sausalito, CA)

On Friday, September 29, the Department of Veterans Affairs (VA) released its long-awaited proposed rule amending medical regulations to improve access to care for beneficiaries regardless of patient or provider locations. Specifically, the rule enables health care providers to provide telehealth services to beneficiaries across state lines in an effort to increase patient access to care. This “modern, beneficiary- and family-centered health care delivery model” – 38 CFR 17.417 – will leverage novel information and telecommunication technologies, such as apps on a patient’s phone or computer, to connect patients and providers throughout the country.

The proposed rule provides a concrete outline for how the Trump Administration intends to utilize the increasingly popular telehealth technology to care for veterans. In fiscal year (FY) 2016, VA providers had 2.17 million telehealth episodes serving over 700,000 beneficiaries. While this accounted for only 12 percent of all beneficiaries that sought care from the Veterans Health Administration (VHA), 45 percent of these patients were from rural communities. Telehealth technology is incredibly effective at expanding access to care for patients in remote locations.

As a national health care provider, the VHA must ensure that its beneficiaries all receive an adequate level of care regardless of location at the time which health care services are provided. As the proposed rule notes, a focused effort to ensure beneficiaries in remote, rural or medically underserved areas is necessary to level accessibility to those with on-site services available. Telehealth will improve the ability of the VHA to take these clinical services to beneficiaries in a convenient, cost-effective and institutionally efficient matter. Congressional and Administration-based efforts to date have demonstrated the desire to make this transition,

evidenced by authorization of department-wide initiatives, copayment waivers and pilot programs.

Today, all VHA providers are licensed in at least one state, but are restricted from practicing in states in which they are not licensed. The proposed rule would exercise federal preemption of state licensure and allow licensed providers to provide services, regardless of the patient's location. Previously, VA medical centers have held off on expansion of telehealth services outside of federal property, such as a beneficiary or provider's home, for fear of repercussions. To date, issues arising from disparities between state law and the VA health care practice have impeded the integration of these services. While some states have already begun to regulate the practice of interstate telehealth, the VA would exercise the federal preemption of state licensure, registration, and certification laws, rules and regulations for all VA providers offering telehealth services within the scope of their employment. Furthering the VA's capabilities to provide telehealth services across state lines would allow these providers to treat more patients in a more timely fashion.

The proposed rule is in stark contrast to Medicare rules, which still require patients to reside in certain locations to receive covered telehealth services. VHA could be paving the way for changes to the Medicare program as the benefits to increased access to care, as well as cost-effective care, are demonstrated.

At a time where the country faces the perils of a deadly prescription opioid epidemic, however, the proposed rule is absent of any language around prescribing practices. The rulemaking does not affect the VA's existing requirement for compliance with state regulations on prescribing and administering controlled substances. Health care providers are still required to abide by limitations put forth in the Controlled Substances Act alongside any additional federal regulations that apply to the VA.

Advancing access to health care services for individuals in remote, rural or medically underserved areas will also benefit those dealing with serious mental illnesses, such as anxiety, depression or agoraphobia. Research conducted by the VA in 2016 clearly demonstrates the improvement that telehealth provides in terms of outcomes, especially in the instance of mental health. VA beneficiaries receiving mental health services through synchronous video telehealth saw a 39 percent reduction in acute psychiatric intakes. Data also supports the use of telehealth for the treatment of general or chronic condition management. For those with limited mobility, telehealth offers an alternative to receiving care without the stress of traveling to receive care. For many, receiving care in the comfort of their home may also lead them to take a more proactive role in their health care, thus improving outcomes.

As a part of the proposed rulemaking, VA solicited comments and input from a variety of stakeholders, including the National Governors Association, Association of State and Provincial Psychology, National Council of State Boards of Nursing, Federation of State Medical Boards, Association of Social Work Boards, and National Association of State Directors of Veterans Affairs. Each of these stakeholders, among others, responded favorably to the inquiries and noted their support of the proposed rulemaking.

The proposed rule will be published in the Federal Register on Monday, October 2, with an open comment period lasting 30 days.

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3.6 - KRGV (ABC-5, Video): Local VA Records Show Improvements in Veterans' Wait Times (3 October, Matt Rist and Valerie Gonzalez, 275k online visitors/mo; Weslaco, TX)

CHANNEL 5 NEWS' investigative team looked closer at data behind wait times at the VA Texas Valley Coastal Bend Health Care System clinics.

After scouring through records, we found a downward trend in wait times for returning patients. However, if you're a new patient, you can expect to wait as long as 70 days for care.

The Texas Valley Coastal Bend Veteran's administration booked more than 235,000 appointments for the fiscal year 2017 alone.

That works out to just shy of 30,000 patients churning through the system.

"We have radically changed the access to our patients," said Dr. Jorge Ortegon, Chief of Medicine at the Texas Valley Coastal Bend VA.

He shared what happens if patients face high wait times.

"The health of the patient will deteriorate," said Dr. Ortegon.

CHANNEL 5 NEWS wanted to find out exactly how long VATVCBHCS patients are waiting, so we pulled data from the VA's government website.

As of Sept. 1st, patients waited an average of five days for primary care, five days for specialists and 2.5 days for mental health care in the Rio Grande Valley region.

"Fortunately, we've done a really good job of gaining trust and credibility back with our patients," said VA Texas Valley Coastal Bend Health Care System VA director Joe Perez.

The data showed it's difficult for veterans to get certain types of care in some places.

In July, veterans at a Harlingen clinic waited an average of 13.5 days to see a specialist. The Sept. 1st numbers show improvement; veterans now wait at that clinic just more than 10 days.

Several Corpus Christi and Laredo veterans also faced waits longer than overall averages.

In July, veterans from Corpus Christi waited 10 days to get primary care. In Laredo, it took eight days to see a specialist.

"Our challenge here is having some of these specialties on board," Perez said.

Perez said they streamlined many processes to reduce wait times. He said veterans can directly opt into the Choice Program and choose an outside provider if wait times are clocking over a certain number of days.

If you're a new patient, expect to wait as many as 70 days to get specialty care at the VA.

The following is a breakdown of new patient wait times as of late September:

In McAllen, for primary care, you'll wait an average of 24 days, compared to 16 in the Harlingen clinic and just 12 at its other Treasure Hills location.

According to the records, when it comes to specialized care like gastroenterology, it takes 27 days. To see an Audiologist, you'll have to take a 70-day wait.

Perez said that number is an exception.

"These are really good compared to what I've experienced out in the community," Perez said. "From my own personal experience, if I could have something at 24 days that would be awesome."

Perez said wait times rise when patients miss or forget to cancel appointments. He also said wait times can be a testament to the quality of care they provide.

"We have a number of patients who choose to wait a little bit longer to be seen by us," Perez said. "We do know their background, we can relate to them. A lot of it is by veteran's choice."

Veterans like Hilario Diaz make that choice every day. Diaz said he's satisfied with his experiences at local regional VA clinics.

"Where in the Valley can you go to and you don't have to wait to see a doctor?" Diaz said.

He did not wait long for care.

"It's free. I haven't researched, but I would venture to say there's no other country in the world that does for veterans what the United States of America does," Diaz said.

Army veteran Robert Grandstaff shared a different experience with the VA. He was injured while deployed.

"I need a lot of care, I have a lot of physical injuries, PTSD, chronic back pain," Grandstaff said.

He said he waited long for his first VA appointment in 2013.

"When I first moved here, I asked for an appointment and they told me to wait three to four months," Grandstaff said.

Grandstaff said his injuries force him to seek specialty care.

"Just like other veterans, I'm going to have to find other care," Grandstaff said. "There needs to be some sort of better system, better accountability."

Back in 2016, the local VA was scrutinized after an allegation of altering data to make it look like veterans were waiting less time for appointments.

Perez said it happened at clinics across the country, but it's no longer an issue.

"It was a national initiative to do training and re-training of everybody that had the ability to schedule within our system and that continues annually," Perez said.

The director admits wait times will constantly change. A new patient survey will be a crucial measuring stick to find out how satisfied or dissatisfied veterans are with their care.

If you want to learn more about wait times at VA clinics across the region, you can log on to the VA's website: https://www.accesstopwt.va.gov/

There are bi-monthly published reports on government websites which outline wait times and show conflicting information. Perez said the data online is always changing and it can make monthly published reports quickly outdated.

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3.7 - South Bend Tribune: Our Opinion: A long journey's end for local veterans (3 October, Editorial Board, 273k online visitors/mo; South Bend, IN)

The recent opening of the new St. Joseph County VA Clinic in Mishawaka marked the beginning of a new era for veterans' care locally.

It's been a long journey. Veterans from South Bend, Mishawaka, Elkhart and other local communities have often had to travel to VA facilities in Chicago or Fort Wayne for more extensive medical procedures. Now, patients will be able to receive more services here. As many as 8,000 patients will be receiving services here initially and the VA hopes to grow that number to 13,000 in the next two years.

Work on the clinic began nearly a decade ago when, as a U.S. representative, Joe Donnelly began work on improving veterans' services here with the possible goal of building a new facility. Credit, too, should be given to Jackie Walorski, who has made veterans' issues a priority during her time as Indiana's 2nd District congressional representative.

The VA approved a clinic for the South Bend area and in 2011 Congress appropriated $6.7 million to build it.

Nearly two years ago, ground was broken for a new 89,000-square-foot clinic. Now, the dream has become a reality.

Veterans will be able to receive a range of offerings at the new clinic that the current clinic on South Bend's Western Avenue doesn't provide: eye and hearing clinics, foot and skin doctors, a cardiologist for consulting (no procedures), prosthetics, physical and occupational therapy and CT scans. Women will have a space for primary care and procedures.

More services will gradually be added.

"It's the culmination of the dedication and determination of the entire community," Donnelly wrote in a Tribune Viewpoint last week, "and it's an example of what we can accomplish when we work together."

Hoosier veterans in northern Indiana now are getting the care they need and a clinic they deserve.

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Leaders at the South Bend Police Department, who are finding it difficult to recruit and retain officers in this day and age, are trying something different to address the problem.

The Common Council approved a plan by Police Chief Scott Ruszkowski to begin a part-time program using retired officers to staff certain positions.

Rather than working patrol beats, retired officers would be assigned to more administrative and less confrontational tasks.

Ruszkowski envisions part-time officers handling jobs such as traffic control at Notre Dame football games, taking vandalism and shoplifting reports, traffic enforcement and other "quality of life issues."

The officers would be paid a bit less, but would carry the same weapons and have the same arrest powers as full-time officers. Pending approval by the city's Board of Public Safety, the program could be launched by spring.

Statewide, the only other known city department to operate such a program is Danville, a small community west of Indianapolis.

South Bend's plan to use retired officers is a creative way to address its personnel shortage. That kind of resourcefulness is what's needed to attract new officers to the city, retain current ones and maintain the level of public safety this community deserves.

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3.8 - KRTV (CBS-3): VA gearing up for Drive Thru-Flu Clinic and Health Fair (3 October, Eric Jochim, 195k online visitors/mo; Black Eagle, MT)

Staff at the VA are gearing up for their Annual Drive Thru-Flu Clinic and Health Fair.

Tomorrow from 7 am to 5 pm free Flu shots will be available for to all enrolled Veterans and VA employees.

If a veteran isn't enrolled with the VA staff will be on hand to assist with the process.

Last year at the event the clinic administered over 500 flu shots.

Registered Nurse Katie Temple urges the public to get their flu shot sooner than later.

"Up to 20% of the population actually gets influenza every year and the elderly and the young are really prone to get hospitalized from influenza," said Temple.

The clinic will also offer health promotions, disease prevention, suicide awareness, and hepatitis C screenings.

According to VA staff baby boomers are 5 times more likely to test positive for hepatitis C than any other age group.

The county health office will also be in attendance from 8:30am to 3 pm, to provide flu shots to family members for a small fee.

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3.9 - Healthcare-Informatics: VA Issues Proposed Rule to Allow Home-Based Telemedicine for Veterans (3 October, Heather Landi, 158k online visitors/mo; New York, NY)

The U.S. Department of Veterans Affairs (VA) issued a proposed rule this week that would allow VA healthcare providers to provide medical care via telehealth across state lines and regardless of the location of the provider of the beneficiary.

The VA says the proposed rule would increase the availability of mental health, specialty and general clinical care for all VA beneficiaries. “Just as it is critical to ensure there are qualified health care providers on-site at all VA medical facilities, VA must ensure that all beneficiaries, specifically including beneficiaries in remote, rural or medically underserved areas, have the greatest possible access to mental health care, specialty care and general clinical care,” the proposed rule states. “Thus, VA has developed a telehealth program as a modern, beneficiary- and family-centered health care delivery model that leverages information and telecommunication technologies to connect beneficiaries with health care providers, irrespective of the state or location within a state where the health care provider or the beneficiary is physically located at the time the health care is provided.”

Further, VA officials stated, “By providing health care services by telehealth from one state to a beneficiary located in another state or within the same state, whether that beneficiary is located at a VA medical facility or in his or her own home, VA can use its limited health care resources most efficiently.”

VA will accept comments on the proposed rule through Nov. 1.

For fiscal year (FY) 2016, VA health care providers had 2.17 million telehealth episodes of health care (meaning a clinical encounter or a period of time in which care was monitored), which served over 702,000 veterans (approximately 12 percent of the total patient population), with 45 percent of those veterans living in rural communities. By increasing VA’s capabilities to provide telehealth services, VA would be able to expand these services, the agency said in the proposed rule.

While telehealth enhances VA’s capacity to deliver health care services to beneficiaries located in areas where health care providers may be unavailable or to beneficiaries who may be unable to travel to the nearest VA medical facility for care because of their medical conditions, the agency states that in order to protect VA health care providers from potential adverse actions by states, many VA medical centers (VAMC) are currently not expanding some critical telehealth services if the health care service is provided outside federal property, or across state lines.

In addition, many individual VA health care providers refuse to practice telehealth because of concerns over states taking action against the health care provider’s state license, state laws, or

the shifting regulatory landscape that creates legal ambiguity and unacceptable state licensing risk, the VA stated in the proposed rule. “The current disparities between VA health care practice in telehealth and state laws have effectively stopped or inhibited VA’s expansion of telehealth services to certain locations, thereby reducing the availability and accessibility of care for beneficiaries,” the VA stated.

This proposed rulemaking would clarify that VA health care providers may exercise their authority to provide care through the use of telehealth, notwithstanding any state laws, rules, or licensure, registration, or certification requirements to the contrary. In so doing, VA would exercise federal preemption of state licensure, registration, and certification laws, rules, regulations, or requirements to the extent such state laws conflict with the ability of VA health care providers to engage in the practice of telehealth while acting within the scope of their VA employment.

The VA notes in the proposed rule that the changes would improve VA’s ability to provide mental health services to veterans. Veterans who received mental health services through synchronous video telehealth in fiscal year 2016 saw a reduction in the number of acute psychiatric VA bed days of care by 39 percent, the VA reports.

Another benefit of expanding VA telehealth includes serving a recruitment incentive for VA healthcare providers and allowing VA to address recruitment shortages, the agency states. In Charleston, South Carolina, the South Carolina VAMC serves as one of the VA’s National TeleMental Health Hubs and provides mental health services to veterans across eight states with a team of 30 full-time healthcare provides. The VA notes there are currently multiple vacancies for TeleMental Health psychiatrists at the Charleston Hub, and “in the past six months, applicants have only expressed interest in telework positions.”

The American Medical Association (AMA) released a statement supporting the expansion of clinically validated telehealth services within the VA, and stated that “this decision ensures that important patient protections are in place for the delivery of high quality and reliable care.

“The VA has a unique federally controlled healthcare system with essential safeguards to help ensure that both in-person and virtual beneficiary care meet and exceed the standard of care. The AMA strongly supports that the proposed rule explicitly provides that this program’s multi-state licensure exception applies only to VA-employed providers and would not be expanded to contracted physicians or providers who are not directly controlled and supervised by the VA and would not necessarily have the same training, staff support, shared access to a beneficiary’s EHR and infrastructure capabilities. We applaud the VA’s expansion of telehealth services in a manner that promotes quality and access,” the AMA stated.

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3.10 - Gatehouse Media: VA’s chief surgeon envisions center of excellence in Fayetteville
(3 October, Amanda Dolasinski, 74k online visitors/mo; Fayetteville, NC)

Dr. Lynn Weaver was a part of integration in Knoxville, Tennessee, but bullies were no match. His distinguished career now comes to Fayetteville’s VA Medical Center.

Fifty-three years ago, a young Lynn Weaver walked into his new classroom at West High School in Knoxville, Tennessee, ready for lessons, but honestly more interested in the football field.

He and a dozen other black students were the first to integrate into the school.

“I got stomach cramps every morning just thinking about going to school,” Weaver said. “I stopped eating breakfast.”

The daring move led Weaver to second-guess his abilities. But the 14-year-old student who was constantly targeted by racist teachers and bullies would not only ace his classes, he also became one of the top Veterans Affairs surgeons.

In February, Weaver was named the chief of surgery at the Fayetteville Veterans Affairs Medical Center. Weaver, who completed his residency while serving 13 years in the Army, most recently worked as the senior associate dean and chairman of surgery at Ross University School of Medicine in Dominica.

Gregory Antoine, the medical center’s chief of staff and a longtime friend, enticed him to take over the surgery department in Fayetteville, Weaver said. The men were stationed together at Fort Campbell, Kentucky.

The VA has been finding ways to work with Womack Army Medical Center on Fort Bragg, and is looking into ways to work with Wake Forest University and the University of North Carolina at Chapel Hill, he said.

“I liked the picture he envisioned for patients,” Weaver said. “You can put together a center of excellence right here in Fayetteville.”

Weaver’s career began to take shape when he was a high school student in Knoxville. That’s when learning became a spiteful act, and he learned as much as he could, he said.

Weaver was a constant target of racist teachers, who put his desk in the back corner of their classrooms, he said. And of the students and parents who crowded him on the football team, intimidating him.

With failing grades in all of his seventh grade classes, Weaver questioned if he was smart enough to be in the school.

“I started to think I am dumb,” Weaver said. “Maybe I don’t belong.”

Then Edward Hill, his science teacher, knocked on the door at his family’s home.

“He said, ‘I heard you’re having problems,’ ” Weaver recalled. “I said, ‘Yeah, they’re trying to run me away.’ ”

Hill, a black teacher, set up private tutoring lessons for Weaver after school and on Saturdays.

“I was able to pass the semester,” Weaver said. “After they got through tutoring me, learning became a spiteful activity. I needed to show I belong and I was as smart as everyone else.”

Hill encouraged Weaver to compete in the Southern Appalachian Science Fair that year. Weaver, not thrilled about yet another activity that would cut away at his time practicing football, conceded when Hill paid another visit to his home and spoke with his parents.

For three days, Weaver dressed up in a jacket and tie and stood next to his project at the science fair. The other contestants, mostly white students, ignored him and didn't speak to him, Weaver said.

His project was simple compared to the other students. He set out to prove why asbestos was a good insulator; it is now a known carcinogen.

A group of men stopped at his project and Weaver was so excited someone wanted to talk to him. He rattled off all the details of his experiment.

Unbeknownst to him, they were the judges — and they would later name him grand champion.

"I was the first black student to win," Weaver said, smiling at the memory. "It was a huge deal in Knoxville."

His win caught the attention of bullies, Weaver said. He had a brief brush with being a "bigger thug than they were," Weaver said.

Then he decided to get back on track, dedicating his life to making his father and Hill proud.

He hadn't given college much thought, but didn't question when he received a scholarship to Howard University. Years later he learned he received that scholarship because Hill applied for it on his behalf.

Weaver would go on to complete his residency training in general surgery at Fitzsimmons Army Medical Center in Denver, Colorado, and residency at Madigan Army Medical Center in Tacoma, Washington. He served in the Army from 1974 to 1987, when he was a major.

"As far as being a surgeon in the Army, you're not trying to make money," Weaver said. "You're there to take care of the soldiers. I really enjoyed my time in the Army."

As Weaver winds down his busy career, he said he's happy to be in Fayetteville, taking care of soldiers.

"I thought it'd be great to end my career in a place with a lot of soldiers and veterans," he said. "I've made a difference, I hope."

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3.11 - Salem News: Walgreens to offer flu shots for vets (3 October, Larry Shields, 68k online visitors/mo; Salem, OH)

For the first time, the Veterans Administration is partnering with the Walgreens drug store chain to provide flu shots for all veterans, Rod Hughes, commander of AMVETS Post 45, said.

The shots will be given from 11 a.m. to 5 p.m. Oct. 14 at the AMVETS Post 45, 750 S. Broadway Ave., in Salem.

“The VA teamed up with Walgreens this year so we are providing a place for flu shots for all vets in the VA,” Hughes said, adding that, “their spouses are also able to get shots that day with current insurance.”

The Columbiana County Veterans Service Commission will also have representatives available for veterans who are not registered and veterans can speak with them about what services and benefits are available to them.

Any veteran who is unsure if they are registered should bring their DD-214 form. The shots will be at no cost to veterans with proof of registration.

Hughes said Walgreens will provide pharmacists and the necessary personnel to fill out paperwork to the post.

Privacy laws under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will be followed Hughes said.

“Our members are aware of the flu shot program this year,” Hughes said, “but possibly not all veterans.”

AMVETS Post 45 has a combined membership of 800 regular, auxiliary and Sons of AMVETS members.

The VA system includes the Youngstown and Calcutta outpatient clinics along with Brecksville and Wade Park hospitals.

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3.12 - KGVO (CMN-1290, Audio): Montana Veteran Affairs Talks With Veteran’s Heartbeat About Recent Suicide Numbers (3 October, Nick Chrestenson, 20k online visitors/mo; Missoula, MT)

Veteran’s Heartbeat – On the Pulse of the Veteran is a weekly half hour talk show devoted to issues of hope, health, opportunity and well-being of veterans. Join us on KGVO 98.3 FM every Saturday morning at 8:30 a.m. The show is brought to you by the Rural Institute for Veteran’s Education and Research and they are on a mission. When veterans encounter obstacles to health and well-being, RIVER is there to help. RIVER provides training to the veteran’s community for outdoor recreational therapists and emergency medical technicians, plus medical services and cutting edge research projects. If you are a veteran or veteran’s family, contact RIVER at riverofchange.org.

For episode 32 of Veteran’s Heartbeat, we spoke with Juliana Hallows and she is the Suicide Prevention Coordinator with Veteran Affairs Montana.

Read More: Montana Veteran Affairs Talks With Veteran's Heartbeat About Recent Suicide Numbers | http://newstalkkgvo.com/montana-veteran-affairs-talks-with-veterans-heartbeat-about-recent-suicide-numbers/?trackback=tsmclip

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3.13 - KTVH (NBC-12): Drive-thru flu shot clinic offers vets and others convenient option (3 October, John Riley, 2.3k online visitors/day; Helena, MT)

Over 550 Veterans received their Flu immunization on Tuesday at the Fort Harrison along with community members and VA staff.

VA Montana staff braved the cold temperatures outside to kick off the flu season with the annual Fall Health Festival and Drive-Thru Flu Clinic.

The shots were free for enrolled veterans and VA employees. County Health Department were on hand to supply flu shots for a fee for everyone else.

People 65 years and older, young children and people with certain health conditions are at higher risk for serious flu complications.

Each year around 200,000 people are hospitalized and around 32,000 people die from Influenza. Health experts say best way to prevent the flu is by getting vaccinated each year.

Veterans attending the event said that they love the ease of the clinic considering they didn't even have to leave their vehicles.

"I've never had to wait long," said veteran Louie Stiles, "When I was doing it privately getting these private shots they'd just take a lot of time, this doesn't. "

If you are an enrolled veteran and missed the clinic you can still get your shot at the VA Medical Center.

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3.14 - Interlochen Public Radio: In Michigan, veterans commit suicide at high rate (3 October, David Cassleman, 900 online visitors/day; Interlochen, MI)

The suicide rate for Michigan veterans is more than twice as high as the state's overall rate, according to data released by the U.S. Department of Veterans Affairs last month.

The analysis shows more than 200 veterans killed themselves in Michigan in 2014 – the most recent year covered by the study.

Michigan's rate of 35.5 suicides per 100,000 veterans is slightly less than the national rate of 38.4. The rate for all Michigan residents is 16.9.

Dr. Nazzareno Liegghio, the chief of mental health at the Saginaw VA medical center, says it can be difficult for veterans to travel to get mental health treatment.

“In Michigan I think the biggest challenge is just our huge space and area,” Liegghio says, “and the location of veterans between the upper part of lower Michigan and Upper Peninsula.”

The suicide rate is especially high among young Michigan veterans. Only Oklahoma had a higher rate than Michigan for veterans aged 18-34.

Liegghio says young veterans are at risk when they transition out of the military.

“Usually they enlist around 18, 19, so they get out, they’re 23, 24,” Liegghio says. “They come home. They have a little time to adjust. And then all of a sudden they find themselves, ‘okay, now what do I do?’”

Nationwide more than two-thirds of veterans who commit suicide are aged 50 or older.

The analysis shows 20 veterans commit suicide each day in the United States.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - WXIN (FOX-59, Video): Researchers at IUPUI using dogs to sniff out prostate cancer
(3 October, Nick McGill, 1.5M online visitors/mo; Indianapolis, IN)

Scientists at IUPUI are hoping man’s best friend can help solve one of man’s biggest problems.

Recently, a study in Italy found that dogs have the ability to smell and detect certain odors in urine that are associated with prostate cancer with 98% accuracy. A team at IUPUI, led by Dr.Mangilal Argawal, is hoping to replicate that process and develop an early screening method.

“If we can find that smell in prostate cancer from urine, it can really change the way we diagnose prostate cancer right now,” Argawal said.

Partnering with the Roudebush VA Medical Center, Argawal says his team has potentially identified molecules that could be the key to the “odor test.”

The team is working with dog training service “Medical Mutts” to verify their work. The hope is then to create a sensor that can detect the odors. Argawal says it would work similar to a “pregnancy test for prostate cancer.”

"So if you can make a sensor that is as accurate as a trained dog that can sniff prostate cancer from urine at 98% accuracy, then you are completely changing the field," he said.

Argawal says current tests for prostate cancer screening can be inaccurate and lead to unnecessary and painful biopsies, a fact that can deter many men from seeking the tests. Argawal says if his team is successful, it would eliminate those problems.

"You can do the test in a clinic, you could do the test at home, same day results, and same day discussion with you doctor. So there are a lot of advantages to having accurate tests that avoid biopsies," he said.

Argawal says so far the results of his team's work are promising. He says they may be about four years away from finishing their study, developing a sensor and clearing clinical trials. However, he added that four years in "medical time" is relatively quick.

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7. Supply Chain Modernization

7.1 - Forbes: Use It Or Lose It -- Trump's Agencies Spent $11 Billion Last Week In Year-End Spending Spree (3 October, Adam Andrzejewski, 29.8M online visitors/mo; Jersey City, NJ)

Every September, the end of the fiscal year sparks a "use it or lose it" spending frenzy as federal agencies race to use up what's left in their annual budgets. It's a phenomenon that should drive taxpayers crazy. Agencies are afraid that if they spend less than their budget allows, Congress might send them less money in the next year. Agencies often try to spend everything that's left instead of admitting they can operate on less.

Here are the top ten ways the government wasted taxpayer money in the last week of FY2017:

[…]

5. Insect and Rodent Control at the VA – The federal government did some end-of-the-year cleaning, paying $152.5 million in "housekeeping" bills. While agencies paid $114 million to guards and facilities operations support, they also signed for custodial janitorial ($24.3 million); laundry and dry cleaning ($2.9 million); surveillance ($2.7 million); trash and garbage collection ($1 million); carpet cleaning ($630,943); interior plantscaping ($154,458); and snow removal/salt ($127,373). "Housekeeping" contracts included insect and rodent control, which cost $111,000 at the Department of Veterans Affairs.

6. Redecorating Allowance – For the new fiscal year, many federal agencies decided to redecorate. In one week, the government spent $83.4 million on furniture plus another $23 million on office supplies and equipment. The Department of Veterans Affairs spent $15.6 million on new office furniture including $4.7 million to a veteran-owned company, American Veteran Office Furniture, LLC. The largest furniture contractor across all agencies, however, was Knoll, Inc. ($6.2 million) – a luxury furniture company that has 40 pieces permanently displayed in the American Museum of Modern Art in New York City.

7. Self-Promotion (PR) Machine – The government spent tens of millions of dollars on last-minute self-promotion. Agencies spent $18.6 million on public relations, $11.7 million on market research and public opinion, and $5.5 million on communications. Further, $28.8 million went to advertising efforts – the Department of Homeland Security spent $15 million on advertising, including a $6.7 million deal with Lempugh, Inc., and a $4 million contract with the Ogilvy Group. Further, the Department of Veterans Affairs spent $3.2 million on signs and advertising displays with S2 Ventures, LLC.

[…]

In the midst of the government's year-end spending spree, Senator Rand Paul (R-KY) introduced the Bonuses for Cost-Cutters Act to curb "use it or lose it" spending. Paul's bill would expand current law to pay bonus happy bureaucrats who identify unneeded or surplus funds and redirect 90 percent of those savings to deficit reduction.

The private-sector uses zero-based budgeting - where all expenses need to be justified from the ground up and every function within an organization is audited for cost. As a businessman, the president should know this.

Whether it's passing legislation or finding another way to address this taxpayer abuse, Congress needs to crack down on "use it lose it" spending. When agencies engage in this wasteful practice, we all lose.

Adam Andrzejewski (say: Angie-eff-ski) is the Founder and CEO of OpenTheBooks.com – a national transparency organization with a database of 4 billion federal, state and local expenditures.

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7.2 - EHR Intelligence: VA to Award Cerner EHR Implementation Contract Within 30 Days, The federal agency will migrate or abandon 240 of its 299 other IT projects to allocate funding toward the Cerner EHR implementation. (3 October, Kate Monica, 50k online visitors/mo; Danvers, MA)

VA Secretary David Shulkin announced the federal agency will award its EHR implementation contract to Cerner Corporation in the next thirty days.

The announcement came during the recent Senate Veterans Affairs Committee hearing last week. The new VA EHR system will operate on a similar platform as the Department of Defense (DoD) EHR system—MHS Genesis—in an effort to improve interoperability between agencies.

"We released to Congress—to you—30-day notice of award of a contract," said Shulkin. "We are keeping on the timeline that we talked about. We're marching forward. We have the principles. I have some updates to share with you on the strategic IT plan, because I think we are making a lot of progress with that."

In June, three senators submitted a letter to Shulkin and DoD Secretary James Mattis requesting more information about the Cerner EHR replacement, as well as a projected timeline.

Senators John McCain (R-AZ), Johnny Isakson (R-GA), and Jerry Moran (R-KS) emphasized the importance of an efficient integrated health system.

In this most recent discussion of the upcoming project, Shulkin stated part of VA's strategic plan will involve phasing out 80 percent of VA's other projects currently in development. The federal department will migrate or cease work on 240 of its 299 projects.

"By concentrating on some specific IT modernization initiatives, like [electronic health record modernization, financial management business transformation], etc., and leveraging cloud and digital platforms, the 80 percent reduction of ongoing development projects is expected to occur within 18 months, which is part of the overall IT modernization roadmap," VA Press Secretary Curt Cashour told Federal News Radio in an email.

VA has not stated how much the Cerner EHR implementation will cost. However, the VA IT office must contend with the $215 million budget cut in the President's fiscal 2018 proposal. An appropriations bill for 2018 designated $78.6 billion in discretionary funding for VA healthcare modernization and improvements.

In an effort to better utilize funds, a source close to the department stated VA is ceasing development on less pressing projects and instead allocating those funds to the new Cerner system.

While VA has not released any information about how much the system will cost, the federal department has outlined its priorities for the new Cerner EHR and indicated other tools necessary to optimize the system.

"We haven't gotten to defining which specific tools they are yet, and how we're going to meet those needs," Shulkin said. "We've talked about the days of VA being a software developer are over, and we're going to be looking at off the shelf, current technologies. There's going to be a lot more definition on that."

Shulkin also emphasized the need for experienced political leadership and assistance from the private sector to offer guidance during the implementation process.

"This is a big, complex organization," Shulkin told reporters following the hearing. "I need the best team possible. I need my nominees, all my political appointments to clear through the vetting process and then to go through their confirmation if it's required. And I need additional people from the private sector who want to come and serve their country to get in touch, because we need the A team on this."

Toward this end, Cerner created an Advisory Group last month to offer insights and recommendations during the EHR modernization that includes former government, military, and private sector leaders.

"Our Veterans deserve continuous access to their medical records while in the service and afterward, whether they are seen in VA or a private health care system," said former Nebraska

Senator and Governor Bob Kerrey, who will chair the group. “I received years of treatment from VA and have firsthand experience with the challenges veterans often face when receiving care.”

Other members of the group include Former VA CEO and Assistant Secretary of Information and Technology Roger Baker and former National Coordinator and Acting Assistant Secretary for Health Karen DeSalvo, MD.

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7.3 - ExecutiveGov: Report: VA Inches Closer to Cerner EHR Devt Contract Award (3 October, Jane Edwards, 20k online visitors/mo; Tysons Corner, VA)

The Department of Veterans Affairs expects to award Cerner a contract to build a new electronic health record system for VA as early as this month, Federal News Radio reported Friday.

VA Secretary David Shulkin told members of the Senate Veterans Affairs Committee at a hearing Wednesday that the department issued to Congress a 30-day notice of contract award for the new EHR platform.

His statement came months after he announced plans in June to issue a direct solicitation to Cerner to implement the same EHR system – MHS Genesis – that the Defense Department currently deploys.

VA Press Secretary Curt Cashour told the station in an email that the department will end 80 percent of its ongoing information technology development projects over the next 18 months as part of VA’s IT strategic plan.

A source said the agency’s move to reduce its current projects seeks to help fund the implementation of the new EHR system, the report added.

Cerner collaborates with Leidos and Accenture as part an industry team that won a potential 10-year, $4.3 billion contract in 2015 to help DoD integrate a commercial EHR platform across the Military Health System.

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8. Other

8.1 - The Washington Post (AP): Tennessee mail carrier sentenced for stealing opioids (3 October, 43.9M online visitors/mo; Washington, DC)

GREENEVILLE, Tenn. — A Tennessee mail carrier who pleaded guilty to stealing at least 33 packages of medications intended for veterans has been sentenced to probation.

The Kingsport Times-News reports that Bronson Cobble was sentenced last week to three years' probation and ordered to pay $1,154 in restitution following his June plea to one count of theft of mail.

Prosecutors in a sentencing memorandum recommended a bottom-range sentence, saying his admission of guilt and request for court-appointed counsel makes him unlike most defendants and suggests a low risk of recidivism.

Court records state that between August 2016 and March, Cobble stole the packages mailed from the U.S. Department of Veterans Affairs to patients in East Tennessee and used the narcotics himself because of a severe opioid addiction.

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8.2 - The Buffalo News: Alden companies accused in fraud case agree to pay $3 million (3 October, Phil Fairbanks, 1.6M online visitors/mo; Buffalo, NY)

An Alden company used a figurehead to qualify for contracts set aside for disabled veteran-owned small businesses and on Tuesday agreed to pay $3 million to settle a whistleblower's lawsuit, according to federal prosecutors.

The monetary settlement ends a civil suit that accused Zoladz Construction Company, Arsenal Contracting LLC and Alliance Contracting, all of Alden, of recruiting a service-disabled veteran to serve as a front for Arsenal, a sham company controlled by two other individuals.

Those two men, John Zoladz of Darien and David Lyons of Grand Island, also were named in the suit and in the agreement settling allegations that they violated the federal False Claims Act. Neither Zoladz nor Lyons is a service-disabled veteran.

The government, in its suit, claimed Arsenal was a front company that had few employees of its own and relied almost exclusively on Zoladz Construction and Alliance to operate.

"Every time an ineligible contractor knowingly pursues and obtains such set-aside contracts, they are cheating American taxpayers at the expense of service-disabled veterans," said acting Assistant Attorney General Chad A. Readler in a statement.

A woman answering the phone at Zoladz said the company would not comment.

The scheme that Zoladz and Lyons carried out included false statements regarding Arsenal's qualifications for the small business program to the U.S. Department of Veterans' Affairs.

"The multi-million dollar civil judgment ensures that those involved pay a heavy price for their decision to divert to themselves resources intended for the benefit of those who have made supreme sacrifices on behalf of all," said acting U.S. Attorney James P. Kennedy.

The settlement also resolves a whistleblower lawsuit filed in 2011 by the Western New York Foundation for Fair Contracting, a labor-management group acting as watchdog on public contracts.

Under the settlement, the foundation will receive $450,000.

“The contracting companies and principals allowed greed to corrupt a federal process intended to benefit service-disabled, veteran-owned small businesses,” said Special Agent in Charge Adam S. Cohen of FBI Buffalo Field Office.

The settlement is the result of investigation by the FBI, Assistant U.S. Attorney Kathleen A. Lynch, the VA Office of Inspector General and the Small Business Administrations's Office of Inspector General.

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From: (b) (6) [redacted]

Cc:
Bcc:
Subject: [EXTERNAL] 1 October Veterans Affairs Media Summary and News Clips
Date: Sun Oct 01 2017 04:15:07 CDT
Attachments: 171001_Veterans Affairs Media Summary and News Clips.docx
171001_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.10678.164582-000001	
Owner:	(b) (6) [redacted] >
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Last Modified:	Sun Oct 01 04:15:07 CDT 2017

AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

1 October 2017

1. Top Stories

1.1 - Washington Times (AP): Prosecutors: Veteran Threatened to Kill Congressman, Staff (30 September, 24M online visitors/mo; Washington, DC)
Federal prosecutors say a New Jersey veteran who suffers from post-traumatic stress disorder threatened to assault and kill a congressman and the lawmaker's staff. Joseph Brodie allegedly made the threats via telephone and email on Sept. 15 and 19.

Hyperlink to Above

1.2 - Portland Press Herald: Maine veterans given substandard care are told it's too late to sue (1 October, Edward D. Murphy, 2.1M online visitors/mo; Portland, ME)
After crushing her ankle in a fall during ropes training at Fort Leonard Wood in Missouri, April Wood for years sought relief from the pain she endured after leaving the Army in 2004. Doctors with the Department of Veterans Affairs ultimately determined that the only way to get rid of her pain was to amputate her leg a few inches below the knee.

Hyperlink to Above

1.3 - The Day: VA groups, services tackle high suicide rates among female veterans (30 September, Julia Bergman, 440k online visitors/mo; New London, CT)
Female veterans are committing suicide at 250 percent the rate of female civilians, according to the Department of Veterans Affairs. In Connecticut, at least 10 of the 50 veterans who committed suicide in 2014, the most recent data available, were women. And that's only counting veterans receiving care at the VA.

Hyperlink to Above

1.4 - ESPN: Sean Doolittle on Bruce Maxwell, respecting veterans and defining patriotism in a polarized America (30 September, Jerry Crasnick, 429k online visitors/mo; Bristol, CT)
Long before Oakland Athletics catcher Bruce Maxwell took a knee in protest during the playing of the national anthem last weekend, Sean Doolittle was giving sincere thought to patriotic displays at baseball games and the surrounding symbolism.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - FOX News: Creators of lifesaving body armor, artificial pancreas among federal workers honored (30 September, Joseph Weber, 32.5M online visitors/mo; New York, NY)
Rory Cooper, a Department of Veterans Affairs researcher, received a Sammie for designing wheelchairs and other assistive technology equipment that has improved the mobility and quality of life for hundreds of thousands of disabled veterans and other Americans.

Hyperlink to Above

2.2 - The Hill: Trump's Cabinet and charter flights: What we know and don't know (30 September, Nathaniel Weixel, 11.8M online visitors/mo; Washington, DC)

Health and Human Services Secretary Tom Price resigned Friday following a series of public rebukes from President Trump and GOP lawmakers over his repeated use of charter and military aircraft, at public expense, for official travel. Price is far from the only Cabinet member to take private flights however, so his resignation isn't likely to stem the controversy.

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2.3 - Sun Herald: Cruise-in to salute veterans goes back to its roots with return to Centennial Plaza (30 September, Scott Hawkins, 858k online visitors/mo; Gulfport, MS)
One of the most meaningful and memorable events at Cruisin' The Coast each year is the Salute To Our Veterans cruise-ins. "The whole purpose is to have the vets enjoy the cars," said Woody Bailey, executive director of Cruisin' The Coast.

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2.4 - Herald-Mail Media: Cruise-in unites community, veterans in common passion (30 September, Richard Belisle, 158k online visitors/mo; Hagerstown, MD)
The main parking lot at the VA Medical Center shined bright in paint and chrome from a hundred sport and muscle cars, street rods, vintage Detroit autos and trucks lined up for Saturday's annual Country Roads Car Club Cruise-in. This was the third year for the event.

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2.5 - Little India: Undersecretary Poonam Alaigh Caught Up in Veterans Affairs Travel Scandal (30 September, 44k online visitors/mo; Torrington, CT)
Acting Undersecretary Poonam Alaigh and her husband accompanied Veterans Affairs chief David Shulkin and his wife on a 10-day trip to Europe in July this year, which is being criticized as a taxpayer paid holiday junket. Shuklin and his entourage attended a Wimbledon tennis match, toured Westminster Abbey and took a cruise on the Thames, all while on an official visit for meetings with Danish and British officials.

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2.6 - WOAY (ABC-50): Beckley's Inaugural VAMC Veterans Art Show (30 September, Daniella Hankey, Oak Hill, WV)
The Beckley VA Medical Center hosted its inaugural art show this Saturday at the Medical Center auditorium. The Veteran's Council planned the art show as one of its projects. Using the tag line "healing through creativity", the art show features projects that have helped Veterans to heal. Nationwide, VA medical facilities use the creative arts as one form of rehabilitative treatment to help Veterans recover from and cope with physical and emotional disabilities.

Hyperlink to Above

3. Access to Healthcare

3.1 - Times Union: What's the point of jailing this veteran? (30 September, Chris Churchill, 1.5M online visitors/mo; Albany, NY)
Scott Gilligan had just turned 26. He was a guy from Cohoes and a Navy petty officer stationed in Puerto Rico. One day, he took a drive that would change his life. Gilligan was stopped at a

light when a man walked up to his car and stuck a gun in his face. A second armed man climbed into the back seat.

Hyperlink to Above

3.2 - The Olympian: How we can help improve the quality of life for military veterans (30 September, Dr. Rachel Wood, 851k online visitors/mo; Olympia, WA)
There are many things that contribute to our quality of life here in Thurston County: where you live or work, what you eat for breakfast, or how much stress you have in your day-to-day life. It's common sense that your health affects your quality of life, but it's also true that your quality of life can affect your health.

Hyperlink to Above

3.3 - Los Angeles Daily News: L.A. veterans' health care has room to improve (29 September, Editorial Board, 883k online visitors/mo; Woodland Hills, CA)
A Veterans Administration regional health care system is more than a corner of the federal bureaucracy. It's a promise to the men and women who served this country in the military. It's part of Americans' bargain with young people who sign up for duty.

Hyperlink to Above

3.4 - La Crosse Tribune: Thanks to VA for great service (30 September, Eugene Smithart, 823k online visitors/mo; La Crosse, WI)
I recently retired from Trane after more than 40 years. As a former U.S. Marine who served in Vietnam, I was able to get coverage from the Veterans Administration to replace the health coverage Trane had provided for all those years. With all I had heard about the Tomah VA, I didn't know what to expect in the way of quality of service I would receive.

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3.5 - WHAM (ABC-13): Groundwork underway for new VA clinic in Henrietta (29 September, 817k online visitors/mo; Rochester, NY)
There will soon be a new location for local veterans to go for services and healthcare. A ceremonial groundbreaking took place Friday afternoon in the drizzle for the new VA clinic on Calkins Road in Henrietta. The 84,000-square-foot building will expand primary care services, along with mental health assessments and social work support.

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3.6 - WSBT (CBS-22): Local veterans say they're glad to see new VA clinic in Mishawaka officially open (30 September, Cassidy Wiliams, 449k online visitors/day; Mishawaka, IN)
The new St. Joseph County VA Clinic in Mishawaka is officially open. The 90,000 square foot facility offers a variety of services. The $38 million dollar project finished on time and on budget. Senator Joe Donnelly and Congresswoman Jackie Walorski were there to get a tour of the new facility.

Hyperlink to Above

3.7 - The Post and Courier: South Carolina veterans react sharply to Ken Burns Vietnam documentary (30 September, Bo Petersen, 319k online visitors/mo; Charleston, SC)

Jerry Davis won't watch the Ken Burns' documentary on the Vietnam War, he tells you. The bayonet scar still plainly shows on his eye. "I saw it 'real time' and I don't want to see what someone else thinks," said the 76-year-old Marine Corps veteran from West Ashley, who set up communications under fire on hilltops in Vietnam.

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3.8 - South Bend Tribune: Viewpoint: St. Joseph County clinic's grand opening fulfills a promise to our veterans (29 September, Sen. Joe Donnelly (D-Ind.), 274k online visitors/mo; South Bend, IN)
When we care for our veterans, we both honor their service, and we reinforce our values. Yet for too long, it was a struggle to provide veterans in our community convenient access to quality health care. Veterans from South Bend, Mishawaka, Elkhart, LaPorte and Plymouth have regularly had to make a two-hour trip to VA facilities in Chicago or Fort Wayne to see a doctor.

Hyperlink to Above

3.9 - The Herald-Dispatch: Look for these warning signs to help prevent suicide (1 October, Debbie Brammer, 192k online visitors/mo; Huntington, WV)
Thirty-nine stones lay scattered beneath the leafy branches of a young maple tree. Each stone bears the name of a loved one who was lost to suicide. Billy, Rita, Scott are among the names painted on the stones, representing both male and female, young and old, because suicide has no respect for gender or age.

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3.10 - FierceHealthcare: VA proposed rule would override state licensing restrictions to expand access to telehealth (29 September, Evan Sweeney, 140k online visitors/mo; Washington, DC)
The Department of Veterans Affairs has issued a proposed rule that would allow VA providers to treat patients in any state via telehealth, regardless of where they are licensed to practice. The proposed rule would override state licensing restrictions that the agency says are limiting its telehealth program and allow VA physicians to treat patients anywhere in the country using the VA's telehealth technology.

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3.11 - The Sun News: VA hospitals must be fixed - now (30 September, Stephen Sherwood, 140k online visitors/mo; Myrtle Beach, SC)
I have written all my senators and one congressman, and yet nothing changes with the VA hospital. I had major neck surgery in July and was prescribed four different opiates for pain. Now I cannot get anyone to prescribe any of these opiates, so along with being in pain, I am withdrawing from the opiates cold turkey.

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3.12 - The Joplin Globe: Missouri's U.S. senators note bipartisan efforts (29 September, Susan Redden, 76k online visitors/mo; Joplin, MO)
On the federal front, Missouri's U.S. Sen. Roy Blunt this week announced he and Sen. Richard Blumenthal had introduced bipartisan legislation to expand veterans' access to peer counseling specialists to better combat the risks of suicide and treat associated mental health conditions.

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3.13 - Daily Messenger: Improvements reported at Veterans Crisis Line (29 September, Julie Sherwood, 74k online visitors/mo; Canandaigua, NY)
The Veterans Crisis Line — which has been criticized for calls rolling to voicemail, dropped calls and veterans put on hold for long periods — received a glowing report Friday. U.S. Reps. Chris Collins, R-Clarence and Phil Roe, a Republican from Tennessee who chairs the House Committee on Veterans Affairs, discussed improvements following a tour of the crisis center at the Canandaigua VA Medical Center.

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3.14 - KXRM (FOX-21, Video, Updated): VFW raises concerns over VA care (30 September, Carly Moore, 60k online visitors/mo; Colorado Springs, CO)
A fallen service member has a group from the Veterans of Foreign Wars organization speaking out. Some members of the VFW are attributing his death to lack of care from the Colorado Springs Veterans Affairs hospital. The widow of the service member was left overwhelmed and unprepared. She was concerned about her financial situation and was worried she would lose her house.

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3.15 - KXRM (FOX-21, Video): Colorado Springs widow gives final salute to veteran husband who died suddenly (30 September, Sarah Ferguson, 60k online visitors/mo; Colorado Springs, CO)
The widow of a fallen Service Member left overwhelmed after he suddenly died, is able to give her husband, a Vietnam Veteran, the honorary send-off he deserves. His wife, Ute was shocked when her husband Ray Belasco suddenly passed away at 65-year's-old. Recently a local Veterans of Foreign Wars group heard the widow's story, with Members attributing his death to a lack of care from the Colorado Springs Veterans Affairs hospital.

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3.16 - Finger Lakes Daily News: VA Crisis Line Reports Improvements in Call Handling (30 September, Joe Lasky, 53k online visitors/mo; Geneva, NY)
The Daily Messenger reports Congressman Chris Collins and Tennessee Representative Phil Roe toured the facility Friday, and reported that only 1.3% of calls are now rolling over to a backup center, with 99% of calls answered within 8 seconds.

Hyperlink to Above

3.17 - Inquirer.net: US lawmaker files bill for full benefits for Filipino WWII veterans (29 September, 14k online visitors/mo; Daly City, CA)
Congresswoman Jackie Speier (CA-14) introduced H.R. 3865, the Filipino Veterans Fairness Act of 2017 on Thursday, September 28. During World War II, about 250,000 Filipinos volunteered to fight alongside U.S. troops. As citizens of a commonwealth of the United States before and during the war, Filipinos were legally American nationals.

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3.18 - Montgomery Herald: VA awards grants to help at-risk Southern W.Va. vets, families (29 September, 7k online visitors/mo; Montgomery, WV)
Earlier this month, the Department of Veterans Affairs (VA) announced it has awarded $343 million in grants to 288 nonprofit organizations to help low-income veterans and their families. More than $2 million will go towards a community partner that assists veterans across the state, including southern West Virginia. The grants were awarded under VA's Supportive Services for Veteran Families (SSVF) program.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - WFED (AM-1500): Major changes coming to DoD's TRICARE system Jan. 1 (29 September, Jared Serbu, 831k online visitors/mo; Washington, DC)
The Defense Department published new rules Friday that will make significant changes to the health insurance system that serves military family members and retirees on Jan. 1, altering the structure and fees of benefit plans, and, according to Defense health officials, making care more accessible.

Hyperlink to Above

7. Supply Chain Modernization – No Coverage

8. Other – No Coverage

1. Top Stories

1.1 - Washington Times (AP): Prosecutors: Veteran Threatened to Kill Congressman, Staff (30 September, 10.8M online visitors/mo; Washington, DC)

CAMDEN, N.J. — Federal prosecutors say a New Jersey veteran who suffers from post-traumatic stress disorder threatened to assault and kill a congressman and the lawmaker's staff.

Joseph Brodie allegedly made the threats via telephone and email on Sept. 15 and 19.

Prosecutors say the 38-year-old Millville man was initially arrested on weapons charges Sept. 20 after state police went to his home to do a welfare check. They say Brodie fled out the front door with an assault rifle and tried unsuccessfully to fire it.

Brodie was charged Friday with threatening to assault a U.S. official. But the name of the congressman has not been disclosed.

Authorities say Brodie contacted the lawmaker to complain about a Department of Veterans Affairs clinic

It wasn't known Saturday if Brodie has retained an attorney.

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1.2 - Portland Press Herald: Maine veterans given substandard care are told it's too late to sue (1 October, Edward D. Murphy, 2.1M online visitors/mo; Portland, ME)

After crushing her ankle in a fall during ropes training at Fort Leonard Wood in Missouri, April Wood for years sought relief from the pain she endured after leaving the Army in 2004.

Doctors with the Department of Veterans Affairs ultimately determined that the only way to get rid of her pain was to amputate her leg a few inches below the knee.

But less than a year after the amputation, officials at the VA hospital in Togus, where she was initially treated, called her in to admit that her care there was substandard and the reason for her amputation was, at least in part, due to the poor care she had received at the Maine VA hospital, which has 230 doctors and serves 42,000 veterans annually.

“I was sitting there crying because, up to that point, I thought maybe my bones just cracked and there was something wrong with me,” said Wood, who is no longer able to work because of her disability. “They said, ‘No, your doctor sucked.’ ”

Now, Wood and five other Maine veterans are suing, claiming that the VA fraudulently concealed that a podiatrist at the VA hospital in Togus gave them substandard care, subjecting them to years of pain that hospital officials now say could have been avoided. Their case is currently before U.S. District Judge Jon D. Levy in Portland, who will decide whether the lawsuits can move forward.

Federal lawyers, however, have moved to dismiss the cases, arguing that the veterans waited too long to file the suits, even though the VA has admitted that the podiatrist, Dr. Thomas Franchini, provided poor care and the VA took years to notify the veterans that there were problems in their treatment.

The suits come against a backdrop of sharp criticism of the Department of Veterans Affairs over the standards of care given to veterans, including issues such as monthslong wait lists for care and mismanagement that led to veteran deaths.

The first suit was filed by Wood, now 42, a Maine native now living in Missouri, who was in Army basic training in early 2004 when she fell about 20 feet from the ropes course, smashing her ankle. Franchini, who treated her after her honorable discharge and is now in private practice in New York, performed surgery on Wood twice. Neither surgery provided any relief from the pain, and she eventually underwent the amputation, performed by other surgeons in 2012.

VETS CITE PAIN, LACK OF MOBILITY

The suits filed by the five other veterans have since been combined with Wood's and allege the same lack of effective treatment by Franchini, although no one else was subject to such a drastic remedy as Wood's amputation. Franchini's treatment of the other vets included plates and screws inserted into their feet and ankles – with some of the hardware allegedly incorrectly placed – joints fused improperly and bones from other parts of their bodies implanted poorly, the suits say.

All of the vets said they have limited mobility, and pain in their feet, ankles and legs. In some cases, doctors outside the VA system have recommended additional procedures, but the vets fear those operations will only worsen their conditions.

Jack Downs, 77, of Fairfield said doctors have told him further surgery would worsen the osteoarthritis in the foot that Franchini operated on in 2008.

The Marine Corps veteran said he can feel one of the screws that Franchini inserted during that surgery. He still suffers numbness in his foot, and pain that shoots up his leg to his hip when he walks or drives.

But, he said, "I'm afraid if they take the screw out, my foot will collapse."

Franchini began working at Togus, the oldest veterans' facility in the country, in 2004 after a career as a Navy doctor – in fact, one of the people suing him was treated for a different ailment by Franchini in Rhode Island while both were in the Navy. Franchini is still a licensed podiatrist, even though he resigned from the VA after the agency told him to step down or he would be fired in early 2010, according to Chris Cashour, a spokesman for the VA.

In addition to substandard care, a VA investigation said it appeared that Franchini was "falsifying some medical records," according to an affidavit filed in the veterans' suits by Yuri Walker, the VA's director of risk management.

Franchini is now listed as one of three doctors in a private podiatry practice on Fifth Avenue in New York City. His Maine podiatrist's license lapsed in 2011, but he has an active New York license. Records in both states show that there have been no complaints filed against him, although Cashour said the VA has "broad authority" to report doctors in cases where care was

substandard or caused injuries. Cashour would not say whether the VA reported Franchini to medical boards, citing privacy laws.

DOCTOR DEFENDS HIS TECHNIQUE

In most cases in Maine and New York, complaints that have not been validated are not recorded in state licensing records available to the public.

Through a representative of his office in New York, Franchini said he would not comment on the suits, and the government, not Franchini, is named as the defendant.

However, in a 2016 post on his personal blog, he complained that the review of his performance at Togus came about after one patient complained, although the VA said it was an official with the hospital who raised concerns about the doctor's care. That complaint, Franchini said, led to a "second wave" in which VA officials reviewed the care for more than 100 of his patients. He alleged the VA review only found that his record-keeping was deficient, not his surgical techniques or patient care, although the VA called in dozens of patients in January 2013 to admit that the care provided by Franchini was subpar.

Letters were sent at that time to Franchini's patients in what the VA terms a "large-scale disclosure event," but Franchini described the complaints as unfounded.

"Now the true fact (is) that my notes were brief, but not my care," Franchini wrote in his blog, in which he also complains about the difficulty of finding a new job. "They could not find something that was wrong other then (sic) brief note-taking."

In an affidavit filed in one of the suits last week, Franchini again denied that his care was subpar and said he tried to give his patients "accurate and truthful information" about their conditions and the results of his surgical procedures.

Vets and politicians have been critical of the quality of the care provided by the VA nationwide. The criticisms include allegations of mismanagement that led to veteran deaths, wait times as long as six months for VA hospital care, and VA officials' attempts to hide substandard care. In 2014, auditors discovered that employees at 110 VA facilities kept secret waiting lists to hide the delays veterans faced when seeking care. In July, Veterans Affairs Secretary David J. Shulkin fired two top officials at the Manchester, New Hampshire, VA Medical Center and ordered a review of the hospital.

Legislators and advocates have since pushed to reform the VA medical system, including changes that would make it easier for vets to see doctors outside the VA system or go to hospitals nearer to their homes.

The VA began examining the care it provided in recent years and rated the hospitals it ran on the quality of care offered.

TOGUS WAS RATED 2 oN A 5 SCALE

A critical report in 2015 commissioned by the Office of the Inspector General in the U.S. Department of Veterans Affairs found scheduling problems at Togus mirroring those at veterans hospitals nationwide, saying employees didn't enter appointment requests for some patients who weren't willing to be seen within 14 days, the VA benchmark for a comprehensive

examination for first-time patients. Employees were directed at times not to log referrals in their computerized system.

In 2016, care at Togus was rated a 2 on a 5-point scale, with 1 the lowest rank and 5 the highest. The rankings used some of the same variables used to evaluate other hospitals, such as surveys of patient experiences and outcomes, complications, readmissions and deaths, as well as some measures more geared toward VA hospitals, such as access to care and the quality of mental health care.

The VA rankings said Togus has made a “large improvement” from 2015, the baseline year for the rankings.

“We are proud of our improvements in all of our care programs, including podiatry,” said Ryan Lilly, director of the VA Maine Healthcare system.

The suits, however, allege that Franchini provided substandard care from early on in his tenure at the hospital.

Andy Korsiak, 58, who settled in Maine after he was assigned to Brunswick Naval Air Station, said he suffered for years from a bone spur that was pressing into his Achilles tendon. He went to Togus, where Franchini recommended surgery. The day of the operation, Korsiak said, Franchini decided at the last second to also remove a second bone spur lower on his heel that had not been causing any problems.

“We’re going to be in there, why don’t we do that as well?” Korsiak said he was told by Franchini.

He never saw Franchini again after the surgery in 2007, Korsiak said. A nurse removed his stitches and essentially sent him on his way.

Korsiak, who lives in Troy, said he still deals with pain and problems resulting from the surgery. A VA doctor in Massachusetts found bone fragments left behind in his ankle and heel, Korsiak said, but “there was absolute silence from the VA” until six years later, when the VA wrote to say there may have been problems with his care by Franchini and asked him to return to Togus to discuss his case.

The other cases contain similar accusations, but the most egregious appears to be Wood’s.

Wood said joining the Army was a lifelong dream. But she reluctantly accepted an honorable discharge in September 2004 when the Army determined that her effectiveness as a soldier would be reduced because of the injuries she suffered in the fall. After her discharge, she went to Togus to deal with continuing problems in her ankle and was assigned to Franchini for care.

“He said he could fix it,” she said of her ankle, and she believed him.

Franchini operated to fuse the ankle joint to reduce the movement of the joint, surgery that took four hours instead of the two she had been told to expect. A metal plate and eight screws were inserted into her ankle, she said, but after the surgery, Franchini told Wood and her family said that he wasn’t sure of a good outcome because she had “mushy bones,” Wood said.

When the pain didn't subside, Franchini operated again to insert more screws to immobilize the joint. When that failed to provide relief, Wood consulted VA doctors in Massachusetts, who decided to remove all the hardware Franchini had inserted and put in a piece of bone from a cadaver and more screws.

But in 2012, another VA doctor performed the amputation after the determination was made that it was the only way to alleviate the constant pain Wood was experiencing.

In early 2013, she was called back to Togus to discuss her case, where officials told her that Franchini's care was substandard.

Ultimately, the VA determined that her care had resulted in a full disability. Wood said she no longer works outside her home, but makes a few hundred dollars a year writing adult romance books.

BETRAYED BY THE SYSTEM

Timothy Mansir, now 36, injured his foot after falling while in Iraq with the Marine Corps. After he was discharged in 2007, he went to the VA, where Franchini diagnosed an unstable ankle and performed an ankle reconstruction in 2008.

Finally, he saw a podiatrist who lived down the street from him in Oxford. A surgical procedure that doctor performed helped some, Mansir said, but "my ankle was severely messed up."

Finally he was called in to Togus in 2013, where VA officials told him that Franchini's initial care was to blame and the ankle reconstruction was "overly aggressive."

Mansir has since had additional surgeries by doctors outside the VA system, but still experiences pain and said he feels "hurt and betrayed" by the system. Mansir said he worked as a commercial electrician and then a testing technician, but he lost both jobs when the pain interfered with his work. He still has a severe limp, has to take frequent breaks when he walks and lives with his wife on Social Security and military disability.

"I held up my end of the bargain and went and served my country, and I expected to be taken care of," he said. Being told that his care was substandard "was like a huge slap in the face."

Mark Prescott said pain that developed in his regular runs led him to seek help, initially while on active duty in the Navy and later as a veteran.

He said he had always been a runner, which continued after he joined the Navy out of high school in 1983. But in the late 1990s, Prescott started experiencing pain in his ankle and learned he had broken a bone in the joint years earlier and never had it treated. He had surgery twice while still on active duty and then was treated at Togus after retiring.

"He had a very good bedside manner," Prescott said of Franchini. "He was always available to talk to and seemed like a guy you wanted to hang out with." Prescott noted, however, that Franchini never seemed to write anything down.

Franchini operated on Prescott twice, transplanting a piece of bone taken from his foot into his ankle to stabilize it, but Prescott only experienced more pain. Franchini gave him a brace,

Prescott said, but he was unable to use it because he had to tighten it on the inside of his ankle, which caused too much pain.

Still, Franchini told him he was “progressing normally,” the suit alleges. Prescott said he never suspected anything might be amiss until VA officials told him that he might not have been treated well.

A doctor from the VA in Boston showed him an X-ray that, he said, indicated that Franchini had overly tightened the piece of transplanted bone, creating a ridge that caused his pain, Prescott said.

KICKED WHEN YOU’RE DOWN

Like the others, Prescott was told he could file a claim with the VA that might result in a finding of a greater disability with an increased pension and guarantee of care going forward. That claim was rejected.

“They admitted that they had harmed me, but the other office said, ‘Well, there’s nothing we’re going to do for you,’ ” Prescott said. “That’s sort of like kicking you when you’re down. To listen to the government, they should have known that we were improperly treated.”

In his suit, veteran Kenneth Myrick of South Portland said Franchini operated on his ankle at Togus in 2005 but he continued to experience “severe pain” in his left leg after the procedure despite additional surgeries at the VA in Boston. The VA told him in 2013 that the original surgery by Franchini resulted in “nerve entrapment,” which Franchini and other doctors failed to see in examinations after the original surgery. Franchini’s original surgery was “substandard,” the VA told Myrick.

Both Myrick and his lawyer, David Kreisler, have declined to comment on the suit.

Downs, the Marine from Fairfield, said his issues with the care provided by the VA go beyond the surgery Franchini performed on his foot in 2008.

Downs, who served in the Marine Corps for two years in the late 1950s, said the top of his foot had collapsed. Franchini told him it could be fixed by fusing a bone and operated in 2008.

Downs had follow-up appointments during which X-rays and scans were taken, but when Downs and his wife moved to Florida, Franchini didn’t contact him and never got in touch with VA doctors in Florida. According to his suit, the X-rays and scans indicated that the fusion had not succeeded and that a screw might have been improperly placed, but Downs was never told about those findings.

After the couple moved back to Maine, Togus officials told Downs that his care may have been inadequate and an outside doctor told him that the metal plate Franchini put in was too small to allow the bones to fuse.

Now, Downs – who used to walk 5 miles a day – suffers numbness in his foot when he tries to walk. If he drives, the pain starts in his foot and then travels up his leg to his hip.

Downs said he thinks Franchini never ordered physical therapy for him because he knew the therapists would discover that the surgery wasn’t right.

After the surgery, Downs said, he believes the VA dragged its feet on informing him and other Franchini patients that their care might was substandard in order to run out the clock on time limits for filing a suit.

“I truthfully feel they stalled me,” he said. “I was being stalled by the VA.”

WHEN DOES THE TIMER START?

Levy, the judge over the ongoing cases, ruled in February 2016 that Maine’s three-year time on malpractice suits is a “statute of repose,” meaning the window of time on when the plaintiffs can file suit starts from when the alleged malpractice occurred. For most of the vets, their surgeries were performed in the mid- or late-2000s.

Attorneys for the veterans argued that the VA should be tried under a federal malpractice law with a two-year limit, but a clock that begins to run when the patients discover they may have received substandard care. The six vets were told by Togus officials in January 2013 that their care might have been substandard and most filed their suits within a year.

In his ruling in early 2016, however, Levy allowed the veterans’ lawyers to pursue a claim that the VA had “fraudulently concealed” the findings of poor care, which would allow the suits to move ahead, regardless of the time limits. He’s expected to rule in October or November.

Togus officials have admitted that they took a long time to disclose the findings of their investigation into Franchini’s cases, but deny that they did so on purpose to limit the veterans’ ability to sue.

Dr. Timothy Richardson, the former chief of staff at Togus, said he ordered another doctor to review Franchini’s cases after a compensation and pension examiner raised concerns in early 2010. In an affidavit filed in the case, Richardson – who was demoted as chief of staff over the length of time it took to review the Franchini cases – said the pace of the review and notification of patients was “admittedly slow” and said he should have devoted more resources to investigating Franchini’s cases.

But it wasn’t a ruse, he said.

“At no time during the process did I ever deliberately delay the reviews to minimize or avoid potential legal liability from any claims that patients might assert against the Togus VAMC,” Richardson said. “In fact, I never once considered the applicability of any statute of limitations to those claims, and had never even heard of the ‘statute of repose’ until the government raised the issue in the pending lawsuits. Based on my own personal experience, the issue of ‘timing’ or ‘time limits’ for potential tort claims was never discussed by anyone at the Togus VAMC. Nor did anyone say or even suggest that we should ‘conceal’ the results of our reviews from patients.”

Walker, the VA’s director of risk management who was involved in the Franchini investigation, also denied that the review was deliberately delayed.

U.S. attorneys in Portland who are defending the government in the suit said they had no comment because the case is in active litigation.

David Lipman, who represents Wood and Prescott, said the VA's argument, boiled down, is "we didn't fraudulently conceal it, we incompetently concealed it."

"That's just so frustrating and ridiculous," said Celine Boyle, of the Shaheen and Gordon law firm, who represents Korsiak, Downs and Mansir.

Both Lipman and Boyle indicated that they will likely file appeals if Levy's next ruling, on the fraudulent concealment claims, goes against them. In that case, they would likely appeal the ruling that the time limit is a statute of repose and that the state law, rather than the federal statute, should be followed in determining filing deadlines.

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1.3 - The Day: VA groups, services tackle high suicide rates among female veterans (30 September, Julia Bergman, 440k online visitors/mo; New London, CT)

Female veterans are committing suicide at 250 percent the rate of female civilians, according to the Department of Veterans Affairs.

In Connecticut, at least 10 of the 50 veterans who committed suicide in 2014, the most recent data available, were women. And that's only counting veterans receiving care at the VA.

Nationally, the suicide rate for female veterans from 2001 to 2014 increased by a greater degree than the suicide rate among male veterans.

The data was part of an update to a 2016 VA report that analyzed more than 55 million records from 1979 to 2014, the most comprehensive look at veteran suicides in the U.S.

Women are one of the fastest growing groups of veterans. Of Connecticut's 200,000-plus veterans, more than 16,500 are female. The number of female veterans in the state has grown by 10 percent in the past five years.

A 2016 survey of active-duty women and female veterans by the Service Women's Action Network found that they view gender bias as a major obstacle to success, and feel underappreciated by society. They listed their top community challenge as access to women-specific health care.

"I often hear from women 'I just wish I could meet other women veterans. I don't know how to meet other women veterans,'" said Lynette Adams, women veterans program manager at VA Connecticut. "Social support is a really large protective factor for people at risk of suicide."

As more women are entering the military, there may be an increase in the number of women accessing care at the VA. That, in turn, allows the VA to continue to build more programs geared toward women, Adams said.

From 2001 to 2014, the suicide rate for female veterans overall increased, but the rate decreased by 2.6 percent for those accessing services at the VA.

About 25 percent of female veterans in Connecticut are enrolled at the VA. This number has increased steadily over time, according to Adams, but there's still a large percentage of female veterans who are not going to the VA in Connecticut.

The VA, on a national level, has stepped up its outreach to women, letting them know about resources and programs specific to them. And it has "greatly expanded" its women-specific programming in the past five to 10 years, according to Adams.

"So I hope one of the reasons for those (VA enrollment) numbers going up is that women are realizing 'the VA can provide me with the gender-specific services that I need,'" she said.

There's a women veterans liaison at each of the VA's veterans centers in Connecticut, for example. And there's a number of mental health programs for women, such as support groups.

A few years ago, there was one only one group at the Connecticut VA for women who've experienced sexual assault or sexual harassment during their military service, commonly referred to as military sexual trauma or MST. A recent VA study found the rate of suicide to be higher among women who've experienced military sexual trauma.

Today, there are three such support groups.

"We find that women who are able to engage in these gender-specific programs are happier with their care," Adams said.

These programs can also provide female veterans with the social support that they might otherwise feel that they don't have, she added.

While the VA has expanded its offerings for women, veteran organizations are lacking in this regard, an op-ed written recently by two female veterans points out. The SWAN survey found that 71 percent of female veterans don't belong to a veterans service organization, and 30 percent said they don't feel welcome in existing veterans organizations.

A 2015 law directed the Connecticut's Department of Veterans Affairs, within existing resources, to create a women veterans program to let them know about federal and state benefits and services and to study their unique needs. A group meet twice that year, but hasn't met since, according to Emily Hein, spokeswoman for the state's Department of Veterans Affairs.

As was the case back then, the department's Office of Advocacy and Assistance has three female veteran services offices who act as liaisons for female vets, Hein said.

The national Women Veterans Hotline is 1 (855) VA-WOMEN (829-6636). The website is www.va.gov/WOMENVET.

For free, confidential support for veterans in crisis, call the Veterans Crisis Line at 1 (800) 273-8255 and press 1, or text to 838255, or chat online 24 hours a day at www.veteranscrisisline.net.

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1.4 - ESPN: Sean Doolittle on Bruce Maxwell, respecting veterans and defining patriotism in a polarized America (30 September, Jerry Crasnick, 429k online visitors/mo; Bristol, CT)

Long before Oakland Athletics catcher Bruce Maxwell took a knee in protest during the playing of the national anthem last weekend, Sean Doolittle was giving sincere thought to patriotic displays at baseball games and the surrounding symbolism.

Doolittle, who played with Maxwell in Oakland before being traded to the Washington Nationals in July, is the product of a military family. His father, Rory, served in the Air Force for 26 years and currently teaches aerospace science to high school ROTC students in New Jersey.

During his time in the majors, Doolittle has become a strong advocate for veterans and used his visibility to help them with everything from housing and employment to substance abuse-related issues. In May, Doolittle and his fiancée, Eireann Dolan, wrote a Sports Illustrated op-ed piece to raise awareness of the plight of veterans with "bad paper"-- those who've fallen through the cracks and failed to receive care after less-than-honorable discharges from the military because of alleged misconduct.

Doolittle and Dolan have also taken an interest in lesbian, gay, bisexual and transgender issues, and in November 2015 they hosted 17 Syrian refugee families for Thanksgiving dinner in Chicago. The Athletics nominated Doolittle for the Branch Rickey Award in 2013-2014 and the Roberto Clemente Award in 2016.

During a stop in Philadelphia this week, Doolittle shared his thoughts on the furor swirling around athletes and the national anthem in a conversation with ESPN.com.

Were you surprised when you saw Bruce Maxwell take a knee in Oakland?

Sean Doolittle: "I was a little bit surprised, mainly because it was a young guy that did it -- a guy that still has so much to prove in this league and so much to lose at the same time. [It's harder] for a guy like that to put himself out there. I hope we get to a point whether people agree with him or not, or wherever they fall on the issue, they can respect somebody for standing up for what they believe in."

What did you learn about Maxwell during your time in Oakland?

SD: "He's a very thoughtful guy. He's really matured a lot as a person and a player over his last couple of years. He had some big league time and got to be around some really good veteran guys in that clubhouse who really helped his development. He has talent, and he's starting to mature and work really well with that pitching staff.

"Bruce is a super nuanced guy. We want to put people in boxes. Words like 'conservative' or 'liberal' or 'Republican' or 'Democrat' have become pejoratives that people use to define and use against other people now. We want to label them before we even get to know them."

There has been a lot of conversation about how NFL and NBA players have jumped into the political fray while baseball players have remained largely silent. Some people point to the racial makeup of MLB rosters or the game's established clubhouse culture. What do you think?

SD: "I have theories, but I don't know. It's touchy."

Does it strike you that the national anthem is becoming such a flash point for debate?

SD: "A lot of these questions are being posed to people for the first time, like, 'What does it mean to you to stand for the anthem?' I think if you asked 10 people, you might get 10 different answers. You might see one guy standing at attention and other people walking around the concourse buying food or whatever."

What does the playing of the national anthem mean to you personally?

SD: "I came from a military family, so there are a lot of things I think about when the anthem is playing. One thing that bothers me is the way that people use veterans and troops almost as a shield. They say that's the reason they stand and that veterans deserve to be honored and respected during the anthem. But where is that outrage in taking better care of veterans? The most recent statistics say that we still lose 20 veterans to suicide every day.

"If you want to have that conversation, if that's your reason for standing, then let's talk. Let's have a conversation about putting that into action, because they deserve a heck of a lot more than people standing at attention during the flag or giving them discounts on food or hotels.

"It's really nice that we honor them at games sometimes. They'll bring a veteran on the field and he'll get a standing ovation, and that's important. We're in the 16th or 17th year of this war [in Afghanistan], and it keeps a reminder that we are still a country at war. But we need to follow through on those thoughts and actions."

How are you involved personally?

SD: "My fiancée and I do a lot of work with veterans' issues. Earlier this year, we wrote an op-ed that ran in Sports Illustrated about some of the things we found regarding veterans being wrongly excluded from VA care at a time when they're experiencing a mental health crisis and a suicide epidemic the way they are now. We need to be figuring out ways to expand VA care to take better care of veterans.

"We've worked very closely with three big organizations. We've also gotten closely connected with people in and around D.C. When we were writing the op-ed, we talked to policy makers and policy groups about it. We've learned a lot about veterans' issues and we stay super informed about it. Anytime people use vets and the military as a political football or a prop, it's kind of bothersome.

"The VA works, it really does. For some of the negative press they've gotten in the past few years, when the veterans are able to access it, it really works and saves lives, because they're the ones that are really equipped to handle the unique needs that veterans have."

Do you think there's a distinction to be made between symbolism and action here?

SD: "I don't want it to be a hollow gesture. I think it's a very valid reason to stand for the anthem. But if people are going to point to veterans and use them as the reason, then let's follow through on that.

"There are a lot of veterans being left out. It takes more than standing for the anthem or 'God Bless America' to stand up for them in a [real] sense. As long as we have a volunteer-only military, a lot of the responsibility falls on the general public to make sure they're getting the care

they need when they're done with their service. The veterans raise these questions with Congress and policymakers, but it's going to take the general public to raise their voices in order to really move the needle."

Some people say that athletes who kneel are disrespecting veterans and their service. Others maintain that veterans have fought to give people the right to peacefully protest in such a manner. Can you understand both arguments?

SD: "I worry sometimes in this country that we conflate patriotism exclusively with love of the military and militarism and the strength of our armed forces. That's not the only way that you can be patriotic.

"People draw a direct line between the national anthem and the military, or patriotism and the military. But there are a lot of things that we're not doing for veterans."

Have you seen any positive changes since you've been doing advocacy work for veterans?

SD: "It's getting better. [Veterans Affairs] Secretary [David] Shulkin, who was appointed last year, is doing a good job. But it's almost like we have to capture some of the momentum so that we don't lose any of that progress. He said his priority is bringing down the suicide numbers and reducing that rate."

Can the current debate be a "teachable moment"?

SD: "I think it's important to realize that the players who are protesting aren't protesting the anthem. They're not protesting the flag. People kind of move the goalposts on them and try to tell them what they're protesting. But as they keep saying, that's not what they're protesting."

As someone who stands for the anthem, what's your response to athletes who kneel?

SD: "I think American democracy is strong enough to have that conversation. I think my patriotism is strong enough to not be offended when somebody takes a knee during the anthem. That's not something I take personally. It's something that makes me want to reach out to that person and have a conversation with them and say, 'Let's talk about some of these issues. Tell me about certain things that have caused you to take such a stand.'

"I want to have these conversations with guys like Bruce Maxwell and guys in other leagues, and maybe someday we can get to a point where we give them a reason to stand, and they're proud to stand along the other guys that are standing."

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2. Veteran and Employee Experience

2.1 - FOX News: Creators of lifesaving body armor, artificial pancreas among federal workers honored (30 September, Joseph Weber, 32.5M online visitors/mo; New York, NY)

Marine Corps engineer Flora Jordan was honored this week at a Washington, black-tie gala for creating body armor that’s nearly half the weight of older models yet equally protective.

While humbled for winning the 2017 Service to America Medal, Jordan admitted that her mind was already focused on next-generation armor that will better help soldiers in combat and keep them healthier.

“This is so humbling, especially among all the accomplishments being recognized here,” Jordan, the youngest recipient of the award, formally known as the Samuel J. Heyman Service to America Medal, said Wednesday at the awards ceremony, inside the neoclassic Andrew W. Mellon Auditorium on Constitution Avenue.

The 28-year-old Jordan said she and others at Marine Corps Systems Command in Quantico, Va., are now working on integrating the award-winning vests with other solider-gear like helmets and hydration packs “in a more holistic way,” which she said will also help with back and shoulder problems.

The annual gala, in which hundreds of not-so-famous federal employees pay tribute to coworkers’ vital-yet-frequently-unheralded efforts, was not without star power and laughter this year.

Award-winning writer Michael Lewis -- who’s had several books turned into movies -- was among those who spoke at the ceremonies, known around the nation’s capital as the “Sammies.”

“This is way more efficient” than the Oscars, Lewis said in a nod to federal workers’ pride in no-waste efficiency.

Joshua Van Eaton, a Justice Department attorney honored with EPA investigators Phillip Brooks and Bryon Bunker for their lead work in the 2016 Volkswagen emission case, thanked Robert Muller for his efforts in negotiation the landmark, $17.4 billion settlement with the German automaker.

The case, in which the company rigged more than a half-million vehicles to evade pollution regulations, also led to billions more in civil and criminal penalties.

“It should be obvious why I’d want to stay in (former FBI Director) Mueller’s good graces,” Eaton said about Mueller, who now leads a Justice probe into whether Trump campaign officials colluded with Russia in the 2016 White House race.

“Our nation relies on dedicated public servants like those we honor here tonight,” Max Stier, president and CEO of the nonprofit, nonpartisan Partnership for Public Service, which runs the awards program, said in joint statement with Tom Bernstein, the partnership’s chairman.

This year’s lifetime achievement award went to Dr. Tedd Ellerbrock from the Centers for Disease Control and Prevention.

Ellerbrock played a vital role in building, expanding and improving the U.S.-led program that provides medicine and assistance to 11 million people worldwide living with HIV/AIDS.

Like many who won awards, Ellerbrock thanked his wife and family for their support and acknowledge how their work forced them to miss so many dance recitals and youth soccer games.

Ellerbrock said about his wife, “Without Pamela, I wouldn’t be here today. Thank you for your love and support.”

The other 2017 winners were the FDA’s Courtney Lias and Stayce Beck who paved the way for the first artificial pancreas device to receive agency approval, three years faster than expected, which has helped those living with Type 1 diabetes.

Timothy Camus, a Treasury Department inspector general, and the IRS Impersonation Scam Team won for leading a multi-agency investigation and public awareness campaign to stop a massive fraud that conned thousands of Americans into paying millions of dollars in bogus tax bills.

Alex Mahoney and the Middle East Crisis Humanitarian Response Team for leading the U.S. humanitarian relief effort in war-torn Syria and parts of Iraq -- delivering food, medicine, safe drinking water and other assistance to millions of victims.

Rory Cooper, a Department of Veterans Affairs researcher, received a Sammie for designing wheelchairs and other assistive technology equipment that has improved the mobility and quality of life for hundreds of thousands of disabled veterans and other Americans.

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2.2 - The Hill: Trump’s Cabinet and charter flights: What we know and don’t know (30 September, Nathaniel Weixel, 11.8M online visitors/mo; Washington, DC)

Health and Human Services Secretary Tom Price resigned Friday following a series of public rebukes from President Trump and GOP lawmakers over his repeated use of charter and military aircraft, at public expense, for official travel.

Price is far from the only Cabinet member to take private flights however, so his resignation isn’t likely to stem the controversy.

Here’s what we know, and what we don’t know.

Who is involved?

There are at least four Cabinet secretaries under fire for their use of charter or military flights.

Price was the most extreme case, as his flights cost taxpayers about $1 million, according to estimates by Politico.

The Treasury Department inspector general is reviewing department head Steven Mnuchin’s use of a private jet in August, as well as why he requested a government plane to take him and his wife, Louise Linton, on their European honeymoon.
Environmental Protection Agency Administrator Scott Pruitt has also been using private planes for government duties. The Washington Post reported on Wednesday that Pruitt’s private flights have cost taxpayers more than $58,000.

On Thursday, Politico and The Washington Post reported Interior Secretary Ryan Zinke took a $12,000 charter flight aboard a plane owned by oil-and-gas executives.

They also reported on at least three other occasions of private jet travel since Zinke was confirmed, including to the Virgin Islands, before hurricanes Irma and Maria hit.

Veterans Affairs Secretary David Shulkin is also coming under scrutiny for combining personal travel in Europe with an official trip, all paid for with taxpayer money. While Shulkin flew commercial, the government paid for both he and his wife's flight and a per-diem for both their meals.

The trip also came less than two weeks after he signed a memo instructing top VA staffers to determine whether “employee travel in their organization is essential.”

Apologizing might not be enough

Price apologized for his decision and offered to pay back tax payers for the cost of his seat on his private flights.

That wasn’t enough to stem the controversy or the president’s ire.

Zinke on Friday was more combative, telling an audience at the Heritage Foundation that the outrage was “a little B.S.”

Mnuchin hasn’t apologized either, and on Thursday he declined to promise that he would only ever fly commercial.

“I can promise the American taxpayer that the only time that I will be using mil air is when there are issues either for national security or we have to get to various different things where there's no other means,” Mnuchin said on CBS “This Morning.”

Price’s pledge to pay back “his share of the travel” amounts to $51,887.31. According to Politico, which broke the stories about his private flights, Price took at least 26 flights on private jets at an estimated cost to the taxpayers of over $400,000.

On Thursday night, Politico reported that the White House approved flights on U.S. military aircraft to travel to Europe, Asia and Africa for official events, at a cost of more than $500,000.

Congressional Republicans are taking notice.

Price’s trips managed to earn bipartisan outrage.

Democrats were fuming, but Republicans also gave him a dressing down.

“[Everything] that happens around here is based on appearances. And if it just appears wrong, don't do it,” Sen. Lisa Murkowski (R-Alaska) told reporters this week.

Sen. John Kennedy (R-La.) had harsher words.

“Taking these charter flights, playing the big shot on the taxpayer's dime when you can go by bus or train or regular commercial air, can't put lipstick on this pig,” Kennedy said Thursday on Fox News Channel’s “America’s Newsroom.”

More broadly, the charter flights by Cabinet members are also the subject of an investigation by the House Oversight Committee.

Judiciary Committee Chairman Chuck Grassley (R-Iowa) on Thursday urged Trump to curb the spending of Cabinet secretaries.

He called on Trump to “emphasize to cabinet secretaries the necessity of using reasonable and cost-effective modes of travel,” especially “considering the many travel options to and from Washington, D.C.”

Will the flights cost anyone else their jobs?

Trump was reportedly incensed at Price for being a distraction, and was annoyed the reports about Price’s air travel have undercut his “swamp draining” image.

But there was also speculation that Trump blamed Price for the failure of Congress to repeal ObamaCare.

If tax reform suffers a similar fate, one couldn’t blame Mnuchin for being worried.

On the other hand, Mnuchin is a confidante and friend to Trump. Price was seen as a loyalist to Vice President Pence, and lacked a more personal connection to Trump.

Trump has also been cleaning house at the VA, firing more than 500 employees since he took office. It’s not clear yet how the latest scandal will impact Shulkin.

Zinke has already come under fire from Democrats, and his initial defense shows he may be painting the issue as a partisan attack, which doesn’t necessarily reflect poorly on Trump.

Trump has also been trying to combat the image of a White House in chaos, and while the scandals have not gotten positive cable news coverage, more staff resignations or firings could be even worse.

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2.3 - Sun Herald: Cruise-in to salute veterans goes back to its roots with return to Centennial Plaza (30 September, Scott Hawkins, 858k online visitors/mo; Gulfport, MS)

One of the most meaningful and memorable events at Cruisin’ The Coast each year is the Salute To Our Veterans cruise-ins.

“The whole purpose is to have the vets enjoy the cars,” said Woody Bailey, executive director of Cruisin’ The Coast.

This year, the event, which features Cruisers converging on the location to honor veterans, will be held 10 a.m. to 2 p.m. Tuesday, Oct. 3, at Centennial Plaza, 200 E. Beach Blvd., Gulfport. In recent years, it has been held at the Biloxi VA facility.

“The change of venue is going back to its original roots,” Bailey said.

Prior to Hurricane Katrina, the event was held under the oaks at the old Veterans Affairs facility at Centennial Plaza, which is now Cruise Central, but after the storm damaged the property, organizers moved the veterans cruise-in to the Biloxi VA facility.

In the following years, construction and other issues forced the event to move around for a few years.

“The vets event started at the Gulfport VA property a number of years ago,” Bailey said, “to have the vets at the VA home in Gulfport enjoy Cruisin’ The Coast.”

Now the veterans are living in Gulfport’s new VA retirement facility near Centennial Plaza, so moving the event back to the original location makes sense. Bailey said veterans from both the Gulfport and Biloxi VA facilities will be bused to Cruise Central for the Tuesday, Oct. 3, Salute to Veterans event.

“The vets have served their country,” he said. “We want to honor that service and feel like this is a way Cruisin’ The Coast can help do that.”

This year’s Salute to Our Veterans event also will feature a celebrity appearance by Cristy Lee and the Crusin’ The Coast Feature car.

SALUTE TO OUR VETERANS

Where: Cruise Central, Centennial Plaza, 200 E. Beach Blvd., Gulfport

When: 10 a.m.-2 p.m. Tuesday, Oct. 3

The event will feature a celebrity appearance by Cristy Lee and an appearance of the Cruisin’ The Coast Feature Car

Cruisin’ The Coast

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2.4 - Herald-Mail Media: Cruise-in unites community, veterans in common passion (30 September, Richard Belisle, 158k online visitors/mo; Hagerstown, MD)

MARTINSBURG, W.Va. — The main parking lot at the VA Medical Center shined bright in paint and chrome from a hundred sport and muscle cars, street rods, vintage Detroit autos and trucks lined up for Saturday’s annual Country Roads Car Club Cruise-in.

This was the third year for the event.

It's stated goal, VA and club organizers said, is to bring the community and military veterans together in a common passion — the love of things automotive.

Veterans themselves judged the vehicles and chose the winners in about a dozen categories. The biggest trophy, the Director's Choice, was a 1978 Corvette, picked by Timothy J. Cooke, the medical center's director. He once owned a 1978 Corvette, according Mike McAleer, public affairs officer.

The cruise-in is hosted every year by the Jefferson County, W.Va., car club. Member Bill Crawford said the club has its headquarters in Harpers Ferry, W.Va. It hosts two shows a year — the one at the VA and one in Ranson, W.Va.

Among the vehicles getting attention from veterans and visitors was a vintage 1959 British-made Turner MK 1 sports racing car. It was brought to the cruise-in by David Thomas, president of High Performance Heroes of Clarksburg, W.Va.

Heroes is a group of race fans who help combat-wounded veterans become active in motorsports.

Thomas's wife, Ashley Thomas, said the organization restores and modifies vintage sports cars, including a 1962 Austin Healey Sprite and 1972 MG Midget. Two combat-wounded veterans, Liam Dwyer of Litchfield, Conn., and Patrick Brown of Chesapeake, Va., have benefitted from the group's help.

Dwyer lost his left leg from an improvised explosive device in Afghanistan in 2011. In 2013, through the efforts of High Performance Heroes, he won the Pittsburgh Vintage Grand Prix Group 2 in the Austin Healey Sprite.

Brown was able to drive the MG Midget because the mechanics at High Performance Heroes were able to convert a window crank from a Ford F-150 into an automatic clutch for the MG's manual transmission, Ashley Thomas said.

"We are the only ones doing vintage sports car racing with combat-wounded veterans," she said.

Jim Boyer of Kearneysville, W.Va., who was wounded in action in Korea, was at the VA showing off his 1959 Plymouth Fury. He said he had bought a brand new iceberg-white Fury with a yellow roof in 1959. He drove the car for years before he sold it. The one on display Saturday was purchased in Franklin, W.Va. It's owner had died and his widow was trying to sell it.

"It was just like my first one. It had the same color, same 318-cubic-inch motor and it only had 28,000 miles on it," he said. "I bought it for $23,000. My first one cost, new, less than $3,000. I didn't have to do anything to it. I only get it out for occasions like this."

Steve Hummer of Star Tannery, Va., has a similar story, but with an "all original" 1929 Ford Model A pickup truck. An Army Ranger, he was seriously wounded in 1968 during the Tet Offensive in Vietnam. Today, Hummer is a certified peer recovery specialist in a veteran-to-veteran program at the Hope Center at the Martinsburg VA.

Jocelyn Doyle of Boonsboro is a dental assistant at the VA. On Saturday she was one of a cadre of volunteers who transported veterans in wheelchairs from their rooms to the cruise-in to see the cars up close.

“I transported six of them today,” she said. “I do this so I can give something back.”

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2.5 - Little India: Undersecretary Poonam Alaigh Caught Up in Veterans Affairs Travel Scandal (30 September, 44k online visitors/mo; Torrington, CT)

Acting Undersecretary Poonam Alaigh and her husband accompanied Veterans Affairs chief David Shulkin and his wife on a 10-day trip to Europe in July this year, which is being criticized as a taxpayer paid holiday junket.

Shuklin and his entourage attended a Wimbledon tennis match, toured Westminster Abbey and took a cruise on the Thames, all while on an official visit for meetings with Danish and British officials.

Besides the Alaighs, Shulkin’s travel team included his chief of staff, and another aide. They were accompanied by a team of six security personnel.

Controversial Europe Trip

Shulkin was visiting the continent for meetings on veterans’ health issues, but he spent more than half the time in sightseeing and shopping, the Washington Post reported.

The report comes on the heels of the resignation of Tom Price, the Health and Human Services Secretary, who was forced to resign on Sept. 29 following allegations of taxpayer-funded air travel.

VA revealed on Sept. 29 that the federal government paid for the flights for Shulkin and his wife, Merle Bari. The government also provided per-diem reimbursement for their meals and other expenses.

The VA representative did not respond to the Washington Post on how Bari became eligible for reimbursements and taxpayer-funded airfare, saying that she was traveling on “approved invitational orders.” The spokesperson also refused to reveal the flight fare and the total reimbursement amount. Under federal guidelines, Bari could have been eligible for per diem reimbursement of $3,600.

Alaigh defended the trip, telling the newspaper it enabled valuable exchange of ideas with their British and Danish counterparts.

“Were there some breaks we got? Sure. But they were reasonable. They were not at the expense of what we had committed to do: representing our country and showing our commitment to veterans,” Alaigh told the Washington Post.

A travel itinerary released by the Department of Veterans Affairs shows that Alaigh and her husband accompanied the secretary on a separate flight.

The Indian American physician is reported to have submitted her resignation for family reasons on Sept. 25, effective Oct 7, according to the Military Times . It reported that Alaigh, who assumed the post in February, said in a letter to staff: “I want you to know that it has been my greatest honor to serve (VA) Secretary (David) Shulkin, each one of you and all of our veterans.

“As I prepare to now leave Washington, I thank you sincerely for what you have helped us to accomplish, moving from being the country’s largest integrated healthcare system into, truly, America’s greatest healthcare system.”

Her resignation, however, has not been publicly announced, and Alaigh made no reference to it in her interview with the Washington Post.

Alaigh is an internist, who completed her residency at the State University of New York in Stony Brook. She earlier served as national medical director for GlaxoSmithKline, was cofounder of the Atlantic Accountable Care Organization in New Jersey, and a senior advisor to the Under Secretary for Health.

The Military Times reported that Carolyn Clancy, the deputy undersecretary of health for organizational excellence, will assume her post next month.

VA Press Secretary Curt Cashour defended the trip, saying that the visit, including the trip to the Wimbledon game, was reviewed and approved by the ethics counsel. He added that Alaigh’s husband paid his expenses for the trip.

“These were important trips with our allies to discuss best practices for taking care of veterans. The secretary has been transparent on his down-time activities that were similar to what he would have done with his family over a weekend in the U.S.,” Cashour said.

Shulkin attended a conference in London on July 19 to discuss mental health issues with representatives of Britain, Canada, Australia and New Zealand, following meetings in Denmark from July 12-14.

During the trip, Shulkin and his team also visited Copenhagen’s Christiansborg and Amalienborg, and London’s Buckingham and Kensington.

Travel Scandals in Trump Administration

Many senior members of Congress, including two key Republicans, have expressed concerns over the travel scandals involving members of the Trump administration. House Oversight Committee Chairman Trey Gowdy and Democrat Rep. Elijah E. Cummings wrote to the White House that official travel should not be connected to personal use.

Sen. Charles E. Grassley, the Chairman of the Senate Judiciary Committee, wrote to Trump asking what steps the government has taken to “ensure Cabinet secretaries use the most fiscally responsible travel in accordance with the public trust they hold.”

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2.6 - WOAY (ABC-50): Beckley's Inaugural VAMC Veterans Art Show (30 September, Daniella Hankey, Oak Hill, WV)

The Beckley VA Medical Center hosted its inaugural art show this Saturday at the Medical Center auditorium.

The Veteran's Council planned the art show as one of its projects. Using the tag line "healing through creativity", the art show features projects that have helped Veterans to heal. Nationwide, VA medical facilities use the creative arts as one form of rehabilitative treatment to help Veterans recover from and cope with physical and emotional disabilities.

"It helps our veterans heal through our PTSD, military trauma and whatever else we have gone through and we're having an art show displaying it," said Melissa Burnett, Vice President of the Veteran's Council.

Veterans submitted their pieces including paintings, models, wood crafts, needlework and more. The art submissions will be judged by fellow veterans who will vote for their favorite piece of art.

Vern Hughes, a Navy Veteran and volunteer at the Beckley VA, submitted five of his pieces for the show.

"I'm trying to help people through their healing a little bit and give them a place to display their artwork and hopefully this will become an annual event," said Vern Hughes, a Navy Veteran.

In the past, Hughes has given his handmade cards to patients, employees and visitors at the VA.

"One veteran that use to be upstairs, his roommate got a card from his granddaughter and he said, I've never gotten a home made card, so his birthday came around and I made him one and he was just so excited. I make about 150 cards and hand them out to veterans, visitors and patients," said Hughes.

Awards were presented for first, second and third place. Veterans were able to submit up to five pieces. Additionally, all winners of the show were encouraged to submit their pieces to the 2017 National Veterans Creative Arts Festival to be held later this year.

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3. Access to Healthcare

3.1 - Times Union: What's the point of jailing this veteran? (30 September, Chris Churchill, 1.5M online visitors/mo; Albany, NY)

Scott Gilligan had just turned 26. He was a guy from Cohoes and a Navy petty officer stationed in Puerto Rico. One day, he took a drive that would change his life.

Gilligan was stopped at a light when a man walked up to his car and stuck a gun in his face. A second armed man climbed into the back seat.

As Gilligan thought of his pregnant wife, the men ordered him to drive to an isolated section of rain forest. There, they savagely beat the soldier and left him for dead. He walked six hours to call for help.

That was on Good Friday in 1995.

Gilligan returned to civilian life in Cohoes soon after, but struggled despite keeping steady jobs. He drank too much. He got divorced. His two sons became men. He was often anxious or depressed, but he held it together.

Then, two years ago, everything fell apart.

He lost his job at the Von Roll factory in Rotterdam, which meant he lost his health insurance. He couldn't afford the prescriptions that made his life bearable.

So he drank more. He started smoking crack. He slid into addiction.

"It was the only way I could make it through the day," Gilligan told me. "I wasn't in my right mind."

Gilligan hit bottom on Jan. 22, 2016.

That was the day he broke into a friend's house and stole a TV, two iPads and a laptop. He was arrested within hours and immediately confessed to the crime.

The arrest was a blessing — the jolt that turned Gilligan around.

He devoted himself to treatment and got clean. Doctors at the VA hospital in Albany told him he had post-traumatic stress disorder from the attack in Puerto Rico. It was like a revelation, an explanation for so much of what he'd been feeling.

Gilligan has been sober for 17 months now. He works at Saratoga National Cemetery, where he digs and maintains the graves of veterans.

"We make sure they get the respect they deserve," he said. "It's like therapy to me."

Gilligan typically attends seven Alcoholics Anonymous meetings a week. When he rises to speak, the 48-year-old hopes he's a role model, especially for veterans. That's what he wants his life to be now. He wants to help.

But there's a problem.

Gilligan still faces a second-degree burglary charge. His trial starts Monday. If convicted, he could face at least three-and-a-half years in prison.

But why? What good will that really do? Doesn't the veteran deserve a break?

"None of this would have happened to him, nor would he be suffering the effects, but for volunteering to serve his country," Gary Horton, director of the Veterans Defense Program at the New York State Defenders Association, wrote in a letter supporting Gilligan.

"He deserves the consideration and leniency of the justice system."

That seems obvious. And hardly groundbreaking. Some New York counties have Veterans Courts to deal with precisely these scenarios — to recognize the special difficulties faced by military veterans and to give them the understanding they deserve.

Albany County doesn't have a veterans court, but Gilligan would seem an ideal candidate for its drug court. There, he could avoid prison time and continue his treatment under supervision.

A lesser burglary charge would also keep him out of prison.

But District Attorney David Soares has refused to cut Gilligan any slack. As of Friday afternoon, he had offered no deals that don't involve prison time. He has insisted on criminal charges that mandate a prison sentence if Gilligan is convicted.

That led Gilligan's exasperated attorney, Michael Feit, to take an unusual step: He asked the court to remove Soares' office from the case, arguing the district attorney has no valid reason to oppose treatment as an alternative to prison.

"Everything Mr. Gilligan has done shows that he should not be locked in a cage," Feit said.

Gilligan has no criminal record, save for a drunken-driving conviction in 1996. He was an exemplary soldier.

Albany County Judge William Carter was sympathetic.

"I'm very well aware of Mr. Gilligan's plight," he said during a recent hearing on Feit's request. "I'm very well aware about how hard he has worked in treatment. And I don't disagree that he is the poster child for a veterans court."

But Carter found no legal reason to remove Soares' office from the case.

"I can't do that any more than I can make them actually care about the things they profess to care about and put into action some of the words that they speak," said the judge, who has tangled with Soares before.

Soares' office declined to comment, so I can't say why the district attorney is taking so harsh a position. I can't comprehend why he would.

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3.2 - The Olympian: How we can help improve the quality of life for military veterans (30 September, Dr. Rachel Wood, 851k online visitors/mo; Olympia, WA)

There are many things that contribute to our quality of life here in Thurston County: where you live or work, what you eat for breakfast, or how much stress you have in your day-to-day life.

It's common sense that your health affects your quality of life, but it's also true that your quality of life can affect your health. To improve our quality of life, we can change what we're eating, where we're living, or even where we work. But for many, those changes are difficult; for others, such as our military veterans, there are unique hurdles that can be holding them back.

According to the National Homeless Veteran Coalition, nearly 200,000 American veterans face this reality every year. Military service members may have been away from home for long stretches of time. They may be dealing with Post-Traumatic Stress Disorder, pain or depression. There may be injuries (visible or not visible) they have to overcome. This is all on top of the stress of navigating health care, finances and family life.

But there are tools and programs in Thurston County that are designed to help veterans address these issues, and get the support they need.

Finding work can be a major hurdle for veterans, and one that affects all areas of their lives, including their health. Service members entering the job market after serving with distinction and honor and carrying out their missions regardless of the circumstances often find it difficult to translate their skillset into the civilian equivalent. Many feel they have to re-invent themselves. Their skills, although sharp, are hard to define to a new employer. They may need to find a new industry, learn new jargon, or even move to a new place. Worse, they may have to start at a near entry-level positions.

Transitioning out of the military can be the hardest mission that a service member will have to endure. In those circumstances, stress and depression may become issues, and veterans may feel alone and isolated. The stress it causes resonates through the entire family, straining relationships.

But there are numerous programs to help veterans make this transition as smooth as possible while maintaining their dignity in the process. While it's true that the civilian world lacks machine gunners and nuclear weapons technicians, many managers are seeking leadership, initiative and motivation in their workers. Luckily for us, there is a deluge of veterans with these intangible qualities seeking employment each day. Both veterans and civilian managers can benefit greatly by simply learning to speak a similar language.

There are tools, and people, that can help. Veterans looking to find a new job can use a "skills translator tool" to help reframe their experience in a way civilian employers will understand. Titles such as "Squad Leader" and "Section Chief" can be retooled to highlight leadership qualities, for example, and provide an understanding of the responsibilities that are embedded in those unfamiliar titles.

Among the resources:

National Center for PTSD: https://www.ptsd.va.gov/public/types/war/index.asp

U.S. Department of Veterans Affairs resource locator: https://maketheconnection.net/resources

Veterans Administration military skills translator: https://www.vets.gov/employment/job-seekers/skills-translator

Lacey Veterans Services Hub: https://www.laceyveteranshub.org/

Veterans have worked diligently for their country around the globe. With the right tools and resources, we can support veterans re-integrating to civilian society and help them attain the quality of life they are seeking.

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3.3 - Los Angeles Daily News: L.A. veterans' health care has room to improve (29 September, Editorial Board, 883k online visitors/mo; Woodland Hills, CA)

A Veterans Administration regional health care system is more than a corner of the federal bureaucracy. It's a promise to the men and women who served this country in the military. It's part of Americans' bargain with young people who sign up for duty.

You take care of us; we'll take care of you.

That's why it causes more than the usual disappointment in government to learn the VA health-care system in our area isn't as good as it could be.

The VA has released results from the rating system it uses to assess medical service delivery at its 140 service centers. The system assigns regional systems scores from 1 to a glistening 5. So, what score did the VA Greater Los Angeles Healthcare System receive?

That puts the L.A. VA in the bottom 10 percent of the nation's VA systems.

VA officials emphasize that a relatively low score like L.A.'s doesn't mean veterans don't get good care. Regions' scores are meant to compare one to the other. The goal is for low scorers to learn from high scorers — and improve.

Evidently, there's a considerable range of quality within one rating. According to the list on the VA website, although L.A. got a "1" this year, it actually has shown "large improvement" from the last time scores were assigned under the VA's Strategic Analytics for Improvement and Learning (SAIL) rating formula, which rates the systems on metrics used by the private sector and special metrics measuring access and quality of care.

Still, people in Greater L.A. should be sorry to see that medical service delivery isn't as good as it is in other places. Next door, the Long Beach Veterans Healthcare System rated a 3, while San Diego, San Francisco and Sacramento also got 3s. Among the nation's other big cities earning top-shelf 5s were Boston, Cleveland and Pittsburgh.

All American remember the scandal a few years ago when long delays for VA care were revealed.

That scandal led to Congress infusing the VA with funding, including billions for hires. An NPR report last January showed staffing additions have come inconsistently, and L.A. was among the systems getting less than needed.

VA officials here vow to continue their progress. We can see there's room for improvement.

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3.4 - La Crosse Tribune: Thanks to VA for great service (30 September, Eugene Smithart, 823k online visitors/mo; La Crosse, WI)

I recently retired from Trane after more than 40 years. As a former U.S. Marine who served in Vietnam, I was able to get coverage from the Veterans Administration to replace the health coverage Trane had provided for all those years.

With all I had heard about the Tomah VA, I didn't know what to expect in the way of quality of service I would receive.

Well, I am pleased to report that the service I have received has been nothing short of amazing from both the Tomah and La Crosse VA personnel.

In talking to a number of people, this reflects a remarkable turnaround in the past nine months and I want to thank everyone involved.

To everyone at the VA, thank you. Keep up your wonderful efforts.

Eugene Smithart, Onalaska

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3.5 - WHAM (ABC-13): Groundwork underway for new VA clinic in Henrietta (29 September, 817k online visitors/mo; Rochester, NY)

Henrietta, N.Y. - There will soon be a new location for local veterans to go for services and healthcare.

A ceremonial groundbreaking took place Friday afternoon in the drizzle for the new VA clinic on Calkins Road in Henrietta.

The 84,000-square-foot building will expand primary care services, along with mental health assessments and social work support.

The bigger facility will also have room for an eye clinic, women's healthcare and diagnostic imaging.

Carnegie Management and Development Corporation will construct the new facility and lease it to the VA for 20 years.

The new clinic should be fully constructed in the spring of 2019.

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3.6 - WSBT (CBS-22): Local veterans say they're glad to see new VA clinic in Mishawaka officially open (30 September, Cassidy Wiliams, 449k online visitors/day; Mishawaka, IN)

The new St. Joseph County VA Clinic in Mishawaka is officially open.

The 90,000 square foot facility offers a variety of services.

The $38 million dollar project finished on time and on budget

Senator Joe Donnelly and Congresswoman Jackie Walorski were there to get a tour of the new facility.

They both see this is as just the start.

"This is just the beginning," said Walorski. "You know this isn't the end of taking care of veterans. This is the beginning of taking care of veterans in our district and throughout Michigan as well."

Dozens of veterans also came out to see it. The facility will serve almost 9,000.

Each veteran will save travel time for some procedures and exams.

The new Mishawaka facility offers more services than the old clinic in South Bend. Meaning they won't always need to leave this area.

George Proctor spent a large portion of his life serving in both the Marines and the Army.

"23 years, 9 months, and 18 days. I say 24 because that's close enough."

Despite his decades of service, George says he rarely used the benefits provided by the VA.

Living in Mishawaka, the services in Indianapolis or Fort Wayne were just too far away.

"I'm what you call a busted wing," Proctor said. "I broke up my back on third jump at Fort Bragg. It's just too far for me to drive and be comfortable." "

Now that is no longer a problem.

Proctor got his first look at the new facility in Mishawaka. Not only is it closer, but the city has added a bus stop to serve the clinic.

Mishawaka's Mayor also says plowing the road will be a priority in the winter.

Proctor already has ideas for how to use it.

"probably for prosthetics, orthopedics, dermatology, my eyes, whatever."

The facility can also be used as a place to socialize.

A coffee shop inside hopes to bring veterans together, and the socializing has already begun.

The veterans say they are happy to have it for themselves, and for the veterans yet to serve.

"I'm very glad to see it, because it is in my backyard."

Half of the services offered at the facility have already begun.

The final part -- urology and podiatry services -- are expected to open on Decemeber 11.

Address: 1540 Trinity Pl, Mishawaka, IN 46545

Phone: (574) 272-9000

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3.7 - The Post and Courier: South Carolina veterans react sharply to Ken Burns Vietnam documentary (30 September, Bo Petersen, 319k online visitors/mo; Charleston, SC)

Jerry Davis won't watch the Ken Burns' documentary on the Vietnam War, he tells you. The bayonet scar still plainly shows on his eye.

"I saw it 'real time' and I don't want to see what someone else thinks," said the 76-year-old Marine Corps veteran from West Ashley, who set up communications under fire on hilltops in Vietnam.

Chuck Blankin did watch.

"I just want to see somebody held accountable for what they turned their back on," said the 65-year-old Navy veteran from James Island, his gregarious smile gone grim. He had a river patrol boat blown out from under him.

Emotions flared and nightmares re-awoke for veterans across South Carolina as the 10-episode, public television special "The Vietnam War" finished last week.

Among the more than 130,000 veterans of the era still living in the state, many opted to ignore it. For the others who did watch, the broadcast was more than a documentation. It was an affirmation — reassuring or not — of what happened in front of their eyes.

"The vets have wanted to talk about it," said Sonya Campbell, director of the Columbia Vet Center, about the uptick in sessions in the show's aftermath.

The centers are an outreach, counseling and referral service for troubled veterans. The Charleston Vet Center put together round table sessions at some veterans' request so they could talk it out.

"It has brought up a lot of issues for them," said Director Emily Shannon.

"They're saying, 'This has validated a lot of what I've been saying and believing for years,'" said Curtis Lucas, a psychologist with the Myrtle Beach Vet Center.

But it's been difficult, Lucas acknowledged. A lot of the vets he works with bought the video set or taped the show, wanting to watch only as much as they could handle at a time.

Some veterans who watched came away with new insights about the divisive conflict. Much of the thrust of the PBS documentary is how U.S. leaders across multiple presidential administrations knew there was little chance of U.S. victory in Southeast Asia but kept pouring men and materials into the conflict.

"Why you were there, it made sense at the time," said Eugene E. Coakley, 72, of North Charleston, an Air Force veteran who did maintenance work on F-4 fighter jets launching from a base in Thailand.

"I learned some things I never heard about before," said Craig Burnette, 71, of Inman in the Upstate. He led an Army platoon into firefights against the Viet Cong and North Vietnam army.

"I was very angry. I was sad. I was frustrated. I saw all these people making political decisions (in contradiction to what people on the ground were telling them)," he said.

Burnette stopped watching episodes when American troops like his began to be featured. He had trouble falling asleep.

"I'm worried for the (reactions of) other vets and their families, plus the families with names on the Wall," he said, referring to the Vietnam Veterans Memorial on the National Mall in Washington, D.C., which lists the names of some 58,220 U.S. service people who died in the war.

An estimated 895 South Carolinians died in Vietnam.

During a recent interview, Davis and Blankin sat at a table in the American Legion Post 147 on James Island. The bar chatter quieted as they talk. Like a lot of combat veterans, they don't go to fireworks shows. Seemingly mundane things can set off memories that, as Davis said, many thought had been buried. Davis recoils from the smell of coconut. For Blankin, it's burning rubber.

When Davis' eight-man crew was attacked on a hilltop, he was gashed in the face as an enemy fighter leaped over him. He thought he had been butted by a rifle until it started to bleed.

"I pulled out my .45 pistol and shot him," he said.

Blankin commanded a "river rat" patrol boat through the jungle when a rocket-propelled grenade blew the hull apart under him, killing one of his seven-man crew.

"You don't know what's around the next bend. The banks are sprayed bare by Agent Orange. You know, you go into the Navy, you just don't think you're going to be doing things like that," he said.

Like a lot of others, both men struggled with post-traumatic stress disorder but have come to their own acceptances.

"Some things are just right there. They will always be right there," Davis said. "The only thing, you can't dwell on it. That was then. This is now. When we came back, we didn't call it going home. We called it going back to the real world."

At times, the television special irritated Blankin, he said. Jane Fonda (featured protesting in North Vietnam in support of the enemy during the war) and John Kerry (featured testifying to Congress about American atrocities after he returned from combat), "They just stick in my craw," he said.

Both veterans returned home on transports also carrying the caskets of other service people — Davis on a boat "with a hull full of bodies," Blankin on a C-130 plane with caskets set in the cargo hold the soldiers' seats lined.

"Everything that left had bodies on it," he said. "When I felt that plane come off the ground (in Vietnam), that was the best I'd felt in a long time."

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3.8 - South Bend Tribune: Viewpoint: St. Joseph County clinic's grand opening fulfills a promise to our veterans (29 September, Sen. Joe Donnelly (D-Ind.), 274k online visitors/mo; South Bend, IN)

When we care for our veterans, we both honor their service, and we reinforce our values.

Yet for too long, it was a struggle to provide veterans in our community convenient access to quality health care. Veterans from South Bend, Mishawaka, Elkhart, LaPorte and Plymouth have regularly had to make a two-hour trip to VA facilities in Chicago or Fort Wayne to see a doctor. Veterans, family members and their caregivers often have to fight traffic and bad weather to get the health care they earned through their service to our nation. For those veterans unable to drive themselves, making the trip often involved taking a Disabled Americans Veterans van all the way to Fort Wayne, possibly spending an entire day in transit, receiving care, and waiting hours for other DAV passengers to receive their care too.

For the last 10 years — in the U.S. House of Representatives and in the U.S. Senate — it has been my mission to work alongside veterans in north central Indiana to provide the finest VA care possible, and I am proud that today we will officially open the St. Joseph County VA Clinic.

And while the promise we are fulfilling today seems simple, the process was long and full of challenges. Alongside our local veterans, we began working on the clinic in 2007, holding roundtables and meetings to understand the specific needs of Hoosiers. Through each step of the decade-long process — gathering the facts necessary to make our case for a new VA clinic; securing VA approval, congressional authorizations, as well as funding; cutting through red tape to contract, permit, and build the new clinic; and even locating a Transpo bus stop at the clinic to accommodate local veterans and employees — our community stood up, answering the call to make good on our promise to provide access to quality health.

I want to recognize our entire community, the VA, veterans service officers and other veterans advocates, and local elected officials, for their persistence and tireless work that made the St. Joseph County VA Clinic a reality.

Today we officially open a new 89,000-square foot, state-of-the-art St. Joseph County VA Clinic that is expected to serve up to 13,000 area veterans. Our veterans will be able to receive a range of services from primary medical care, mental health care, audiology, radiology, physical therapy, podiatry, care for post-traumatic stress disorder, substance abuse counseling, traumatic brain injury care, tele-health, and many other services. Perhaps, more importantly, they will receive these services right here in north central Indiana.

Today's grand opening is a significant milestone. It's the culmination of the dedication and determination of the entire community, and it's an example of what we can accomplish when we work together. More importantly, it fulfills an important part of our promise to our veterans.

Joe Donnelly, D-Indiana, is a U.S. senator.

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3.9 - The Herald-Dispatch: Look for these warning signs to help prevent suicide (1 October, Debbie Brammer, 192k online visitors/mo; Huntington, WV)

Thirty-nine stones lay scattered beneath the leafy branches of a young maple tree. Each stone bears the name of a loved one who was lost to suicide. Billy, Rita, Scott are among the names painted on the stones, representing both male and female, young and old, because suicide has no respect for gender or age.

This Tree of Remembrance, planted on the lawn of the Huntington VA Medical Center (VAMC), stands as a solemn reminder of lives cut short and the families and friends who were left behind to grieve. The tree is not only a memorial, but it also supports the healing of the families and friends.

Suicide prevention is a top priority of the Department of Veterans Affairs. In a recent message to employees, Huntington VAMC Director Brian Nimmo pointed out that suicide is preventable. September was designated Suicide Prevention Month and now is a perfect opportunity to change the way the public thinks about suicide through education about warning signs

"The statistics are startling," Nimmo said. "An average of 20 veterans die from suicide each day, and 67 percent of those deaths were a result of firearm injuries. But, did you know only six of the 20 were users of VA health services." He encouraged staff, who encounter hundreds of veterans and their friends and family members each day, to not only reach out to educate the public but to make sure they know the warning signs, too.

The warning signs include significant changes in behavior or mood such as:

>> sleeping a lot more or a lot less.

>> quick to anger, more withdrawn.

>> drinking more or using drugs.

>> engaging in high risk behavior.

>> expressing feeling of hopelessness or saying loved ones would be better off without them around.

If these changes are noticed, encourage the veteran to contact the Veterans Crisis Line or make the contact yourself. The toll- free number is 1-800-273-8255, and press 1, or chat online at VeteransCrisisLine.net, or send a text to 838255.

The Huntington VA has two suicide prevention coordinators, Deanna Stump and Julie Brawn, who work to raise awareness of VA's resources and foster communication and education among veterans, community organizations and the public at large. They provide intensive case management for those identified as being at risk.

Unfortunately, VA and our suicide prevention coordinators cannot do it alone, we need the help of our communities. To learn more about suicide awareness and prevention go online to http://www.VeteransCrisisLine.net/BeThere, or http://maketheconnection.net.

Debbie Brammer is public affairs officer at the Huntington VA Medical Center.

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3.10 - FierceHealthcare: VA proposed rule would override state licensing restrictions to expand access to telehealth (29 September, Evan Sweeney, 140k online visitors/mo; Washington, DC)

The Department of Veterans Affairs has issued a proposed rule that would allow VA providers to treat patients in any state via telehealth, regardless of where they are licensed to practice.

The proposed rule would override state licensing restrictions that the agency says are limiting its telehealth program and allow VA physicians to treat patients anywhere in the country using the VA's telehealth technology.

That change is a critical part of the VA's "Anywhere to Anywhere VA Health Care" program, unveiled by VA Secretary David Shulkin, M.D., and President Donald Trump last month. During that announcement, Shulkin said he was working with the White House's Office of American Innovation and the Department of Justice to issue a new medical practice regulation to support telehealth initiatives.

According to the proposal, "many VA medical centers" have not expanded telehealth programs because of state laws, and "many physicians" refuse to practice telehealth out of fear they will jeopardize their medical license.

"As VA's telehealth program expands and successfully provides increased access to high quality healthcare to all beneficiaries, it is increasingly important for VA health care providers to be able to practice telehealth across State lines and within states free of restrictions imposed by State law or regulations, including conditions attached to their State licenses," the rule states.

Rather than lobby each state to remove licensure restrictions, the VA argues that preempting state law would allow the agency to quickly expand telehealth services.

“By allowing VA telehealth providers to more easily treat patients across state lines, we can ensure that recent advances in technology-enabled care reach the most deserved among us and spur better outcomes for the 20 million veterans in the VA system today,” Health IT Now Executive Director Joel White said in a statement supporting the regulatory change.

Currently, VA providers can waive state licensing requirements if both the physician and the patient are in a federally owned facility. But with the development of a new mobile app, the VA wants to reach veterans in their homes to expand access to mental health services and make it easier for those with limited mobility to get necessary medical care.

This week, behavioral health advocates came out in support of the VETS Act of 2017, which proposes similar regulatory changes. But the VA’s rulemaking process could move faster. The proposed rule will be open for comments for 30 days.

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3.11 - The Sun News: VA hospitals must be fixed - now (30 September, Stephen Sherwood, 140k online visitors/mo; Myrtle Beach, SC)

I have written all my senators and one congressman, and yet nothing changes with the VA hospital.

I had major neck surgery in July and was prescribed four different opiates for pain. Now I cannot get anyone to prescribe any of these opiates, so along with being in pain, I am withdrawing from the opiates cold turkey. I would be willing to bet that if you and all your staff looked into this situation, you would find that there are countless other veterans who are also receiving this unethical and immoral treatment from VA hospitals nationwide.

Please do something other than what you haven't been doing. I am begging you as a proud veteran and a resident of the great state of South Carolina that you immediately do more than send them a letter or a phone call - that you actually look into this terrible treatment that myself and countless other veterans continue to receive at the hands of the VA.

STEPHEN SHERWOOD, MYRTLE BEACH

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3.12 - The Joplin Globe: Missouri's U.S. senators note bipartisan efforts (29 September, Susan Redden, 76k online visitors/mo; Joplin, MO)

On the federal front, Missouri's U.S. Sen. Roy Blunt this week announced he and Sen. Richard Blumenthal had introduced bipartisan legislation to expand veterans’ access to peer counseling specialists to better combat the risks of suicide and treat associated mental health conditions.

“Our nation has a responsibility to ensure our veterans have access to quality behavioral and mental health treatment,” Blunt said. “Given their shared experiences, peer specialists are uniquely positioned to provide veterans the support they need in their recovery.”

The Veteran Peer Act would establish peer specialists in patient aligned-care teams within the Veterans Affairs medical system to undertake veteran outreach, according to Blumenthal, a Democrat from Connecticut.

The Department of Veterans Affairs employs peer specialists to assist veterans in treatment for mental health and substance abuse disorders. The specialists support their fellow veterans and encourage recovery by helping them access veterans’ health services and navigate the VA health care system and by teaching coping and positive behavior.

The VA was instructed by a 2012 executive order to hire and train 800 peer specialists by the end of 2013 to treat the estimated 1.5 million veterans needing mental health services.

Blunt’s bill would expand veterans’ access to the services by addressing current shortcomings that restrict specialists’ participation in primary care services, along with the persistent stigma attached to seeking mental health treatment.

The measure would implement the program in 50 locations across the nation over a two-year period. It would also require consideration of rural and underserved areas when seeking locations.

Missouri's U.S. Sen. Claire McCaskill, a Democrat, on Thursday announced she had joined a GOP colleague to introduce what she described as "commonsense fixes" aimed at providing relief to some regional banks affected by burdensome requirements of the Dodd-Frank financial reform bill.

In a release, McCaskill said the proposed rules are aimed at small, regional banks to modify Dodd-Frank regulations that were never intended for banks that engage in ordinary consumer banking practices.

David Perdue, a Republican from Georgia, is co-sponsor of the measure. It serves as the Senate companion to a measure sponsored by U.S. Rep. Blaine Leutkemeyer, of Missouri, and passed in the House last year.

"When even some of the architects of Dodd-Frank agree the law is overly burdensome on regional banks, you know we've got a problem on our hands," McCaskill said. "This commonsense fix will untie the hands of our small regional banks and return to them to the flexibility to lend to Missouri customers who want to buy a house or start a business. I'm glad to join Congressman Leutkemeyer's efforts to help get this bill across the finish line in the Senate."

Perdue pointed out that Dodd-Frank overregulated regional banks by placing them in the same category as huge banks with a global reach, increasing their costs and limiting their ability to support their communities.

The legislation would lower the regulatory burden on regional banks by giving the Federal Reserve the flexibility to exempt them from certain Dodd-Frank rules that limit their lending

ability. Under the measure passed in the wake of the 2008 financial crisis, banks with assets over $50 billion are subject to stronger regulations.

The proposed measure would relax rules for banks over the $50 billion threshold if they are not designated as a Global Systemically Important Bank that, according to the Federal Reserve, could have an impact on international financial systems.

McCaskill said the threshold being applied to regional banks had been criticized by everyone from governors for the Federal Reserve to Barney Frank, the former lawmaker who authorized the legislation.

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3.13 - Daily Messenger: Improvements reported at Veterans Crisis Line (29 September, Julie Sherwood, 74k online visitors/mo; Canandaigua, NY)

The Veterans Crisis Line — which has been criticized for calls rolling to voicemail, dropped calls and veterans put on hold for long periods — received a glowing report Friday.

U.S. Reps. Chris Collins, R-Clarence and Phil Roe, a Republican from Tennessee who chairs the House Committee on Veterans Affairs, discussed improvements following a tour of the crisis center at the Canandaigua VA Medical Center.

“The biggest problem we’ve had is timely access to care, so this is basically the front porch to that,” said Roe, after seeing the crisis center that opened in 2007 and is now one of two centers at the forefront of the VA’s efforts to address the alarming rate of veteran suicide. The call centers, in Canandaigua and Atlanta, Georgia, answer phone calls, texts and online messages from veterans, military members and their families.

“It’s very disturbing to me, the number of veterans we are losing to suicide, and not just veterans but Americans,” said Roe, a Vietnam veteran and physician. “When you lose more men and women to suicide than combat, something needs to be done.”

Roe and Collins were pleased with what they saw and heard. A panel of VA staff involved with the Crisis Line in Building 37, where dispatchers work the center, discussed improvements with the congressmen. Among those: the Veterans Crisis Line averaged 2,300 calls in the month of September at both call centers. Of those, an average of 1.3 percent of calls (about 30 calls) rolled over to a backup center. When phone lines are busy, calls are routed to another contracted call center. In the past few days that percentage dropped to less than half a percent.

The crisis line is now answering calls, on average, in 7.5 seconds, with 99 percent of calls answered within 20 seconds.

“I am very impressed, it was a great tour,” said Collins, whose district covers much of Western New York and part of the Finger Lakes including Canandaigua. “Folks here care about our veterans, their dedication is clear,” he said.

The VA plans to open a third call center this fall on the VA campus in Topeka, Kansas.

About 200 responders work at the Atlanta facility, and 310 work at the Canandaigua center, according to a Sept. 14 report by the military publication Stars and Stripes. The Topeka facility will bring the number of employees staffing the veterans crisis line to 610.

During the press conference, the congressmen were also asked about a federal funding cut of millions of dollars for the Veterans Outreach Center in Rochester. At issue is a $2.1 million grant that the VOC has received annually for the last six years that was not renewed for 2018. The VOC of Rochester was one of 36 previous recipients of the funds through the VA's Supportive Services for Veteran Families program that did not get renewed.

The center in Rochester helps veterans in seven local counties and their families find reliable housing. The lack of funds would scale back services, and a satellite office at the Veteran's Outreach Center in Buffalo could close with staff losing jobs or being reassigned.

Roe said he couldn't say why the funds were cut. Collins mentioned a possible "paperwork snafu." Collins said this is not a partisan issue and he was going to fix the problem, beginning that afternoon, working with others in Congress.

Need help?

— Call Veterans Crisis Line at 1-800-273-8255 and press 1 to talk to someone now.

— Text 838255 to get help now.

— Chat online at www.veteranscrisisline.net.

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3.14 - KXRM (FOX-21, Video, Updated): VFW raises concerns over VA care (30 September, Carly Moore, 60k online visitors/mo; Colorado Springs, CO)

A fallen service member has a group from the Veterans of Foreign Wars organization speaking out. Some members of the VFW are attributing his death to lack of care from the Colorado Springs Veterans Affairs hospital.

The widow of the service member was left overwhelmed and unprepared. She was concerned about her financial situation and was worried she would lose her house.

The VFW said it's extremely common for people to not have plans, to not know their benefits, and to not have documents on hand.

A small group of commanders at VFW Post 3917 turned it around.

Ray Belasco was a 20-year Vietnam veteran. He passed away at age 65, and some VFW members believe his death could have been avoided.

"It sound to me, people didn't really take him serious, didn't feel that he was really sick," said VFW Sr. Vice Commander Steve Kjonaas.

He went to the VA in Colorado Springs over the Labor Day holiday and was sent to an emergency room.

“Veterans have very unique diseases, illness and problems,” said Kjonaas. “That’s the difference between the Department of Veterans Affairs and any other civilian healthcare that you see.”

The VA facility in Colorado Springs doesn’t have an emergency room specifically for veterans. For that, they must go to Denver or to a local civilian emergency room.

“As with other outpatient clinics in the community, emergency services are not available at the PFC Floyd K Lindstrom VA Clinic in Colorado Springs,” the VA said in a statement. “We encourage anyone in an emergency situation to seek immediate treatment and care at their nearest emergency department, where appropriate services are available.”

After the emergency room released him, hospice care he was searching for wasn’t enough. He died just days later.

Belasco’s widow, Ute, was left with nothing: no money or plans for her husband’s funeral. She tried to sort things out, but was shut down without documentation.

“Once a service member dies, they cut off his pay,” said VFW Jr. Vice Commander Cindy Galvin. “If you don’t have the paperwork to go in and say, ‘Hey, I’m a spouse,’ then you don’t get the survivors pay.”

VFW members helped expedite the process. Something that could take one to three months was done in about two weeks.

“As a veteran myself, it makes me very happy to help,” said Galvin.

When Galvin was asked why she is also helping plan a funeral this Saturday, she said, “He’s a comrade and we never leave a vet behind.”

The American Legion Post 38 at 6685 Southmoor Drive in Fountain is hosting a memorial service starting at 11 a.m. Saturday. They want other former service members to come out and help support this fallen veteran.

Those close to Ute have released the following statement on her behalf:

Ute would like them to know about her being misquoted. She never said she was afraid nobody would show up for Ray’s funeral. Not a funeral, but to attend a memorial. She only reached out for help with this process, not for anything for her. She also wanted help with the way Ray was treated at Cheyenne Mountain Care Facility (Center) hospice provider. They showed extreme lack of care, compassion and dignity with his care. Ute wants to thank the Veterans of Foreign Wars for their help and all who have supported her and helped during this time.”

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3.15 - KXRM (FOX-21, Video): Colorado Springs widow gives final salute to veteran husband who died suddenly (30 September, Sarah Ferguson, 60k online visitors/mo; Colorado Springs, CO)

The widow of a fallen Service Member left overwhelmed after he suddenly died, is able to give her husband, a Vietnam Veteran, the honorary send-off he deserves.

His wife, Ute was shocked when her husband Ray Belasco suddenly passed away at 65-year's-old.

Recently a local Veterans of Foreign Wars group heard the widow's story, with Members attributing his death to a lack of care from the Colorado Springs Veterans Affairs hospital.

"When we found out that the funeral home wanted to hold the funeral in the parking lot we couldn't have that," said VFW Jr. Vice Commander Cindy Galvin.

Saying because Ute didn't have the proper documentation complete after Ray's death, she was turned away from any funeral plans.

Fortunately, VFW Post 3917 took matters into their own hands and set-up a memorial at the American Legion Post 38 in Fountain.

"So many valued people; so many honorable people from different walks of life, from different organizations, different motivations who come here to honor the veterans," said VFW Sr. Vice Commander Steve Kjonaas.

Prior to the memorial, VFW Post 3917 also helped Ute collect the benefits her husband deserves, while assisting her with filling out the proper documentation.

"They weren't asking for anything; they weren't expecting anything, they didn't beg for anything, they just are very grateful, they didn't realize we were going to do all of this," said Galvin.

If you'd like to read more about Ute's story and her concern with the Colorado Springs Veterans Affairs hospital, click here.

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3.16 - Finger Lakes Daily News: VA Crisis Line Reports Improvements in Call Handling (30 September, Joe Lasky, 53k online visitors/mo; Geneva, NY)

The Daily Messenger reports Congressman Chris Collins and Tennessee Representative Phil Roe toured the facility Friday, and reported that only 1.3% of calls are now rolling over to a backup center, with 99% of calls answered within 8 seconds.

The Crisis Line had come under fire in recent years for allowing as many as 30% of calls to go to backup centers.

The suicide hotline employs 310 at the Canandaigua center, with an additional 200 workers out of Atlanta, and an additional center in Topeka, Kansas set to go online later this fall.

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3.17 - Inquirer.net: US lawmaker files bill for full benefits for Filipino WWII veterans (29 September, 14k online visitors/mo; Daly City, CA)

WASHINGTON, DC – Congresswoman Jackie Speier (CA-14) introduced H.R. 3865, the Filipino Veterans Fairness Act of 2017 on Thursday, September 28.

During World War II, about 250,000 Filipinos volunteered to fight alongside U.S. troops. As citizens of a commonwealth of the United States before and during the war, Filipinos were legally American nationals.

With American nationality, they were promised all the benefits afforded to those serving in the U.S. Armed Forces. But in 1946, Congress stripped many Filipinos of the benefits that had been promised by President Franklin D. Roosevelt. Of veterans of the 66 countries allied with the United States during World War II, only Filipinos were denied benefits.

Speier's legislation eliminates the distinction between the Regular or "Old" Philippine Scouts and the other three groups of veterans—Commonwealth Army of the Philippines, Recognized Guerrilla Forces, and New Philippine Scouts. Widows and children of Filipino veterans would be eligible for Dependency and Indemnity Compensation just like any other veteran.

"This bill rights a shameful wrong created when Congress rescinded a promise to Filipino veterans of World War II over 70 years ago," Speier said. "I will not rest until these heroes, and their families, receive the benefits they need and deserve. If America won't live up to its honor and duty to our allies and friends we may find ourselves alone in our next hour of need."

The 2009 American Recovery and Reinvestment Act contained a provision that provided a lump sum payment of $15,000 for Filipino veterans who are now U.S. citizens and $9,000 for non-citizens. But there have been problems with the implementation of this payment program. To be eligible, a veteran has to be on the so-called "Missouri List," an Army roster of eligible veterans.

The Missouri List is incomplete. A 1973 fire destroyed 80 percent of the records for Army personnel from 1912 to 1960. As a result, over 17,000 Filipino veterans have had their claims denied. The Filipino Veterans Fairness Act directs the VA to take into account alternative military documentation to determine eligibility.

"The Recovery Act payments were a start, but our nation must bestow the full status it promised these veterans in wartime," Speier concluded. "Their average age is 90. Fewer than 15,000 are still alive today, and they are dying at a rate of over 10 a day. For these veterans and their loved ones the time to act is now."

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3.18 - Montgomery Herald: VA awards grants to help at-risk Southern W.Va. vets, families (29 September, 7k online visitors/mo; Montgomery, WV)

BECKLEY — Earlier this month, the Department of Veterans Affairs (VA) announced it has awarded $343 million in grants to 288 nonprofit organizations to help low-income veterans and their families. More than $2 million will go towards a community partner that assists veterans across the state, including southern West Virginia.

The grants were awarded under VA's Supportive Services for Veteran Families (SSVF) program.

In West Virginia, three SSVF programs received money from the $343 million grants. One of them, West Virginia Community Action Partnerships, supports the entire state.

SSVF funding, which supports outreach, case management and other flexible assistance to rapidly re-house veterans who become homeless or to prevent veterans from becoming homeless. The funding helps the most economically vulnerable veterans avoid or exit homelessness.

In 2016, SSVF funding through WVCAP supported 589 veterans who were homeless or at-risk in West Virginia. As of July 31, 461 veterans had been helped, according to Leah Willis, SSVF coordinator for WVCAP.

"We are projecting to assist 600 veterans during the 2018 program year," Willis said.

"No veteran that served our country should be without a home or be facing that reality," said Stacy Vasquez, Beckley VAMC director and Army veteran. "Our homeless, health care and social work teams, along with community partners, successfully reduced the overall homeless Veteran rate in this region by more than 51 percent in 2016."

This year's recipients competed successfully for grants under a Dec. 7, 2016, Notice of Fund Availability. The funding will support SSVF services in fiscal 2018.

For additional information, please contact Public Affairs Officer Sara Yoke at 1-304-255-2121, ext. 4883 (office) or sara.yoke@va.gov

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - WFED (AM-1500): Major changes coming to DoD's TRICARE system Jan. 1 (29 September, Jared Serbu, 831k online visitors/mo; Washington, DC)

The Defense Department published new rules Friday that will make significant changes to the health insurance system that serves military family members and retirees on Jan. 1, altering the structure and fees of benefit plans, and, according to Defense health officials, making care more accessible.

Most significantly, new beneficiaries will have to make an affirmative decision to enroll in the TRICARE system and will only be able to do so during an annual open enrollment period. The open enrollment schedule will be the same as the one used by the Federal Employee Health Benefits Program that serves civilian DoD employees: November and December of each year.

The policy differs substantially from the one in place today, in which TRICARE-eligible beneficiaries receive health benefits automatically. With a few exceptions, family members and retirees who do not sign up during the open enrollment period will lose coverage in TRICARE's "purchased care" market for the following year. They would still be able to seek care in military-run hospitals and clinics, but only on a space-available basis.

The change was one of several Defense health reforms Congress ordered as part of the 2017 Defense authorization bill, But Vice Adm. Raquel Bono, the director of the Defense Health Agency, said the move to open enrollment made sense from DHA's perspective as well.

"We need to make sure that we have as much information as possible in order to design our provider network," she told reporters on a conference call. "We wanted to also come as close as we could to what's happening in the commercial sector, and we're intent on being able to create some efficiencies in the administration of our health plans. We see this as one of the mechanisms to do that."

But officials said the open enrollment change will not have any meaningful effect on beneficiaries for another year; 2018 will be treated as a "transition year," and anyone who's covered by TRICARE as of Jan. 1, 2018 will be automatically enrolled in the plan that most closely matches the one that serves them today.

The plans are changing as well, effective Jan. 1. Also at the direction of Congress, DoD is merging the existing TRICARE Standard and Extra benefits — the department's fee-for-service options — into a single plan called TRICARE Select.

Like Standard and Extra, Select will let patients use any authorized medical provider, but cost shares are lower when beneficiaries see in-network providers. In most ways, it will operate like the plans it's replacing, but with changes to the ways in which patients pay out-of-pocket costs.

Currently, the cost shares are based on a percentage of TRICARE's negotiated costs with a network provider (or of that provider's "allowable costs" if they're out-of-network). Starting next year, patients will pay a fixed, per-visit rate for in-network providers that varies according to the type of medical care they're receiving.

For example, under Standard and Extra, a family member of an active-duty service member is responsible for 15 percent of the bill for an outpatient visit from an in-network doctor and 20 percent for an out-of-network doctor. The new Standard plan would charge a flat $27 fee for an in-network provider. The fees for TRICARE-covered retirees are higher: the same visit would cost $35.

“We thought this was something that would be a little more predictable and a little more patient-friendly, and we also thought it was an easier construct for our providers to use,” Bono said. “What we tried to do was take an average, so it should be close to what people are currently paying.”

Another change: The rules set a new requirement that TRICARE Select’s provider network cover enough geographic territory to provide services to at least 85 percent of its beneficiaries, up from just over 60 percent under the existing Standard and Extra plans.

The fee structure for TRICARE’s Prime plan, the managed care option that primarily serves areas with large concentrations of military members, remains largely unchanged, but the rule makes several changes that officials said were designed to improve access to care.

For instance, if TRICARE’s contractors don’t offer an appointment with a managed care provider within a timeframe that meets DoD’s access standards, the patient will be allowed to see an out-of-network provider without paying additional fees. The department says it will also waive some of its previous requirements that patients get referrals or pre-authorizations before patients visit specialty care providers or urgent care clinics, and treatments for obesity are specifically called out in the rule as covered care.

None of the changes are applicable to currently-serving military members, whose medical care remains a government obligation for as long as they continue to serve on active duty, but the fees for family members whose sponsors join the military after 2018 will be different from those that are currently serving, depending on which TRICARE plan they enroll in.

The changes to TRICARE’s health plans were only a few of the tweaks Congress made to the military health system as part of the 2017 Defense bill.

The rules DoD published on Friday nominally implement some of them, but Bono said the department will have to undertake more careful study before the other changes take effect.

Among those changes, Congress ordered DoD to treat expenses for telehealth in the same way it covers in-person visits, adjust the staffing in its military treatment facilities so that the health specialists the military employs more closely matches the medical expertise the military is likely to need in wartime environments, and to start creating “high-performance” treatment networks in pockets of the country that are underserved by DoD’s system by partnering with the Department of Veterans Affairs and private-sector hospital networks.

“The rule gives us an opportunity to implement some of these things, but it’s going to be an iterative process,” Bono said. “We will be looking specifically at where it makes the most sense to partner with the civilian health care systems that are in the particular areas where we have our beneficiaries. It’s part of our network development and it’s an opportunity to build partnerships. We’ll be evaluating it, and this is one of the things that the open enrollment requirement if going to help us with in terms of understanding where those opportunities might exist.”

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7. Supply Chain Modernization

8. Other

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

1 October 2017

1. Top Stories

1.1 - Washington Times (AP): Prosecutors: Veteran Threatened to Kill Congressman, Staff (30 September, 24M online visitors/mo; Washington, DC)
Federal prosecutors say a New Jersey veteran who suffers from post-traumatic stress disorder threatened to assault and kill a congressman and the lawmaker's staff. Joseph Brodie allegedly made the threats via telephone and email on Sept. 15 and 19.

Hyperlink to Above

1.2 - Portland Press Herald: Maine veterans given substandard care are told it's too late to sue (1 October, Edward D. Murphy, 2.1M online visitors/mo; Portland, ME)
After crushing her ankle in a fall during ropes training at Fort Leonard Wood in Missouri, April Wood for years sought relief from the pain she endured after leaving the Army in 2004. Doctors with the Department of Veterans Affairs ultimately determined that the only way to get rid of her pain was to amputate her leg a few inches below the knee.

Hyperlink to Above

1.3 - The Day: VA groups, services tackle high suicide rates among female veterans (30 September, Julia Bergman, 440k online visitors/mo; New London, CT)
Female veterans are committing suicide at 250 percent the rate of female civilians, according to the Department of Veterans Affairs. In Connecticut, at least 10 of the 50 veterans who committed suicide in 2014, the most recent data available, were women. And that's only counting veterans receiving care at the VA.

Hyperlink to Above

1.4 - ESPN: Sean Doolittle on Bruce Maxwell, respecting veterans and defining patriotism in a polarized America (30 September, Jerry Crasnick, 429k online visitors/mo; Bristol, CT)
Long before Oakland Athletics catcher Bruce Maxwell took a knee in protest during the playing of the national anthem last weekend, Sean Doolittle was giving sincere thought to patriotic displays at baseball games and the surrounding symbolism.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - FOX News: Creators of lifesaving body armor, artificial pancreas among federal workers honored (30 September, Joseph Weber, 32.5M online visitors/mo; New York, NY)
Rory Cooper, a Department of Veterans Affairs researcher, received a Sammie for designing wheelchairs and other assistive technology equipment that has improved the mobility and quality of life for hundreds of thousands of disabled veterans and other Americans.

Hyperlink to Above

2.2 - The Hill: Trump's Cabinet and charter flights: What we know and don't know (30 September, Nathaniel Weixel, 11.8M online visitors/mo; Washington, DC)

Health and Human Services Secretary Tom Price resigned Friday following a series of public rebukes from President Trump and GOP lawmakers over his repeated use of charter and military aircraft, at public expense, for official travel. Price is far from the only Cabinet member to take private flights however, so his resignation isn't likely to stem the controversy.

Hyperlink to Above

2.3 - Sun Herald: Cruise-in to salute veterans goes back to its roots with return to Centennial Plaza (30 September, Scott Hawkins, 858k online visitors/mo; Gulfport, MS)
One of the most meaningful and memorable events at Cruisin' The Coast each year is the Salute To Our Veterans cruise-ins. "The whole purpose is to have the vets enjoy the cars," said Woody Bailey, executive director of Cruisin' The Coast.

Hyperlink to Above

2.4 - Herald-Mail Media: Cruise-in unites community, veterans in common passion (30 September, Richard Belisle, 158k online visitors/mo; Hagerstown, MD)
The main parking lot at the VA Medical Center shined bright in paint and chrome from a hundred sport and muscle cars, street rods, vintage Detroit autos and trucks lined up for Saturday's annual Country Roads Car Club Cruise-in. This was the third year for the event.

Hyperlink to Above

2.5 - Little India: Undersecretary Poonam Alaigh Caught Up in Veterans Affairs Travel Scandal (30 September, 44k online visitors/mo; Torrington, CT)
Acting Undersecretary Poonam Alaigh and her husband accompanied Veterans Affairs chief David Shulkin and his wife on a 10-day trip to Europe in July this year, which is being criticized as a taxpayer paid holiday junket. Shuklin and his entourage attended a Wimbledon tennis match, toured Westminster Abbey and took a cruise on the Thames, all while on an official visit for meetings with Danish and British officials.

Hyperlink to Above

2.6 - WOAY (ABC-50): Beckley's Inaugural VAMC Veterans Art Show (30 September, Daniella Hankey, Oak Hill, WV)
The Beckley VA Medical Center hosted its inaugural art show this Saturday at the Medical Center auditorium. The Veteran's Council planned the art show as one of its projects. Using the tag line "healing through creativity", the art show features projects that have helped Veterans to heal. Nationwide, VA medical facilities use the creative arts as one form of rehabilitative treatment to help Veterans recover from and cope with physical and emotional disabilities.

Hyperlink to Above

3. Access to Healthcare

3.1 - Times Union: What's the point of jailing this veteran? (30 September, Chris Churchill, 1.5M online visitors/mo; Albany, NY)
Scott Gilligan had just turned 26. He was a guy from Cohoes and a Navy petty officer stationed in Puerto Rico. One day, he took a drive that would change his life. Gilligan was stopped at a

light when a man walked up to his car and stuck a gun in his face. A second armed man climbed into the back seat.

Hyperlink to Above

3.2 - The Olympian: How we can help improve the quality of life for military veterans (30 September, Dr. Rachel Wood, 851k online visitors/mo; Olympia, WA)
There are many things that contribute to our quality of life here in Thurston County: where you live or work, what you eat for breakfast, or how much stress you have in your day-to-day life. It's common sense that your health affects your quality of life, but it's also true that your quality of life can affect your health.

Hyperlink to Above

3.3 - Los Angeles Daily News: L.A. veterans' health care has room to improve (29 September, Editorial Board, 883k online visitors/mo; Woodland Hills, CA)
A Veterans Administration regional health care system is more than a corner of the federal bureaucracy. It's a promise to the men and women who served this country in the military. It's part of Americans' bargain with young people who sign up for duty.

Hyperlink to Above

3.4 - La Crosse Tribune: Thanks to VA for great service (30 September, Eugene Smithart, 823k online visitors/mo; La Crosse, WI)
I recently retired from Trane after more than 40 years. As a former U.S. Marine who served in Vietnam, I was able to get coverage from the Veterans Administration to replace the health coverage Trane had provided for all those years. With all I had heard about the Tomah VA, I didn't know what to expect in the way of quality of service I would receive.

Hyperlink to Above

3.5 - WHAM (ABC-13): Groundwork underway for new VA clinic in Henrietta (29 September, 817k online visitors/mo; Rochester, NY)
There will soon be a new location for local veterans to go for services and healthcare. A ceremonial groundbreaking took place Friday afternoon in the drizzle for the new VA clinic on Calkins Road in Henrietta. The 84,000-square-foot building will expand primary care services, along with mental health assessments and social work support.

Hyperlink to Above

3.6 - WSBT (CBS-22): Local veterans say they're glad to see new VA clinic in Mishawaka officially open (30 September, Cassidy Wiliams, 449k online visitors/day; Mishawaka, IN)
The new St. Joseph County VA Clinic in Mishawaka is officially open. The 90,000 square foot facility offers a variety of services. The $38 million dollar project finished on time and on budget. Senator Joe Donnelly and Congresswoman Jackie Walorski were there to get a tour of the new facility.

Hyperlink to Above

3.7 - The Post and Courier: South Carolina veterans react sharply to Ken Burns Vietnam documentary (30 September, Bo Petersen, 319k online visitors/mo; Charleston, SC)

Jerry Davis won't watch the Ken Burns' documentary on the Vietnam War, he tells you. The bayonet scar still plainly shows on his eye. "I saw it 'real time' and I don't want to see what someone else thinks," said the 76-year-old Marine Corps veteran from West Ashley, who set up communications under fire on hilltops in Vietnam.

Hyperlink to Above

3.8 - South Bend Tribune: Viewpoint: St. Joseph County clinic's grand opening fulfills a promise to our veterans (29 September, Sen. Joe Donnelly (D-Ind.), 274k online visitors/mo; South Bend, IN)
When we care for our veterans, we both honor their service, and we reinforce our values. Yet for too long, it was a struggle to provide veterans in our community convenient access to quality health care. Veterans from South Bend, Mishawaka, Elkhart, LaPorte and Plymouth have regularly had to make a two-hour trip to VA facilities in Chicago or Fort Wayne to see a doctor.

Hyperlink to Above

3.9 - The Herald-Dispatch: Look for these warning signs to help prevent suicide (1 October, Debbie Brammer, 192k online visitors/mo; Huntington, WV)
Thirty-nine stones lay scattered beneath the leafy branches of a young maple tree. Each stone bears the name of a loved one who was lost to suicide. Billy, Rita, Scott are among the names painted on the stones, representing both male and female, young and old, because suicide has no respect for gender or age.

Hyperlink to Above

3.10 - FierceHealthcare: VA proposed rule would override state licensing restrictions to expand access to telehealth (29 September, Evan Sweeney, 140k online visitors/mo; Washington, DC)
The Department of Veterans Affairs has issued a proposed rule that would allow VA providers to treat patients in any state via telehealth, regardless of where they are licensed to practice. The proposed rule would override state licensing restrictions that the agency says are limiting its telehealth program and allow VA physicians to treat patients anywhere in the country using the VA's telehealth technology.

Hyperlink to Above

3.11 - The Sun News: VA hospitals must be fixed - now (30 September, Stephen Sherwood, 140k online visitors/mo; Myrtle Beach, SC)
I have written all my senators and one congressman, and yet nothing changes with the VA hospital. I had major neck surgery in July and was prescribed four different opiates for pain. Now I cannot get anyone to prescribe any of these opiates, so along with being in pain, I am withdrawing from the opiates cold turkey.

Hyperlink to Above

3.12 - The Joplin Globe: Missouri's U.S. senators note bipartisan efforts (29 September, Susan Redden, 76k online visitors/mo; Joplin, MO)
On the federal front, Missouri's U.S. Sen. Roy Blunt this week announced he and Sen. Richard Blumenthal had introduced bipartisan legislation to expand veterans' access to peer counseling specialists to better combat the risks of suicide and treat associated mental health conditions.

Hyperlink to Above

3.13 - Daily Messenger: Improvements reported at Veterans Crisis Line (29 September, Julie Sherwood, 74k online visitors/mo; Canandaigua, NY)
The Veterans Crisis Line — which has been criticized for calls rolling to voicemail, dropped calls and veterans put on hold for long periods — received a glowing report Friday. U.S. Reps. Chris Collins, R-Clarence and Phil Roe, a Republican from Tennessee who chairs the House Committee on Veterans Affairs, discussed improvements following a tour of the crisis center at the Canandaigua VA Medical Center.

Hyperlink to Above

3.14 - KXRM (FOX-21, Video, Updated): VFW raises concerns over VA care (30 September, Carly Moore, 60k online visitors/mo; Colorado Springs, CO)
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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - WFED (AM-1500): Major changes coming to DoD's TRICARE system Jan. 1 (29 September, Jared Serbu, 831k online visitors/mo; Washington, DC)
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Hyperlink to Above

7. Supply Chain Modernization – No Coverage

8. Other – No Coverage

1. Top Stories

1.1 - Washington Times (AP): Prosecutors: Veteran Threatened to Kill Congressman, Staff (30 September, 10.8M online visitors/mo; Washington, DC)

CAMDEN, N.J. — Federal prosecutors say a New Jersey veteran who suffers from post-traumatic stress disorder threatened to assault and kill a congressman and the lawmaker's staff.

Joseph Brodie allegedly made the threats via telephone and email on Sept. 15 and 19.

Prosecutors say the 38-year-old Millville man was initially arrested on weapons charges Sept. 20 after state police went to his home to do a welfare check. They say Brodie fled out the front door with an assault rifle and tried unsuccessfully to fire it.

Brodie was charged Friday with threatening to assault a U.S. official. But the name of the congressman has not been disclosed.

Authorities say Brodie contacted the lawmaker to complain about a Department of Veterans Affairs clinic

It wasn't known Saturday if Brodie has retained an attorney.

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1.2 - Portland Press Herald: Maine veterans given substandard care are told it's too late to sue (1 October, Edward D. Murphy, 2.1M online visitors/mo; Portland, ME)

After crushing her ankle in a fall during ropes training at Fort Leonard Wood in Missouri, April Wood for years sought relief from the pain she endured after leaving the Army in 2004.

Doctors with the Department of Veterans Affairs ultimately determined that the only way to get rid of her pain was to amputate her leg a few inches below the knee.

But less than a year after the amputation, officials at the VA hospital in Togus, where she was initially treated, called her in to admit that her care there was substandard and the reason for her amputation was, at least in part, due to the poor care she had received at the Maine VA hospital, which has 230 doctors and serves 42,000 veterans annually.

“I was sitting there crying because, up to that point, I thought maybe my bones just cracked and there was something wrong with me,” said Wood, who is no longer able to work because of her disability. “They said, ‘No, your doctor sucked.’ ”

Now, Wood and five other Maine veterans are suing, claiming that the VA fraudulently concealed that a podiatrist at the VA hospital in Togus gave them substandard care, subjecting them to years of pain that hospital officials now say could have been avoided. Their case is currently before U.S. District Judge Jon D. Levy in Portland, who will decide whether the lawsuits can move forward.

Federal lawyers, however, have moved to dismiss the cases, arguing that the veterans waited too long to file the suits, even though the VA has admitted that the podiatrist, Dr. Thomas Franchini, provided poor care and the VA took years to notify the veterans that there were problems in their treatment.

The suits come against a backdrop of sharp criticism of the Department of Veterans Affairs over the standards of care given to veterans, including issues such as monthslong wait lists for care and mismanagement that led to veteran deaths.

The first suit was filed by Wood, now 42, a Maine native now living in Missouri, who was in Army basic training in early 2004 when she fell about 20 feet from the ropes course, smashing her ankle. Franchini, who treated her after her honorable discharge and is now in private practice in New York, performed surgery on Wood twice. Neither surgery provided any relief from the pain, and she eventually underwent the amputation, performed by other surgeons in 2012.

VETS CITE PAIN, LACK OF MOBILITY

The suits filed by the five other veterans have since been combined with Wood's and allege the same lack of effective treatment by Franchini, although no one else was subject to such a drastic remedy as Wood's amputation. Franchini's treatment of the other vets included plates and screws inserted into their feet and ankles – with some of the hardware allegedly incorrectly placed – joints fused improperly and bones from other parts of their bodies implanted poorly, the suits say.

All of the vets said they have limited mobility, and pain in their feet, ankles and legs. In some cases, doctors outside the VA system have recommended additional procedures, but the vets fear those operations will only worsen their conditions.

Jack Downs, 77, of Fairfield said doctors have told him further surgery would worsen the osteoarthritis in the foot that Franchini operated on in 2008.

The Marine Corps veteran said he can feel one of the screws that Franchini inserted during that surgery. He still suffers numbness in his foot, and pain that shoots up his leg to his hip when he walks or drives.

But, he said, "I'm afraid if they take the screw out, my foot will collapse."

Franchini began working at Togus, the oldest veterans' facility in the country, in 2004 after a career as a Navy doctor – in fact, one of the people suing him was treated for a different ailment by Franchini in Rhode Island while both were in the Navy. Franchini is still a licensed podiatrist, even though he resigned from the VA after the agency told him to step down or he would be fired in early 2010, according to Chris Cashour, a spokesman for the VA.

In addition to substandard care, a VA investigation said it appeared that Franchini was "falsifying some medical records," according to an affidavit filed in the veterans' suits by Yuri Walker, the VA's director of risk management.

Franchini is now listed as one of three doctors in a private podiatry practice on Fifth Avenue in New York City. His Maine podiatrist's license lapsed in 2011, but he has an active New York license. Records in both states show that there have been no complaints filed against him, although Cashour said the VA has "broad authority" to report doctors in cases where care was

substandard or caused injuries. Cashour would not say whether the VA reported Franchini to medical boards, citing privacy laws.

DOCTOR DEFENDS HIS TECHNIQUE

In most cases in Maine and New York, complaints that have not been validated are not recorded in state licensing records available to the public.

Through a representative of his office in New York, Franchini said he would not comment on the suits, and the government, not Franchini, is named as the defendant.

However, in a 2016 post on his personal blog, he complained that the review of his performance at Togus came about after one patient complained, although the VA said it was an official with the hospital who raised concerns about the doctor's care. That complaint, Franchini said, led to a "second wave" in which VA officials reviewed the care for more than 100 of his patients. He alleged the VA review only found that his record-keeping was deficient, not his surgical techniques or patient care, although the VA called in dozens of patients in January 2013 to admit that the care provided by Franchini was subpar.

Letters were sent at that time to Franchini's patients in what the VA terms a "large-scale disclosure event," but Franchini described the complaints as unfounded.

"Now the true fact (is) that my notes were brief, but not my care," Franchini wrote in his blog, in which he also complains about the difficulty of finding a new job. "They could not find something that was wrong other then (sic) brief note-taking."

In an affidavit filed in one of the suits last week, Franchini again denied that his care was subpar and said he tried to give his patients "accurate and truthful information" about their conditions and the results of his surgical procedures.

Vets and politicians have been critical of the quality of the care provided by the VA nationwide. The criticisms include allegations of mismanagement that led to veteran deaths, wait times as long as six months for VA hospital care, and VA officials' attempts to hide substandard care. In 2014, auditors discovered that employees at 110 VA facilities kept secret waiting lists to hide the delays veterans faced when seeking care. In July, Veterans Affairs Secretary David J. Shulkin fired two top officials at the Manchester, New Hampshire, VA Medical Center and ordered a review of the hospital.

Legislators and advocates have since pushed to reform the VA medical system, including changes that would make it easier for vets to see doctors outside the VA system or go to hospitals nearer to their homes.

The VA began examining the care it provided in recent years and rated the hospitals it ran on the quality of care offered.

TOGUS WAS RATED 2 oN A 5 SCALE

A critical report in 2015 commissioned by the Office of the Inspector General in the U.S. Department of Veterans Affairs found scheduling problems at Togus mirroring those at veterans hospitals nationwide, saying employees didn't enter appointment requests for some patients who weren't willing to be seen within 14 days, the VA benchmark for a comprehensive

examination for first-time patients. Employees were directed at times not to log referrals in their computerized system.

In 2016, care at Togus was rated a 2 on a 5-point scale, with 1 the lowest rank and 5 the highest. The rankings used some of the same variables used to evaluate other hospitals, such as surveys of patient experiences and outcomes, complications, readmissions and deaths, as well as some measures more geared toward VA hospitals, such as access to care and the quality of mental health care.

The VA rankings said Togus has made a “large improvement” from 2015, the baseline year for the rankings.

“We are proud of our improvements in all of our care programs, including podiatry,” said Ryan Lilly, director of the VA Maine Healthcare system.

The suits, however, allege that Franchini provided substandard care from early on in his tenure at the hospital.

Andy Korsiak, 58, who settled in Maine after he was assigned to Brunswick Naval Air Station, said he suffered for years from a bone spur that was pressing into his Achilles tendon. He went to Togus, where Franchini recommended surgery. The day of the operation, Korsiak said, Franchini decided at the last second to also remove a second bone spur lower on his heel that had not been causing any problems.

“We’re going to be in there, why don’t we do that as well?” Korsiak said he was told by Franchini.

He never saw Franchini again after the surgery in 2007, Korsiak said. A nurse removed his stitches and essentially sent him on his way.

Korsiak, who lives in Troy, said he still deals with pain and problems resulting from the surgery. A VA doctor in Massachusetts found bone fragments left behind in his ankle and heel, Korsiak said, but “there was absolute silence from the VA” until six years later, when the VA wrote to say there may have been problems with his care by Franchini and asked him to return to Togus to discuss his case.

The other cases contain similar accusations, but the most egregious appears to be Wood’s.

Wood said joining the Army was a lifelong dream. But she reluctantly accepted an honorable discharge in September 2004 when the Army determined that her effectiveness as a soldier would be reduced because of the injuries she suffered in the fall. After her discharge, she went to Togus to deal with continuing problems in her ankle and was assigned to Franchini for care.

“He said he could fix it,” she said of her ankle, and she believed him.

Franchini operated to fuse the ankle joint to reduce the movement of the joint, surgery that took four hours instead of the two she had been told to expect. A metal plate and eight screws were inserted into her ankle, she said, but after the surgery, Franchini told Wood and her family said that he wasn’t sure of a good outcome because she had “mushy bones,” Wood said.

When the pain didn't subside, Franchini operated again to insert more screws to immobilize the joint. When that failed to provide relief, Wood consulted VA doctors in Massachusetts, who decided to remove all the hardware Franchini had inserted and put in a piece of bone from a cadaver and more screws.

But in 2012, another VA doctor performed the amputation after the determination was made that it was the only way to alleviate the constant pain Wood was experiencing.

In early 2013, she was called back to Togus to discuss her case, where officials told her that Franchini's care was substandard.

Ultimately, the VA determined that her care had resulted in a full disability. Wood said she no longer works outside her home, but makes a few hundred dollars a year writing adult romance books.

BETRAYED BY THE SYSTEM

Timothy Mansir, now 36, injured his foot after falling while in Iraq with the Marine Corps. After he was discharged in 2007, he went to the VA, where Franchini diagnosed an unstable ankle and performed an ankle reconstruction in 2008.

Finally, he saw a podiatrist who lived down the street from him in Oxford. A surgical procedure that doctor performed helped some, Mansir said, but "my ankle was severely messed up."

Finally he was called in to Togus in 2013, where VA officials told him that Franchini's initial care was to blame and the ankle reconstruction was "overly aggressive."

Mansir has since had additional surgeries by doctors outside the VA system, but still experiences pain and said he feels "hurt and betrayed" by the system. Mansir said he worked as a commercial electrician and then a testing technician, but he lost both jobs when the pain interfered with his work. He still has a severe limp, has to take frequent breaks when he walks and lives with his wife on Social Security and military disability.

"I held up my end of the bargain and went and served my country, and I expected to be taken care of," he said. Being told that his care was substandard "was like a huge slap in the face."

Mark Prescott said pain that developed in his regular runs led him to seek help, initially while on active duty in the Navy and later as a veteran.

He said he had always been a runner, which continued after he joined the Navy out of high school in 1983. But in the late 1990s, Prescott started experiencing pain in his ankle and learned he had broken a bone in the joint years earlier and never had it treated. He had surgery twice while still on active duty and then was treated at Togus after retiring.

"He had a very good bedside manner," Prescott said of Franchini. "He was always available to talk to and seemed like a guy you wanted to hang out with." Prescott noted, however, that Franchini never seemed to write anything down.

Franchini operated on Prescott twice, transplanting a piece of bone taken from his foot into his ankle to stabilize it, but Prescott only experienced more pain. Franchini gave him a brace,

Prescott said, but he was unable to use it because he had to tighten it on the inside of his ankle, which caused too much pain.

Still, Franchini told him he was “progressing normally,” the suit alleges. Prescott said he never suspected anything might be amiss until VA officials told him that he might not have been treated well.

A doctor from the VA in Boston showed him an X-ray that, he said, indicated that Franchini had overly tightened the piece of transplanted bone, creating a ridge that caused his pain, Prescott said.

KICKED WHEN YOU’RE DOWN

Like the others, Prescott was told he could file a claim with the VA that might result in a finding of a greater disability with an increased pension and guarantee of care going forward. That claim was rejected.

“They admitted that they had harmed me, but the other office said, ‘Well, there’s nothing we’re going to do for you,’ ” Prescott said. “That’s sort of like kicking you when you’re down. To listen to the government, they should have known that we were improperly treated.”

In his suit, veteran Kenneth Myrick of South Portland said Franchini operated on his ankle at Togus in 2005 but he continued to experience “severe pain” in his left leg after the procedure despite additional surgeries at the VA in Boston. The VA told him in 2013 that the original surgery by Franchini resulted in “nerve entrapment,” which Franchini and other doctors failed to see in examinations after the original surgery. Franchini’s original surgery was “substandard,” the VA told Myrick.

Both Myrick and his lawyer, David Kreisler, have declined to comment on the suit.

Downs, the Marine from Fairfield, said his issues with the care provided by the VA go beyond the surgery Franchini performed on his foot in 2008.

Downs, who served in the Marine Corps for two years in the late 1950s, said the top of his foot had collapsed. Franchini told him it could be fixed by fusing a bone and operated in 2008.

Downs had follow-up appointments during which X-rays and scans were taken, but when Downs and his wife moved to Florida, Franchini didn’t contact him and never got in touch with VA doctors in Florida. According to his suit, the X-rays and scans indicated that the fusion had not succeeded and that a screw might have been improperly placed, but Downs was never told about those findings.

After the couple moved back to Maine, Togus officials told Downs that his care may have been inadequate and an outside doctor told him that the metal plate Franchini put in was too small to allow the bones to fuse.

Now, Downs – who used to walk 5 miles a day – suffers numbness in his foot when he tries to walk. If he drives, the pain starts in his foot and then travels up his leg to his hip.

Downs said he thinks Franchini never ordered physical therapy for him because he knew the therapists would discover that the surgery wasn’t right.

After the surgery, Downs said, he believes the VA dragged its feet on informing him and other Franchini patients that their care might was substandard in order to run out the clock on time limits for filing a suit.

“I truthfully feel they stalled me,” he said. “I was being stalled by the VA.”

WHEN DOES THE TIMER START?

Levy, the judge over the ongoing cases, ruled in February 2016 that Maine’s three-year time on malpractice suits is a “statute of repose,” meaning the window of time on when the plaintiffs can file suit starts from when the alleged malpractice occurred. For most of the vets, their surgeries were performed in the mid- or late-2000s.

Attorneys for the veterans argued that the VA should be tried under a federal malpractice law with a two-year limit, but a clock that begins to run when the patients discover they may have received substandard care. The six vets were told by Togus officials in January 2013 that their care might have been substandard and most filed their suits within a year.

In his ruling in early 2016, however, Levy allowed the veterans’ lawyers to pursue a claim that the VA had “fraudulently concealed” the findings of poor care, which would allow the suits to move ahead, regardless of the time limits. He’s expected to rule in October or November.

Togus officials have admitted that they took a long time to disclose the findings of their investigation into Franchini’s cases, but deny that they did so on purpose to limit the veterans’ ability to sue.

Dr. Timothy Richardson, the former chief of staff at Togus, said he ordered another doctor to review Franchini’s cases after a compensation and pension examiner raised concerns in early 2010. In an affidavit filed in the case, Richardson – who was demoted as chief of staff over the length of time it took to review the Franchini cases – said the pace of the review and notification of patients was “admittedly slow” and said he should have devoted more resources to investigating Franchini’s cases.

But it wasn’t a ruse, he said.

“At no time during the process did I ever deliberately delay the reviews to minimize or avoid potential legal liability from any claims that patients might assert against the Togus VAMC,” Richardson said. “In fact, I never once considered the applicability of any statute of limitations to those claims, and had never even heard of the ‘statute of repose’ until the government raised the issue in the pending lawsuits. Based on my own personal experience, the issue of ‘timing’ or ‘time limits’ for potential tort claims was never discussed by anyone at the Togus VAMC. Nor did anyone say or even suggest that we should ‘conceal’ the results of our reviews from patients.”

Walker, the VA’s director of risk management who was involved in the Franchini investigation, also denied that the review was deliberately delayed.

U.S. attorneys in Portland who are defending the government in the suit said they had no comment because the case is in active litigation.

David Lipman, who represents Wood and Prescott, said the VA's argument, boiled down, is "we didn't fraudulently conceal it, we incompetently concealed it."

"That's just so frustrating and ridiculous," said Celine Boyle, of the Shaheen and Gordon law firm, who represents Korsiak, Downs and Mansir.

Both Lipman and Boyle indicated that they will likely file appeals if Levy's next ruling, on the fraudulent concealment claims, goes against them. In that case, they would likely appeal the ruling that the time limit is a statute of repose and that the state law, rather than the federal statute, should be followed in determining filing deadlines.

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1.3 - The Day: VA groups, services tackle high suicide rates among female veterans (30 September, Julia Bergman, 440k online visitors/mo; New London, CT)

Female veterans are committing suicide at 250 percent the rate of female civilians, according to the Department of Veterans Affairs.

In Connecticut, at least 10 of the 50 veterans who committed suicide in 2014, the most recent data available, were women. And that's only counting veterans receiving care at the VA.

Nationally, the suicide rate for female veterans from 2001 to 2014 increased by a greater degree than the suicide rate among male veterans.

The data was part of an update to a 2016 VA report that analyzed more than 55 million records from 1979 to 2014, the most comprehensive look at veteran suicides in the U.S.

Women are one of the fastest growing groups of veterans. Of Connecticut's 200,000-plus veterans, more than 16,500 are female. The number of female veterans in the state has grown by 10 percent in the past five years.

A 2016 survey of active-duty women and female veterans by the Service Women's Action Network found that they view gender bias as a major obstacle to success, and feel underappreciated by society. They listed their top community challenge as access to women-specific health care.

"I often hear from women 'I just wish I could meet other women veterans. I don't know how to meet other women veterans,'" said Lynette Adams, women veterans program manager at VA Connecticut. "Social support is a really large protective factor for people at risk of suicide."

As more women are entering the military, there may be an increase in the number of women accessing care at the VA. That, in turn, allows the VA to continue to build more programs geared toward women, Adams said.

From 2001 to 2014, the suicide rate for female veterans overall increased, but the rate decreased by 2.6 percent for those accessing services at the VA.

About 25 percent of female veterans in Connecticut are enrolled at the VA. This number has increased steadily over time, according to Adams, but there's still a large percentage of female veterans who are not going to the VA in Connecticut.

The VA, on a national level, has stepped up its outreach to women, letting them know about resources and programs specific to them. And it has "greatly expanded" its women-specific programming in the past five to 10 years, according to Adams.

"So I hope one of the reasons for those (VA enrollment) numbers going up is that women are realizing 'the VA can provide me with the gender-specific services that I need,'" she said.

There's a women veterans liaison at each of the VA's veterans centers in Connecticut, for example. And there's a number of mental health programs for women, such as support groups.

A few years ago, there was one only one group at the Connecticut VA for women who've experienced sexual assault or sexual harassment during their military service, commonly referred to as military sexual trauma or MST. A recent VA study found the rate of suicide to be higher among women who've experienced military sexual trauma.

Today, there are three such support groups.

"We find that women who are able to engage in these gender-specific programs are happier with their care," Adams said.

These programs can also provide female veterans with the social support that they might otherwise feel that they don't have, she added.

While the VA has expanded its offerings for women, veteran organizations are lacking in this regard, an op-ed written recently by two female veterans points out. The SWAN survey found that 71 percent of female veterans don't belong to a veterans service organization, and 30 percent said they don't feel welcome in existing veterans organizations.

A 2015 law directed the Connecticut's Department of Veterans Affairs, within existing resources, to create a women veterans program to let them know about federal and state benefits and services and to study their unique needs. A group meet twice that year, but hasn't met since, according to Emily Hein, spokeswoman for the state's Department of Veterans Affairs.

As was the case back then, the department's Office of Advocacy and Assistance has three female veteran services offices who act as liaisons for female vets, Hein said.

The national Women Veterans Hotline is 1 (855) VA-WOMEN (829-6636). The website is www.va.gov/WOMENVET.

For free, confidential support for veterans in crisis, call the Veterans Crisis Line at 1 (800) 273-8255 and press 1, or text to 838255, or chat online 24 hours a day at www.veteranscrisisline.net.

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1.4 - ESPN: Sean Doolittle on Bruce Maxwell, respecting veterans and defining patriotism in a polarized America (30 September, Jerry Crasnick, 429k online visitors/mo; Bristol, CT)

Long before Oakland Athletics catcher Bruce Maxwell took a knee in protest during the playing of the national anthem last weekend, Sean Doolittle was giving sincere thought to patriotic displays at baseball games and the surrounding symbolism.

Doolittle, who played with Maxwell in Oakland before being traded to the Washington Nationals in July, is the product of a military family. His father, Rory, served in the Air Force for 26 years and currently teaches aerospace science to high school ROTC students in New Jersey.

During his time in the majors, Doolittle has become a strong advocate for veterans and used his visibility to help them with everything from housing and employment to substance abuse-related issues. In May, Doolittle and his fiancée, Eireann Dolan, wrote a Sports Illustrated op-ed piece to raise awareness of the plight of veterans with "bad paper"-- those who've fallen through the cracks and failed to receive care after less-than-honorable discharges from the military because of alleged misconduct.

Doolittle and Dolan have also taken an interest in lesbian, gay, bisexual and transgender issues, and in November 2015 they hosted 17 Syrian refugee families for Thanksgiving dinner in Chicago. The Athletics nominated Doolittle for the Branch Rickey Award in 2013-2014 and the Roberto Clemente Award in 2016.

During a stop in Philadelphia this week, Doolittle shared his thoughts on the furor swirling around athletes and the national anthem in a conversation with ESPN.com.

Were you surprised when you saw Bruce Maxwell take a knee in Oakland?

Sean Doolittle: "I was a little bit surprised, mainly because it was a young guy that did it -- a guy that still has so much to prove in this league and so much to lose at the same time. [It's harder] for a guy like that to put himself out there. I hope we get to a point whether people agree with him or not, or wherever they fall on the issue, they can respect somebody for standing up for what they believe in."

What did you learn about Maxwell during your time in Oakland?

SD: "He's a very thoughtful guy. He's really matured a lot as a person and a player over his last couple of years. He had some big league time and got to be around some really good veteran guys in that clubhouse who really helped his development. He has talent, and he's starting to mature and work really well with that pitching staff.

"Bruce is a super nuanced guy. We want to put people in boxes. Words like 'conservative' or 'liberal' or 'Republican' or 'Democrat' have become pejoratives that people use to define and use against other people now. We want to label them before we even get to know them."

There has been a lot of conversation about how NFL and NBA players have jumped into the political fray while baseball players have remained largely silent. Some people point to the racial makeup of MLB rosters or the game's established clubhouse culture. What do you think?

SD: "I have theories, but I don't know. It's touchy."

Does it strike you that the national anthem is becoming such a flash point for debate?

SD: "A lot of these questions are being posed to people for the first time, like, 'What does it mean to you to stand for the anthem?' I think if you asked 10 people, you might get 10 different answers. You might see one guy standing at attention and other people walking around the concourse buying food or whatever."

What does the playing of the national anthem mean to you personally?

SD: "I came from a military family, so there are a lot of things I think about when the anthem is playing. One thing that bothers me is the way that people use veterans and troops almost as a shield. They say that's the reason they stand and that veterans deserve to be honored and respected during the anthem. But where is that outrage in taking better care of veterans? The most recent statistics say that we still lose 20 veterans to suicide every day.

"If you want to have that conversation, if that's your reason for standing, then let's talk. Let's have a conversation about putting that into action, because they deserve a heck of a lot more than people standing at attention during the flag or giving them discounts on food or hotels.

"It's really nice that we honor them at games sometimes. They'll bring a veteran on the field and he'll get a standing ovation, and that's important. We're in the 16th or 17th year of this war [in Afghanistan], and it keeps a reminder that we are still a country at war. But we need to follow through on those thoughts and actions."

How are you involved personally?

SD: "My fiancée and I do a lot of work with veterans' issues. Earlier this year, we wrote an op-ed that ran in Sports Illustrated about some of the things we found regarding veterans being wrongly excluded from VA care at a time when they're experiencing a mental health crisis and a suicide epidemic the way they are now. We need to be figuring out ways to expand VA care to take better care of veterans.

"We've worked very closely with three big organizations. We've also gotten closely connected with people in and around D.C. When we were writing the op-ed, we talked to policy makers and policy groups about it. We've learned a lot about veterans' issues and we stay super informed about it. Anytime people use vets and the military as a political football or a prop, it's kind of bothersome.

"The VA works, it really does. For some of the negative press they've gotten in the past few years, when the veterans are able to access it, it really works and saves lives, because they're the ones that are really equipped to handle the unique needs that veterans have."

Do you think there's a distinction to be made between symbolism and action here?

SD: "I don't want it to be a hollow gesture. I think it's a very valid reason to stand for the anthem. But if people are going to point to veterans and use them as the reason, then let's follow through on that.

"There are a lot of veterans being left out. It takes more than standing for the anthem or 'God Bless America' to stand up for them in a [real] sense. As long as we have a volunteer-only military, a lot of the responsibility falls on the general public to make sure they're getting the

care they need when they're done with their service. The veterans raise these questions with Congress and policymakers, but it's going to take the general public to raise their voices in order to really move the needle."

Some people say that athletes who kneel are disrespecting veterans and their service. Others maintain that veterans have fought to give people the right to peacefully protest in such a manner. Can you understand both arguments?

SD: "I worry sometimes in this country that we conflate patriotism exclusively with love of the military and militarism and the strength of our armed forces. That's not the only way that you can be patriotic.

"People draw a direct line between the national anthem and the military, or patriotism and the military. But there are a lot of things that we're not doing for veterans."

Have you seen any positive changes since you've been doing advocacy work for veterans?

SD: "It's getting better. [Veterans Affairs] Secretary [David] Shulkin, who was appointed last year, is doing a good job. But it's almost like we have to capture some of the momentum so that we don't lose any of that progress. He said his priority is bringing down the suicide numbers and reducing that rate."

Can the current debate be a "teachable moment"?

SD: "I think it's important to realize that the players who are protesting aren't protesting the anthem. They're not protesting the flag. People kind of move the goalposts on them and try to tell them what they're protesting. But as they keep saying, that's not what they're protesting."

As someone who stands for the anthem, what's your response to athletes who kneel?

SD: "I think American democracy is strong enough to have that conversation. I think my patriotism is strong enough to not be offended when somebody takes a knee during the anthem. That's not something I take personally. It's something that makes me want to reach out to that person and have a conversation with them and say, 'Let's talk about some of these issues. Tell me about certain things that have caused you to take such a stand.'

"I want to have these conversations with guys like Bruce Maxwell and guys in other leagues, and maybe someday we can get to a point where we give them a reason to stand, and they're proud to stand along the other guys that are standing."

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2. Veteran and Employee Experience

2.1 - FOX News: Creators of lifesaving body armor, artificial pancreas among federal workers honored (30 September, Joseph Weber, 32.5M online visitors/mo; New York, NY)

Marine Corps engineer Flora Jordan was honored this week at a Washington, black-tie gala for creating body armor that’s nearly half the weight of older models yet equally protective.

While humbled for winning the 2017 Service to America Medal, Jordan admitted that her mind was already focused on next-generation armor that will better help soldiers in combat and keep them healthier.

“This is so humbling, especially among all the accomplishments being recognized here,” Jordan, the youngest recipient of the award, formally known as the Samuel J. Heyman Service to America Medal, said Wednesday at the awards ceremony, inside the neoclassic Andrew W. Mellon Auditorium on Constitution Avenue.

The 28-year-old Jordan said she and others at Marine Corps Systems Command in Quantico, Va., are now working on integrating the award-winning vests with other solider-gear like helmets and hydration packs “in a more holistic way,” which she said will also help with back and shoulder problems.

The annual gala, in which hundreds of not-so-famous federal employees pay tribute to coworkers’ vital-yet-frequently-unheralded efforts, was not without star power and laughter this year.

Award-winning writer Michael Lewis -- who’s had several books turned into movies -- was among those who spoke at the ceremonies, known around the nation’s capital as the “Sammies.”

“This is way more efficient” than the Oscars, Lewis said in a nod to federal workers’ pride in no-waste efficiency.

Joshua Van Eaton, a Justice Department attorney honored with EPA investigators Phillip Brooks and Bryon Bunker for their lead work in the 2016 Volkswagen emission case, thanked Robert Muller for his efforts in negotiation the landmark, $17.4 billion settlement with the German automaker.

The case, in which the company rigged more than a half-million vehicles to evade pollution regulations, also led to billions more in civil and criminal penalties.

“It should be obvious why I’d want to stay in (former FBI Director) Mueller’s good graces,” Eaton said about Mueller, who now leads a Justice probe into whether Trump campaign officials colluded with Russia in the 2016 White House race.

“Our nation relies on dedicated public servants like those we honor here tonight,” Max Stier, president and CEO of the nonprofit, nonpartisan Partnership for Public Service, which runs the awards program, said in joint statement with Tom Bernstein, the partnership’s chairman.

This year’s lifetime achievement award went to Dr. Tedd Ellerbrock from the Centers for Disease Control and Prevention.

Ellerbrock played a vital role in building, expanding and improving the U.S.-led program that provides medicine and assistance to 11 million people worldwide living with HIV/AIDS.

Like many who won awards, Ellerbrock thanked his wife and family for their support and acknowledge how their work forced them to miss so many dance recitals and youth soccer games.

Ellerbrock said about his wife, “Without Pamela, I wouldn’t be here today. Thank you for your love and support.”

The other 2017 winners were the FDA’s Courtney Lias and Stayce Beck who paved the way for the first artificial pancreas device to receive agency approval, three years faster than expected, which has helped those living with Type 1 diabetes.

Timothy Camus, a Treasury Department inspector general, and the IRS Impersonation Scam Team won for leading a multi-agency investigation and public awareness campaign to stop a massive fraud that conned thousands of Americans into paying millions of dollars in bogus tax bills.

Alex Mahoney and the Middle East Crisis Humanitarian Response Team for leading the U.S. humanitarian relief effort in war-torn Syria and parts of Iraq -- delivering food, medicine, safe drinking water and other assistance to millions of victims.

Rory Cooper, a Department of Veterans Affairs researcher, received a Sammie for designing wheelchairs and other assistive technology equipment that has improved the mobility and quality of life for hundreds of thousands of disabled veterans and other Americans.

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2.2 - The Hill: Trump’s Cabinet and charter flights: What we know and don’t know (30 September, Nathaniel Weixel, 11.8M online visitors/mo; Washington, DC)

Health and Human Services Secretary Tom Price resigned Friday following a series of public rebukes from President Trump and GOP lawmakers over his repeated use of charter and military aircraft, at public expense, for official travel.

Price is far from the only Cabinet member to take private flights however, so his resignation isn’t likely to stem the controversy.

Here’s what we know, and what we don’t know.

Who is involved?

There are at least four Cabinet secretaries under fire for their use of charter or military flights.

Price was the most extreme case, as his flights cost taxpayers about $1 million, according to estimates by Politico.

The Treasury Department inspector general is reviewing department head Steven Mnuchin’s use of a private jet in August, as well as why he requested a government plane to take him and his wife, Louise Linton, on their European honeymoon.
Environmental Protection Agency Administrator Scott Pruitt has also been using private planes for government duties. The Washington Post reported on Wednesday that Pruitt’s private flights have cost taxpayers more than $58,000.

On Thursday, Politico and The Washington Post reported Interior Secretary Ryan Zinke took a $12,000 charter flight aboard a plane owned by oil-and-gas executives.

They also reported on at least three other occasions of private jet travel since Zinke was confirmed, including to the Virgin Islands, before hurricanes Irma and Maria hit.

Veterans Affairs Secretary David Shulkin is also coming under scrutiny for combining personal travel in Europe with an official trip, all paid for with taxpayer money. While Shulkin flew commercial, the government paid for both he and his wife's flight and a per-diem for both their meals.

The trip also came less than two weeks after he signed a memo instructing top VA staffers to determine whether “employee travel in their organization is essential.”

Apologizing might not be enough

Price apologized for his decision and offered to pay back tax payers for the cost of his seat on his private flights.

That wasn’t enough to stem the controversy or the president’s ire.

Zinke on Friday was more combative, telling an audience at the Heritage Foundation that the outrage was “a little B.S.”

Mnuchin hasn’t apologized either, and on Thursday he declined to promise that he would only ever fly commercial.

“I can promise the American taxpayer that the only time that I will be using mil air is when there are issues either for national security or we have to get to various different things where there's no other means,” Mnuchin said on CBS “This Morning.”

Price’s pledge to pay back “his share of the travel” amounts to $51,887.31. According to Politico, which broke the stories about his private flights, Price took at least 26 flights on private jets at an estimated cost to the taxpayers of over $400,000.

On Thursday night, Politico reported that the White House approved flights on U.S. military aircraft to travel to Europe, Asia and Africa for official events, at a cost of more than $500,000.

Congressional Republicans are taking notice.

Price’s trips managed to earn bipartisan outrage.

Democrats were fuming, but Republicans also gave him a dressing down.

“[Everything] that happens around here is based on appearances. And if it just appears wrong, don't do it,” Sen. Lisa Murkowski (R-Alaska) told reporters this week.

Sen. John Kennedy (R-La.) had harsher words.

“Taking these charter flights, playing the big shot on the taxpayer's dime when you can go by bus or train or regular commercial air, can't put lipstick on this pig,” Kennedy said Thursday on Fox News Channel’s “America’s Newsroom.”

More broadly, the charter flights by Cabinet members are also the subject of an investigation by the House Oversight Committee.

Judiciary Committee Chairman Chuck Grassley (R-Iowa) on Thursday urged Trump to curb the spending of Cabinet secretaries.

He called on Trump to “emphasize to cabinet secretaries the necessity of using reasonable and cost-effective modes of travel,” especially “considering the many travel options to and from Washington, D.C.”

Will the flights cost anyone else their jobs?

Trump was reportedly incensed at Price for being a distraction, and was annoyed the reports about Price’s air travel have undercut his “swamp draining” image.

But there was also speculation that Trump blamed Price for the failure of Congress to repeal ObamaCare.

If tax reform suffers a similar fate, one couldn’t blame Mnuchin for being worried.

On the other hand, Mnuchin is a confidante and friend to Trump. Price was seen as a loyalist to Vice President Pence, and lacked a more personal connection to Trump.

Trump has also been cleaning house at the VA, firing more than 500 employees since he took office. It’s not clear yet how the latest scandal will impact Shulkin.

Zinke has already come under fire from Democrats, and his initial defense shows he may be painting the issue as a partisan attack, which doesn’t necessarily reflect poorly on Trump.

Trump has also been trying to combat the image of a White House in chaos, and while the scandals have not gotten positive cable news coverage, more staff resignations or firings could be even worse.

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2.3 - Sun Herald: Cruise-in to salute veterans goes back to its roots with return to Centennial Plaza (30 September, Scott Hawkins, 858k online visitors/mo; Gulfport, MS)

One of the most meaningful and memorable events at Cruisin’ The Coast each year is the Salute To Our Veterans cruise-ins.

“The whole purpose is to have the vets enjoy the cars,” said Woody Bailey, executive director of Cruisin’ The Coast.

This year, the event, which features Cruisers converging on the location to honor veterans, will be held 10 a.m. to 2 p.m. Tuesday, Oct. 3, at Centennial Plaza, 200 E. Beach Blvd., Gulfport. In recent years, it has been held at the Biloxi VA facility.

“The change of venue is going back to its original roots,” Bailey said.

Prior to Hurricane Katrina, the event was held under the oaks at the old Veterans Affairs facility at Centennial Plaza, which is now Cruise Central, but after the storm damaged the property, organizers moved the veterans cruise-in to the Biloxi VA facility.

In the following years, construction and other issues forced the event to move around for a few years.

“The vets event started at the Gulfport VA property a number of years ago,” Bailey said, “to have the vets at the VA home in Gulfport enjoy Cruisin’ The Coast.”

Now the veterans are living in Gulfport’s new VA retirement facility near Centennial Plaza, so moving the event back to the original location makes sense. Bailey said veterans from both the Gulfport and Biloxi VA facilities will be bused to Cruise Central for the Tuesday, Oct. 3, Salute to Veterans event.

“The vets have served their country,” he said. “We want to honor that service and feel like this is a way Cruisin’ The Coast can help do that.”

This year’s Salute to Our Veterans event also will feature a celebrity appearance by Cristy Lee and the Crusin’ The Coast Feature car.

SALUTE TO OUR VETERANS

Where: Cruise Central, Centennial Plaza, 200 E. Beach Blvd., Gulfport

When: 10 a.m.-2 p.m. Tuesday, Oct. 3

The event will feature a celebrity appearance by Cristy Lee and an appearance of the Cruisin’ The Coast Feature Car

Cruisin’ The Coast

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2.4 - Herald-Mail Media: Cruise-in unites community, veterans in common passion (30 September, Richard Belisle, 158k online visitors/mo; Hagerstown, MD)

MARTINSBURG, W.Va. — The main parking lot at the VA Medical Center shined bright in paint and chrome from a hundred sport and muscle cars, street rods, vintage Detroit autos and trucks lined up for Saturday’s annual Country Roads Car Club Cruise-in.

This was the third year for the event.

It's stated goal, VA and club organizers said, is to bring the community and military veterans together in a common passion — the love of things automotive.

Veterans themselves judged the vehicles and chose the winners in about a dozen categories. The biggest trophy, the Director's Choice, was a 1978 Corvette, picked by Timothy J. Cooke, the medical center's director. He once owned a 1978 Corvette, according Mike McAleer, public affairs officer.

The cruise-in is hosted every year by the Jefferson County, W.Va., car club. Member Bill Crawford said the club has its headquarters in Harpers Ferry, W.Va. It hosts two shows a year — the one at the VA and one in Ranson, W.Va.

Among the vehicles getting attention from veterans and visitors was a vintage 1959 British-made Turner MK 1 sports racing car. It was brought to the cruise-in by David Thomas, president of High Performance Heroes of Clarksburg, W.Va.

Heroes is a group of race fans who help combat-wounded veterans become active in motorsports.

Thomas's wife, Ashley Thomas, said the organization restores and modifies vintage sports cars, including a 1962 Austin Healey Sprite and 1972 MG Midget. Two combat-wounded veterans, Liam Dwyer of Litchfield, Conn., and Patrick Brown of Chesapeake, Va., have benefitted from the group's help.

Dwyer lost his left leg from an improvised explosive device in Afghanistan in 2011. In 2013, through the efforts of High Performance Heroes, he won the Pittsburgh Vintage Grand Prix Group 2 in the Austin Healey Sprite.

Brown was able to drive the MG Midget because the mechanics at High Performance Heroes were able to convert a window crank from a Ford F-150 into an automatic clutch for the MG's manual transmission, Ashley Thomas said.

"We are the only ones doing vintage sports car racing with combat-wounded veterans," she said.

Jim Boyer of Kearneysville, W.Va., who was wounded in action in Korea, was at the VA showing off his 1959 Plymouth Fury. He said he had bought a brand new iceberg-white Fury with a yellow roof in 1959. He drove the car for years before he sold it. The one on display Saturday was purchased in Franklin, W.Va. It's owner had died and his widow was trying to sell it.

"It was just like my first one. It had the same color, same 318-cubic-inch motor and it only had 28,000 miles on it," he said. "I bought it for $23,000. My first one cost, new, less than $3,000. I didn't have to do anything to it. I only get it out for occasions like this."

Steve Hummer of Star Tannery, Va., has a similar story, but with an "all original" 1929 Ford Model A pickup truck. An Army Ranger, he was seriously wounded in 1968 during the Tet Offensive in Vietnam. Today, Hummer is a certified peer recovery specialist in a veteran-to-veteran program at the Hope Center at the Martinsburg VA.

Jocelyn Doyle of Boonsboro is a dental assistant at the VA. On Saturday she was one of a cadre of volunteers who transported veterans in wheelchairs from their rooms to the cruise-in to see the cars up close.

“I transported six of them today,” she said. “I do this so I can give something back.”

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2.5 - Little India: Undersecretary Poonam Alaigh Caught Up in Veterans Affairs Travel Scandal (30 September, 44k online visitors/mo; Torrington, CT)

Acting Undersecretary Poonam Alaigh and her husband accompanied Veterans Affairs chief David Shulkin and his wife on a 10-day trip to Europe in July this year, which is being criticized as a taxpayer paid holiday junket.

Shuklin and his entourage attended a Wimbledon tennis match, toured Westminster Abbey and took a cruise on the Thames, all while on an official visit for meetings with Danish and British officials.

Besides the Alaighs, Shulkin’s travel team included his chief of staff, and another aide. They were accompanied by a team of six security personnel.

Controversial Europe Trip

Shulkin was visiting the continent for meetings on veterans’ health issues, but he spent more than half the time in sightseeing and shopping, the Washington Post reported.

The report comes on the heels of the resignation of Tom Price, the Health and Human Services Secretary, who was forced to resign on Sept. 29 following allegations of taxpayer-funded air travel.

VA revealed on Sept. 29 that the federal government paid for the flights for Shulkin and his wife, Merle Bari. The government also provided per-diem reimbursement for their meals and other expenses.

The VA representative did not respond to the Washington Post on how Bari became eligible for reimbursements and taxpayer-funded airfare, saying that she was traveling on “approved invitational orders.” The spokesperson also refused to reveal the flight fare and the total reimbursement amount. Under federal guidelines, Bari could have been eligible for per diem reimbursement of $3,600.

Alaigh defended the trip, telling the newspaper it enabled valuable exchange of ideas with their British and Danish counterparts.

“Were there some breaks we got? Sure. But they were reasonable. They were not at the expense of what we had committed to do: representing our country and showing our commitment to veterans,” Alaigh told the Washington Post.

A travel itinerary released by the Department of Veterans Affairs shows that Alaigh and her husband accompanied the secretary on a separate flight.

The Indian American physician is reported to have submitted her resignation for family reasons on Sept. 25, effective Oct 7, according to the Military Times . It reported that Alaigh, who assumed the post in February, said in a letter to staff: “I want you to know that it has been my greatest honor to serve (VA) Secretary (David) Shulkin, each one of you and all of our veterans.

“As I prepare to now leave Washington, I thank you sincerely for what you have helped us to accomplish, moving from being the country’s largest integrated healthcare system into, truly, America’s greatest healthcare system.”

Her resignation, however, has not been publicly announced, and Alaigh made no reference to it in her interview with the Washington Post.

Alaigh is an internist, who completed her residency at the State University of New York in Stony Brook. She earlier served as national medical director for GlaxoSmithKline, was cofounder of the Atlantic Accountable Care Organization in New Jersey, and a senior advisor to the Under Secretary for Health.

The Military Times reported that Carolyn Clancy, the deputy undersecretary of health for organizational excellence, will assume her post next month.

VA Press Secretary Curt Cashour defended the trip, saying that the visit, including the trip to the Wimbledon game, was reviewed and approved by the ethics counsel. He added that Alaigh’s husband paid his expenses for the trip.

“These were important trips with our allies to discuss best practices for taking care of veterans. The secretary has been transparent on his down-time activities that were similar to what he would have done with his family over a weekend in the U.S.,” Cashour said.

Shulkin attended a conference in London on July 19 to discuss mental health issues with representatives of Britain, Canada, Australia and New Zealand, following meetings in Denmark from July 12-14.

During the trip, Shulkin and his team also visited Copenhagen’s Christiansborg and Amalienborg, and London’s Buckingham and Kensington.

Travel Scandals in Trump Administration

Many senior members of Congress, including two key Republicans, have expressed concerns over the travel scandals involving members of the Trump administration. House Oversight Committee Chairman Trey Gowdy and Democrat Rep. Elijah E. Cummings wrote to the White House that official travel should not be connected to personal use.

Sen. Charles E. Grassley, the Chairman of the Senate Judiciary Committee, wrote to Trump asking what steps the government has taken to “ensure Cabinet secretaries use the most fiscally responsible travel in accordance with the public trust they hold.”

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2.6 - WOAY (ABC-50): Beckley's Inaugural VAMC Veterans Art Show (30 September, Daniella Hankey, Oak Hill, WV)

The Beckley VA Medical Center hosted its inaugural art show this Saturday at the Medical Center auditorium.

The Veteran's Council planned the art show as one of its projects. Using the tag line "healing through creativity", the art show features projects that have helped Veterans to heal. Nationwide, VA medical facilities use the creative arts as one form of rehabilitative treatment to help Veterans recover from and cope with physical and emotional disabilities.

"It helps our veterans heal through our PTSD, military trauma and whatever else we have gone through and we're having an art show displaying it," said Melissa Burnett, Vice President of the Veteran's Council.

Veterans submitted their pieces including paintings, models, wood crafts, needlework and more. The art submissions will be judged by fellow veterans who will vote for their favorite piece of art.

Vern Hughes, a Navy Veteran and volunteer at the Beckley VA, submitted five of his pieces for the show.

"I'm trying to help people through their healing a little bit and give them a place to display their artwork and hopefully this will become an annual event," said Vern Hughes, a Navy Veteran.

In the past, Hughes has given his handmade cards to patients, employees and visitors at the VA.

"One veteran that use to be upstairs, his roommate got a card from his granddaughter and he said, I've never gotten a home made card, so his birthday came around and I made him one and he was just so excited. I make about 150 cards and hand them out to veterans, visitors and patients," said Hughes.

Awards were presented for first, second and third place. Veterans were able to submit up to five pieces. Additionally, all winners of the show were encouraged to submit their pieces to the 2017 National Veterans Creative Arts Festival to be held later this year.

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3. Access to Healthcare

3.1 - Times Union: What's the point of jailing this veteran? (30 September, Chris Churchill, 1.5M online visitors/mo; Albany, NY)

Scott Gilligan had just turned 26. He was a guy from Cohoes and a Navy petty officer stationed in Puerto Rico. One day, he took a drive that would change his life.

Gilligan was stopped at a light when a man walked up to his car and stuck a gun in his face. A second armed man climbed into the back seat.

As Gilligan thought of his pregnant wife, the men ordered him to drive to an isolated section of rain forest. There, they savagely beat the soldier and left him for dead. He walked six hours to call for help.

That was on Good Friday in 1995.

Gilligan returned to civilian life in Cohoes soon after, but struggled despite keeping steady jobs. He drank too much. He got divorced. His two sons became men. He was often anxious or depressed, but he held it together.

Then, two years ago, everything fell apart.

He lost his job at the Von Roll factory in Rotterdam, which meant he lost his health insurance. He couldn't afford the prescriptions that made his life bearable.

So he drank more. He started smoking crack. He slid into addiction.

"It was the only way I could make it through the day," Gilligan told me. "I wasn't in my right mind."

Gilligan hit bottom on Jan. 22, 2016.

That was the day he broke into a friend's house and stole a TV, two iPads and a laptop. He was arrested within hours and immediately confessed to the crime.

The arrest was a blessing — the jolt that turned Gilligan around.

He devoted himself to treatment and got clean. Doctors at the VA hospital in Albany told him he had post-traumatic stress disorder from the attack in Puerto Rico. It was like a revelation, an explanation for so much of what he'd been feeling.

Gilligan has been sober for 17 months now. He works at Saratoga National Cemetery, where he digs and maintains the graves of veterans.

"We make sure they get the respect they deserve," he said. "It's like therapy to me."

Gilligan typically attends seven Alcoholics Anonymous meetings a week. When he rises to speak, the 48-year-old hopes he's a role model, especially for veterans. That's what he wants his life to be now. He wants to help.

But there's a problem.

Gilligan still faces a second-degree burglary charge. His trial starts Monday. If convicted, he could face at least three-and-a-half years in prison.

But why? What good will that really do? Doesn't the veteran deserve a break?

"None of this would have happened to him, nor would he be suffering the effects, but for volunteering to serve his country," Gary Horton, director of the Veterans Defense Program at the New York State Defenders Association, wrote in a letter supporting Gilligan.

"He deserves the consideration and leniency of the justice system."

That seems obvious. And hardly groundbreaking. Some New York counties have Veterans Courts to deal with precisely these scenarios — to recognize the special difficulties faced by military veterans and to give them the understanding they deserve.

Albany County doesn't have a veterans court, but Gilligan would seem an ideal candidate for its drug court. There, he could avoid prison time and continue his treatment under supervision.

A lesser burglary charge would also keep him out of prison.

But District Attorney David Soares has refused to cut Gilligan any slack. As of Friday afternoon, he had offered no deals that don't involve prison time. He has insisted on criminal charges that mandate a prison sentence if Gilligan is convicted.

That led Gilligan's exasperated attorney, Michael Feit, to take an unusual step: He asked the court to remove Soares' office from the case, arguing the district attorney has no valid reason to oppose treatment as an alternative to prison.

"Everything Mr. Gilligan has done shows that he should not be locked in a cage," Feit said.

Gilligan has no criminal record, save for a drunken-driving conviction in 1996. He was an exemplary soldier.

Albany County Judge William Carter was sympathetic.

"I'm very well aware of Mr. Gilligan's plight," he said during a recent hearing on Feit's request. "I'm very well aware about how hard he has worked in treatment. And I don't disagree that he is the poster child for a veterans court."

But Carter found no legal reason to remove Soares' office from the case.

"I can't do that any more than I can make them actually care about the things they profess to care about and put into action some of the words that they speak," said the judge, who has tangled with Soares before.

Soares' office declined to comment, so I can't say why the district attorney is taking so harsh a position. I can't comprehend why he would.

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3.2 - The Olympian: **How we can help improve the quality of life for military veterans** (30 September, Dr. Rachel Wood, 851k online visitors/mo; Olympia, WA)

There are many things that contribute to our quality of life here in Thurston County: where you live or work, what you eat for breakfast, or how much stress you have in your day-to-day life.

It's common sense that your health affects your quality of life, but it's also true that your quality of life can affect your health. To improve our quality of life, we can change what we're eating, where we're living, or even where we work. But for many, those changes are difficult; for others, such as our military veterans, there are unique hurdles that can be holding them back.

According to the National Homeless Veteran Coalition, nearly 200,000 American veterans face this reality every year. Military service members may have been away from home for long stretches of time. They may be dealing with Post-Traumatic Stress Disorder, pain or depression. There may be injuries (visible or not visible) they have to overcome. This is all on top of the stress of navigating health care, finances and family life.

But there are tools and programs in Thurston County that are designed to help veterans address these issues, and get the support they need.

Finding work can be a major hurdle for veterans, and one that affects all areas of their lives, including their health. Service members entering the job market after serving with distinction and honor and carrying out their missions regardless of the circumstances often find it difficult to translate their skillset into the civilian equivalent. Many feel they have to re-invent themselves. Their skills, although sharp, are hard to define to a new employer. They may need to find a new industry, learn new jargon, or even move to a new place. Worse, they may have to start at a near entry-level positions.

Transitioning out of the military can be the hardest mission that a service member will have to endure. In those circumstances, stress and depression may become issues, and veterans may feel alone and isolated. The stress it causes resonates through the entire family, straining relationships.

But there are numerous programs to help veterans make this transition as smooth as possible while maintaining their dignity in the process. While it's true that the civilian world lacks machine gunners and nuclear weapons technicians, many managers are seeking leadership, initiative and motivation in their workers. Luckily for us, there is a deluge of veterans with these intangible qualities seeking employment each day. Both veterans and civilian managers can benefit greatly by simply learning to speak a similar language.

There are tools, and people, that can help. Veterans looking to find a new job can use a "skills translator tool" to help reframe their experience in a way civilian employers will understand. Titles such as "Squad Leader" and "Section Chief" can be retooled to highlight leadership qualities, for example, and provide an understanding of the responsibilities that are embedded in those unfamiliar titles.

Among the resources:

National Center for PTSD: https://www.ptsd.va.gov/public/types/war/index.asp

U.S. Department of Veterans Affairs resource locator: https://maketheconnection.net/resources

Veterans Administration military skills translator: https://www.vets.gov/employment/job-seekers/skills-translator

Lacey Veterans Services Hub: https://www.laceyveteranshub.org/

Veterans have worked diligently for their country around the globe. With the right tools and resources, we can support veterans re-integrating to civilian society and help them attain the quality of life they are seeking.

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3.3 - Los Angeles Daily News: L.A. veterans' health care has room to improve (29 September, Editorial Board, 883k online visitors/mo; Woodland Hills, CA)

A Veterans Administration regional health care system is more than a corner of the federal bureaucracy. It's a promise to the men and women who served this country in the military. It's part of Americans' bargain with young people who sign up for duty.

You take care of us; we'll take care of you.

That's why it causes more than the usual disappointment in government to learn the VA health-care system in our area isn't as good as it could be.

The VA has released results from the rating system it uses to assess medical service delivery at its 140 service centers. The system assigns regional systems scores from 1 to a glistening 5. So, what score did the VA Greater Los Angeles Healthcare System receive?

That puts the L.A. VA in the bottom 10 percent of the nation's VA systems.

VA officials emphasize that a relatively low score like L.A.'s doesn't mean veterans don't get good care. Regions' scores are meant to compare one to the other. The goal is for low scorers to learn from high scorers — and improve.

Evidently, there's a considerable range of quality within one rating. According to the list on the VA website, although L.A. got a "1" this year, it actually has shown "large improvement" from the last time scores were assigned under the VA's Strategic Analytics for Improvement and Learning (SAIL) rating formula, which rates the systems on metrics used by the private sector and special metrics measuring access and quality of care.

Still, people in Greater L.A. should be sorry to see that medical service delivery isn't as good as it is in other places. Next door, the Long Beach Veterans Healthcare System rated a 3, while San Diego, San Francisco and Sacramento also got 3s. Among the nation's other big cities earning top-shelf 5s were Boston, Cleveland and Pittsburgh.

All American remember the scandal a few years ago when long delays for VA care were revealed.

That scandal led to Congress infusing the VA with funding, including billions for hires. An NPR report last January showed staffing additions have come inconsistently, and L.A. was among the systems getting less than needed.

VA officials here vow to continue their progress. We can see there's room for improvement.

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3.4 - La Crosse Tribune: Thanks to VA for great service (30 September, Eugene Smithart, 823k online visitors/mo; La Crosse, WI)

I recently retired from Trane after more than 40 years. As a former U.S. Marine who served in Vietnam, I was able to get coverage from the Veterans Administration to replace the health coverage Trane had provided for all those years.

With all I had heard about the Tomah VA, I didn't know what to expect in the way of quality of service I would receive.

Well, I am pleased to report that the service I have received has been nothing short of amazing from both the Tomah and La Crosse VA personnel.

In talking to a number of people, this reflects a remarkable turnaround in the past nine months and I want to thank everyone involved.

To everyone at the VA, thank you. Keep up your wonderful efforts.

Eugene Smithart, Onalaska

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3.5 - WHAM (ABC-13): Groundwork underway for new VA clinic in Henrietta (29 September, 817k online visitors/mo; Rochester, NY)

Henrietta, N.Y. - There will soon be a new location for local veterans to go for services and healthcare.

A ceremonial groundbreaking took place Friday afternoon in the drizzle for the new VA clinic on Calkins Road in Henrietta.

The 84,000-square-foot building will expand primary care services, along with mental health assessments and social work support.

The bigger facility will also have room for an eye clinic, women's healthcare and diagnostic imaging.

Carnegie Management and Development Corporation will construct the new facility and lease it to the VA for 20 years.

The new clinic should be fully constructed in the spring of 2019.

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3.6 - WSBT (CBS-22): Local veterans say they're glad to see new VA clinic in Mishawaka officially open (30 September, Cassidy Wiliams, 449k online visitors/day; Mishawaka, IN)

The new St. Joseph County VA Clinic in Mishawaka is officially open.

The 90,000 square foot facility offers a variety of services.

The $38 million dollar project finished on time and on budget

Senator Joe Donnelly and Congresswoman Jackie Walorski were there to get a tour of the new facility.

They both see this is as just the start.

"This is just the beginning," said Walorski. "You know this isn't the end of taking care of veterans. This is the beginning of taking care of veterans in our district and throughout Michigan as well."

Dozens of veterans also came out to see it. The facility will serve almost 9,000.

Each veteran will save travel time for some procedures and exams.

The new Mishawaka facility offers more services than the old clinic in South Bend. Meaning they won't always need to leave this area.

George Proctor spent a large portion of his life serving in both the Marines and the Army.

"23 years, 9 months, and 18 days. I say 24 because that's close enough."

Despite his decades of service, George says he rarely used the benefits provided by the VA.

Living in Mishawaka, the services in Indianapolis or Fort Wayne were just too far away.

"I'm what you call a busted wing," Proctor said. "I broke up my back on third jump at Fort Bragg. It's just too far for me to drive and be comfortable." "

Now that is no longer a problem.

Proctor got his first look at the new facility in Mishawaka. Not only is it closer, but the city has added a bus stop to serve the clinic.

Mishawaka's Mayor also says plowing the road will be a priority in the winter.

Proctor already has ideas for how to use it.

"probably for prosthetics, orthopedics, dermatology, my eyes, whatever."

The facility can also be used as a place to socialize.

A coffee shop inside hopes to bring veterans together, and the socializing has already begun.

The veterans say they are happy to have it for themselves, and for the veterans yet to serve.

"I'm very glad to see it, because it is in my backyard."

Half of the services offered at the facility have already begun.

The final part -- urology and podiatry services -- are expected to open on Decemeber 11.

Address: 1540 Trinity Pl, Mishawaka, IN 46545

Phone: (574) 272-9000

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3.7 - The Post and Courier: South Carolina veterans react sharply to Ken Burns Vietnam documentary (30 September, Bo Petersen, 319k online visitors/mo; Charleston, SC)

Jerry Davis won't watch the Ken Burns' documentary on the Vietnam War, he tells you. The bayonet scar still plainly shows on his eye.

"I saw it 'real time' and I don't want to see what someone else thinks," said the 76-year-old Marine Corps veteran from West Ashley, who set up communications under fire on hilltops in Vietnam.

Chuck Blankin did watch.

"I just want to see somebody held accountable for what they turned their back on," said the 65-year-old Navy veteran from James Island, his gregarious smile gone grim. He had a river patrol boat blown out from under him.

Emotions flared and nightmares re-awoke for veterans across South Carolina as the 10-episode, public television special "The Vietnam War" finished last week.

Among the more than 130,000 veterans of the era still living in the state, many opted to ignore it. For the others who did watch, the broadcast was more than a documentation. It was an affirmation — reassuring or not — of what happened in front of their eyes.

"The vets have wanted to talk about it," said Sonya Campbell, director of the Columbia Vet Center, about the uptick in sessions in the show's aftermath.

The centers are an outreach, counseling and referral service for troubled veterans. The Charleston Vet Center put together round table sessions at some veterans' request so they could talk it out.

"It has brought up a lot of issues for them," said Director Emily Shannon.

"They're saying, 'This has validated a lot of what I've been saying and believing for years,'" said Curtis Lucas, a psychologist with the Myrtle Beach Vet Center.

But it's been difficult, Lucas acknowledged. A lot of the vets he works with bought the video set or taped the show, wanting to watch only as much as they could handle at a time.

Some veterans who watched came away with new insights about the divisive conflict. Much of the thrust of the PBS documentary is how U.S. leaders across multiple presidential administrations knew there was little chance of U.S. victory in Southeast Asia but kept pouring men and materials into the conflict.

"Why you were there, it made sense at the time," said Eugene E. Coakley, 72, of North Charleston, an Air Force veteran who did maintenance work on F-4 fighter jets launching from a base in Thailand.

"I learned some things I never heard about before," said Craig Burnette, 71, of Inman in the Upstate. He led an Army platoon into firefights against the Viet Cong and North Vietnam army.

"I was very angry. I was sad. I was frustrated. I saw all these people making political decisions (in contradiction to what people on the ground were telling them)," he said.

Burnette stopped watching episodes when American troops like his began to be featured. He had trouble falling asleep.

"I'm worried for the (reactions of) other vets and their families, plus the families with names on the Wall," he said, referring to the Vietnam Veterans Memorial on the National Mall in Washington, D.C., which lists the names of some 58,220 U.S. service people who died in the war.

An estimated 895 South Carolinians died in Vietnam.

During a recent interview, Davis and Blankin sat at a table in the American Legion Post 147 on James Island. The bar chatter quieted as they talk. Like a lot of combat veterans, they don't go to fireworks shows. Seemingly mundane things can set off memories that, as Davis said, many thought had been buried. Davis recoils from the smell of coconut. For Blankin, it's burning rubber.

When Davis' eight-man crew was attacked on a hilltop, he was gashed in the face as an enemy fighter leaped over him. He thought he had been butted by a rifle until it started to bleed.

"I pulled out my .45 pistol and shot him," he said.

Blankin commanded a "river rat" patrol boat through the jungle when a rocket-propelled grenade blew the hull apart under him, killing one of his seven-man crew.

"You don't know what's around the next bend. The banks are sprayed bare by Agent Orange. You know, you go into the Navy, you just don't think you're going to be doing things like that," he said.

Like a lot of others, both men struggled with post-traumatic stress disorder but have come to their own acceptances.

"Some things are just right there. They will always be right there," Davis said. "The only thing, you can't dwell on it. That was then. This is now. When we came back, we didn't call it going home. We called it going back to the real world."

At times, the television special irritated Blankin, he said. Jane Fonda (featured protesting in North Vietnam in support of the enemy during the war) and John Kerry (featured testifying to Congress about American atrocities after he returned from combat), "They just stick in my craw," he said.

Both veterans returned home on transports also carrying the caskets of other service people — Davis on a boat "with a hull full of bodies," Blankin on a C-130 plane with caskets set in the cargo hold the soldiers' seats lined.

"Everything that left had bodies on it," he said. "When I felt that plane come off the ground (in Vietnam), that was the best I'd felt in a long time."

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3.8 - South Bend Tribune: Viewpoint: St. Joseph County clinic's grand opening fulfills a promise to our veterans (29 September, Sen. Joe Donnelly (D-Ind.), 274k online visitors/mo; South Bend, IN)

When we care for our veterans, we both honor their service, and we reinforce our values.

Yet for too long, it was a struggle to provide veterans in our community convenient access to quality health care. Veterans from South Bend, Mishawaka, Elkhart, LaPorte and Plymouth have regularly had to make a two-hour trip to VA facilities in Chicago or Fort Wayne to see a doctor. Veterans, family members and their caregivers often have to fight traffic and bad weather to get the health care they earned through their service to our nation. For those veterans unable to drive themselves, making the trip often involved taking a Disabled Americans Veterans van all the way to Fort Wayne, possibly spending an entire day in transit, receiving care, and waiting hours for other DAV passengers to receive their care too.

For the last 10 years — in the U.S. House of Representatives and in the U.S. Senate — it has been my mission to work alongside veterans in north central Indiana to provide the finest VA care possible, and I am proud that today we will officially open the St. Joseph County VA Clinic.

And while the promise we are fulfilling today seems simple, the process was long and full of challenges. Alongside our local veterans, we began working on the clinic in 2007, holding roundtables and meetings to understand the specific needs of Hoosiers. Through each step of the decade-long process — gathering the facts necessary to make our case for a new VA clinic; securing VA approval, congressional authorizations, as well as funding; cutting through red tape to contract, permit, and build the new clinic; and even locating a Transpo bus stop at the clinic to accommodate local veterans and employees — our community stood up, answering the call to make good on our promise to provide access to quality health.

I want to recognize our entire community, the VA, veterans service officers and other veterans advocates, and local elected officials, for their persistence and tireless work that made the St. Joseph County VA Clinic a reality.

Today we officially open a new 89,000-square foot, state-of-the-art St. Joseph County VA Clinic that is expected to serve up to 13,000 area veterans. Our veterans will be able to receive a range of services from primary medical care, mental health care, audiology, radiology, physical therapy, podiatry, care for post-traumatic stress disorder, substance abuse counseling, traumatic brain injury care, tele-health, and many other services. Perhaps, more importantly, they will receive these services right here in north central Indiana.

Today's grand opening is a significant milestone. It's the culmination of the dedication and determination of the entire community, and it's an example of what we can accomplish when we work together. More importantly, it fulfills an important part of our promise to our veterans.

Joe Donnelly, D-Indiana, is a U.S. senator.

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3.9 - The Herald-Dispatch: Look for these warning signs to help prevent suicide (1 October, Debbie Brammer, 192k online visitors/mo; Huntington, WV)

Thirty-nine stones lay scattered beneath the leafy branches of a young maple tree. Each stone bears the name of a loved one who was lost to suicide. Billy, Rita, Scott are among the names painted on the stones, representing both male and female, young and old, because suicide has no respect for gender or age.

This Tree of Remembrance, planted on the lawn of the Huntington VA Medical Center (VAMC), stands as a solemn reminder of lives cut short and the families and friends who were left behind to grieve. The tree is not only a memorial, but it also supports the healing of the families and friends.

Suicide prevention is a top priority of the Department of Veterans Affairs. In a recent message to employees, Huntington VAMC Director Brian Nimmo pointed out that suicide is preventable. September was designated Suicide Prevention Month and now is a perfect opportunity to change the way the public thinks about suicide through education about warning signs

"The statistics are startling," Nimmo said. "An average of 20 veterans die from suicide each day, and 67 percent of those deaths were a result of firearm injuries. But, did you know only six of the 20 were users of VA health services." He encouraged staff, who encounter hundreds of veterans and their friends and family members each day, to not only reach out to educate the public but to make sure they know the warning signs, too.

The warning signs include significant changes in behavior or mood such as:

>> sleeping a lot more or a lot less.

>> quick to anger, more withdrawn.

>> drinking more or using drugs.

>> engaging in high risk behavior.

>> expressing feeling of hopelessness or saying loved ones would be better off without them around.

If these changes are noticed, encourage the veteran to contact the Veterans Crisis Line or make the contact yourself. The toll- free number is 1-800-273-8255, and press 1, or chat online at VeteransCrisisLine.net, or send a text to 838255.

The Huntington VA has two suicide prevention coordinators, Deanna Stump and Julie Brawn, who work to raise awareness of VA's resources and foster communication and education among veterans, community organizations and the public at large. They provide intensive case management for those identified as being at risk.

Unfortunately, VA and our suicide prevention coordinators cannot do it alone, we need the help of our communities. To learn more about suicide awareness and prevention go online to http://www.VeteransCrisisLine.net/BeThere, or http://maketheconnection.net.

Debbie Brammer is public affairs officer at the Huntington VA Medical Center.

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3.10 - FierceHealthcare: VA proposed rule would override state licensing restrictions to expand access to telehealth (29 September, Evan Sweeney, 140k online visitors/mo; Washington, DC)

The Department of Veterans Affairs has issued a proposed rule that would allow VA providers to treat patients in any state via telehealth, regardless of where they are licensed to practice.

The proposed rule would override state licensing restrictions that the agency says are limiting its telehealth program and allow VA physicians to treat patients anywhere in the country using the VA's telehealth technology.

That change is a critical part of the VA's "Anywhere to Anywhere VA Health Care" program, unveiled by VA Secretary David Shulkin, M.D., and President Donald Trump last month. During that announcement, Shulkin said he was working with the White House's Office of American Innovation and the Department of Justice to issue a new medical practice regulation to support telehealth initiatives.

According to the proposal, "many VA medical centers" have not expanded telehealth programs because of state laws, and "many physicians" refuse to practice telehealth out of fear they will jeopardize their medical license.

"As VA's telehealth program expands and successfully provides increased access to high quality healthcare to all beneficiaries, it is increasingly important for VA health care providers to be able to practice telehealth across State lines and within states free of restrictions imposed by State law or regulations, including conditions attached to their State licenses," the rule states.

Rather than lobby each state to remove licensure restrictions, the VA argues that preempting state law would allow the agency to quickly expand telehealth services.

“By allowing VA telehealth providers to more easily treat patients across state lines, we can ensure that recent advances in technology-enabled care reach the most deserved among us and spur better outcomes for the 20 million veterans in the VA system today,” Health IT Now Executive Director Joel White said in a statement supporting the regulatory change.

Currently, VA providers can waive state licensing requirements if both the physician and the patient are in a federally owned facility. But with the development of a new mobile app, the VA wants to reach veterans in their homes to expand access to mental health services and make it easier for those with limited mobility to get necessary medical care.

This week, behavioral health advocates came out in support of the VETS Act of 2017, which proposes similar regulatory changes. But the VA’s rulemaking process could move faster. The proposed rule will be open for comments for 30 days.

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3.11 - The Sun News: VA hospitals must be fixed - now (30 September, Stephen Sherwood, 140k online visitors/mo; Myrtle Beach, SC)

I have written all my senators and one congressman, and yet nothing changes with the VA hospital.

I had major neck surgery in July and was prescribed four different opiates for pain. Now I cannot get anyone to prescribe any of these opiates, so along with being in pain, I am withdrawing from the opiates cold turkey. I would be willing to bet that if you and all your staff looked into this situation, you would find that there are countless other veterans who are also receiving this unethical and immoral treatment from VA hospitals nationwide.

Please do something other than what you haven't been doing. I am begging you as a proud veteran and a resident of the great state of South Carolina that you immediately do more than send them a letter or a phone call - that you actually look into this terrible treatment that myself and countless other veterans continue to receive at the hands of the VA.

STEPHEN SHERWOOD, MYRTLE BEACH

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3.12 - The Joplin Globe: Missouri's U.S. senators note bipartisan efforts (29 September, Susan Redden, 76k online visitors/mo; Joplin, MO)

On the federal front, Missouri's U.S. Sen. Roy Blunt this week announced he and Sen. Richard Blumenthal had introduced bipartisan legislation to expand veterans’ access to peer counseling specialists to better combat the risks of suicide and treat associated mental health conditions.

“Our nation has a responsibility to ensure our veterans have access to quality behavioral and mental health treatment,” Blunt said. “Given their shared experiences, peer specialists are uniquely positioned to provide veterans the support they need in their recovery.”

The Veteran Peer Act would establish peer specialists in patient aligned-care teams within the Veterans Affairs medical system to undertake veteran outreach, according to Blumenthal, a Democrat from Connecticut.

The Department of Veterans Affairs employs peer specialists to assist veterans in treatment for mental health and substance abuse disorders. The specialists support their fellow veterans and encourage recovery by helping them access veterans’ health services and navigate the VA health care system and by teaching coping and positive behavior.

The VA was instructed by a 2012 executive order to hire and train 800 peer specialists by the end of 2013 to treat the estimated 1.5 million veterans needing mental health services.

Blunt’s bill would expand veterans’ access to the services by addressing current shortcomings that restrict specialists’ participation in primary care services, along with the persistent stigma attached to seeking mental health treatment.

The measure would implement the program in 50 locations across the nation over a two-year period. It would also require consideration of rural and underserved areas when seeking locations.

Missouri's U.S. Sen. Claire McCaskill, a Democrat, on Thursday announced she had joined a GOP colleague to introduce what she described as "commonsense fixes" aimed at providing relief to some regional banks affected by burdensome requirements of the Dodd-Frank financial reform bill.

In a release, McCaskill said the proposed rules are aimed at small, regional banks to modify Dodd-Frank regulations that were never intended for banks that engage in ordinary consumer banking practices.

David Perdue, a Republican from Georgia, is co-sponsor of the measure. It serves as the Senate companion to a measure sponsored by U.S. Rep. Blaine Leutkemeyer, of Missouri, and passed in the House last year.

"When even some of the architects of Dodd-Frank agree the law is overly burdensome on regional banks, you know we've got a problem on our hands," McCaskill said. "This commonsense fix will untie the hands of our small regional banks and return to them to the flexibility to lend to Missouri customers who want to buy a house or start a business. I'm glad to join Congressman Leutkemeyer's efforts to help get this bill across the finish line in the Senate."

Perdue pointed out that Dodd-Frank overregulated regional banks by placing them in the same category as huge banks with a global reach, increasing their costs and limiting their ability to support their communities.

The legislation would lower the regulatory burden on regional banks by giving the Federal Reserve the flexibility to exempt them from certain Dodd-Frank rules that limit their lending

ability. Under the measure passed in the wake of the 2008 financial crisis, banks with assets over $50 billion are subject to stronger regulations.

The proposed measure would relax rules for banks over the $50 billion threshold if they are not designated as a Global Systemically Important Bank that, according to the Federal Reserve, could have an impact on international financial systems.

McCaskill said the threshold being applied to regional banks had been criticized by everyone from governors for the Federal Reserve to Barney Frank, the former lawmaker who authorized the legislation.

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3.13 - Daily Messenger: Improvements reported at Veterans Crisis Line (29 September, Julie Sherwood, 74k online visitors/mo; Canandaigua, NY)

The Veterans Crisis Line — which has been criticized for calls rolling to voicemail, dropped calls and veterans put on hold for long periods — received a glowing report Friday.

U.S. Reps. Chris Collins, R-Clarence and Phil Roe, a Republican from Tennessee who chairs the House Committee on Veterans Affairs, discussed improvements following a tour of the crisis center at the Canandaigua VA Medical Center.

“The biggest problem we’ve had is timely access to care, so this is basically the front porch to that,” said Roe, after seeing the crisis center that opened in 2007 and is now one of two centers at the forefront of the VA’s efforts to address the alarming rate of veteran suicide. The call centers, in Canandaigua and Atlanta, Georgia, answer phone calls, texts and online messages from veterans, military members and their families.

“It’s very disturbing to me, the number of veterans we are losing to suicide, and not just veterans but Americans,” said Roe, a Vietnam veteran and physician. “When you lose more men and women to suicide than combat, something needs to be done.”

Roe and Collins were pleased with what they saw and heard. A panel of VA staff involved with the Crisis Line in Building 37, where dispatchers work the center, discussed improvements with the congressmen. Among those: the Veterans Crisis Line averaged 2,300 calls in the month of September at both call centers. Of those, an average of 1.3 percent of calls (about 30 calls) rolled over to a backup center. When phone lines are busy, calls are routed to another contracted call center. In the past few days that percentage dropped to less than half a percent.

The crisis line is now answering calls, on average, in 7.5 seconds, with 99 percent of calls answered within 20 seconds.

“I am very impressed, it was a great tour,” said Collins, whose district covers much of Western New York and part of the Finger Lakes including Canandaigua. “Folks here care about our veterans, their dedication is clear,” he said.

The VA plans to open a third call center this fall on the VA campus in Topeka, Kansas.

About 200 responders work at the Atlanta facility, and 310 work at the Canandaigua center, according to a Sept. 14 report by the military publication Stars and Stripes. The Topeka facility will bring the number of employees staffing the veterans crisis line to 610.

During the press conference, the congressmen were also asked about a federal funding cut of millions of dollars for the Veterans Outreach Center in Rochester. At issue is a $2.1 million grant that the VOC has received annually for the last six years that was not renewed for 2018. The VOC of Rochester was one of 36 previous recipients of the funds through the VA's Supportive Services for Veteran Families program that did not get renewed.

The center in Rochester helps veterans in seven local counties and their families find reliable housing. The lack of funds would scale back services, and a satellite office at the Veteran's Outreach Center in Buffalo could close with staff losing jobs or being reassigned.

Roe said he couldn't say why the funds were cut. Collins mentioned a possible "paperwork snafu." Collins said this is not a partisan issue and he was going to fix the problem, beginning that afternoon, working with others in Congress.

Need help?

— Call Veterans Crisis Line at 1-800-273-8255 and press 1 to talk to someone now.

— Text 838255 to get help now.

— Chat online at www.veteranscrisisline.net.

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3.14 - KXRM (FOX-21, Video, Updated): VFW raises concerns over VA care (30 September, Carly Moore, 60k online visitors/mo; Colorado Springs, CO)

A fallen service member has a group from the Veterans of Foreign Wars organization speaking out. Some members of the VFW are attributing his death to lack of care from the Colorado Springs Veterans Affairs hospital.

The widow of the service member was left overwhelmed and unprepared. She was concerned about her financial situation and was worried she would lose her house.

The VFW said it's extremely common for people to not have plans, to not know their benefits, and to not have documents on hand.

A small group of commanders at VFW Post 3917 turned it around.

Ray Belasco was a 20-year Vietnam veteran. He passed away at age 65, and some VFW members believe his death could have been avoided.

"It sound to me, people didn't really take him serious, didn't feel that he was really sick," said VFW Sr. Vice Commander Steve Kjonaas.

He went to the VA in Colorado Springs over the Labor Day holiday and was sent to an emergency room.

“Veterans have very unique diseases, illness and problems,” said Kjonaas. “That’s the difference between the Department of Veterans Affairs and any other civilian healthcare that you see.”

The VA facility in Colorado Springs doesn’t have an emergency room specifically for veterans. For that, they must go to Denver or to a local civilian emergency room.

“As with other outpatient clinics in the community, emergency services are not available at the PFC Floyd K Lindstrom VA Clinic in Colorado Springs,” the VA said in a statement. “We encourage anyone in an emergency situation to seek immediate treatment and care at their nearest emergency department, where appropriate services are available.”

After the emergency room released him, hospice care he was searching for wasn’t enough. He died just days later.

Belasco’s widow, Ute, was left with nothing: no money or plans for her husband’s funeral. She tried to sort things out, but was shut down without documentation.

“Once a service member dies, they cut off his pay,” said VFW Jr. Vice Commander Cindy Galvin. “If you don’t have the paperwork to go in and say, ‘Hey, I’m a spouse,’ then you don’t get the survivors pay.”

VFW members helped expedite the process. Something that could take one to three months was done in about two weeks.

“As a veteran myself, it makes me very happy to help,” said Galvin.

When Galvin was asked why she is also helping plan a funeral this Saturday, she said, “He’s a comrade and we never leave a vet behind.”

The American Legion Post 38 at 6685 Southmoor Drive in Fountain is hosting a memorial service starting at 11 a.m. Saturday. They want other former service members to come out and help support this fallen veteran.

Those close to Ute have released the following statement on her behalf:

Ute would like them to know about her being misquoted. She never said she was afraid nobody would show up for Ray’s funeral. Not a funeral, but to attend a memorial. She only reached out for help with this process, not for anything for her. She also wanted help with the way Ray was treated at Cheyenne Mountain Care Facility (Center) hospice provider. They showed extreme lack of care, compassion and dignity with his care. Ute wants to thank the Veterans of Foreign Wars for their help and all who have supported her and helped during this time.”

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3.15 - KXRM (FOX-21, Video): Colorado Springs widow gives final salute to veteran husband who died suddenly (30 September, Sarah Ferguson, 60k online visitors/mo; Colorado Springs, CO)

The widow of a fallen Service Member left overwhelmed after he suddenly died, is able to give her husband, a Vietnam Veteran, the honorary send-off he deserves.

His wife, Ute was shocked when her husband Ray Belasco suddenly passed away at 65-year's-old.

Recently a local Veterans of Foreign Wars group heard the widow's story, with Members attributing his death to a lack of care from the Colorado Springs Veterans Affairs hospital.

"When we found out that the funeral home wanted to hold the funeral in the parking lot we couldn't have that," said VFW Jr. Vice Commander Cindy Galvin.

Saying because Ute didn't have the proper documentation complete after Ray's death, she was turned away from any funeral plans.

Fortunately, VFW Post 3917 took matters into their own hands and set-up a memorial at the American Legion Post 38 in Fountain.

"So many valued people; so many honorable people from different walks of life, from different organizations, different motivations who come here to honor the veterans," said VFW Sr. Vice Commander Steve Kjonaas.

Prior to the memorial, VFW Post 3917 also helped Ute collect the benefits her husband deserves, while assisting her with filling out the proper documentation.

"They weren't asking for anything; they weren't expecting anything, they didn't beg for anything, they just are very grateful, they didn't realize we were going to do all of this," said Galvin.

If you'd like to read more about Ute's story and her concern with the Colorado Springs Veterans Affairs hospital, click here.

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3.16 - Finger Lakes Daily News: VA Crisis Line Reports Improvements in Call Handling (30 September, Joe Lasky, 53k online visitors/mo; Geneva, NY)

The Daily Messenger reports Congressman Chris Collins and Tennessee Representative Phil Roe toured the facility Friday, and reported that only 1.3% of calls are now rolling over to a backup center, with 99% of calls answered within 8 seconds.

The Crisis Line had come under fire in recent years for allowing as many as 30% of calls to go to backup centers.

The suicide hotline employs 310 at the Canandaigua center, with an additional 200 workers out of Atlanta, and an additional center in Topeka, Kansas set to go online later this fall.

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3.17 - Inquirer.net: US lawmaker files bill for full benefits for Filipino WWII veterans (29 September, 14k online visitors/mo; Daly City, CA)

WASHINGTON, DC – Congresswoman Jackie Speier (CA-14) introduced H.R. 3865, the Filipino Veterans Fairness Act of 2017 on Thursday, September 28.

During World War II, about 250,000 Filipinos volunteered to fight alongside U.S. troops. As citizens of a commonwealth of the United States before and during the war, Filipinos were legally American nationals.

With American nationality, they were promised all the benefits afforded to those serving in the U.S. Armed Forces. But in 1946, Congress stripped many Filipinos of the benefits that had been promised by President Franklin D. Roosevelt. Of veterans of the 66 countries allied with the United States during World War II, only Filipinos were denied benefits.

Speier's legislation eliminates the distinction between the Regular or "Old" Philippine Scouts and the other three groups of veterans—Commonwealth Army of the Philippines, Recognized Guerrilla Forces, and New Philippine Scouts. Widows and children of Filipino veterans would be eligible for Dependency and Indemnity Compensation just like any other veteran.

"This bill rights a shameful wrong created when Congress rescinded a promise to Filipino veterans of World War II over 70 years ago," Speier said. "I will not rest until these heroes, and their families, receive the benefits they need and deserve. If America won't live up to its honor and duty to our allies and friends we may find ourselves alone in our next hour of need."

The 2009 American Recovery and Reinvestment Act contained a provision that provided a lump sum payment of $15,000 for Filipino veterans who are now U.S. citizens and $9,000 for non-citizens. But there have been problems with the implementation of this payment program. To be eligible, a veteran has to be on the so-called "Missouri List," an Army roster of eligible veterans.

The Missouri List is incomplete. A 1973 fire destroyed 80 percent of the records for Army personnel from 1912 to 1960. As a result, over 17,000 Filipino veterans have had their claims denied. The Filipino Veterans Fairness Act directs the VA to take into account alternative military documentation to determine eligibility.

"The Recovery Act payments were a start, but our nation must bestow the full status it promised these veterans in wartime," Speier concluded. "Their average age is 90. Fewer than 15,000 are still alive today, and they are dying at a rate of over 10 a day. For these veterans and their loved ones the time to act is now."

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3.18 - Montgomery Herald: VA awards grants to help at-risk Southern W.Va. vets, families (29 September, 7k online visitors/mo; Montgomery, WV)

BECKLEY — Earlier this month, the Department of Veterans Affairs (VA) announced it has awarded $343 million in grants to 288 nonprofit organizations to help low-income veterans and their families. More than $2 million will go towards a community partner that assists veterans across the state, including southern West Virginia.

The grants were awarded under VA's Supportive Services for Veteran Families (SSVF) program.

In West Virginia, three SSVF programs received money from the $343 million grants. One of them, West Virginia Community Action Partnerships, supports the entire state.

SSVF funding, which supports outreach, case management and other flexible assistance to rapidly re-house veterans who become homeless or to prevent veterans from becoming homeless. The funding helps the most economically vulnerable veterans avoid or exit homelessness.

In 2016, SSVF funding through WVCAP supported 589 veterans who were homeless or at-risk in West Virginia. As of July 31, 461 veterans had been helped, according to Leah Willis, SSVF coordinator for WVCAP.

"We are projecting to assist 600 veterans during the 2018 program year," Willis said.

"No veteran that served our country should be without a home or be facing that reality," said Stacy Vasquez, Beckley VAMC director and Army veteran. "Our homeless, health care and social work teams, along with community partners, successfully reduced the overall homeless Veteran rate in this region by more than 51 percent in 2016."

This year's recipients competed successfully for grants under a Dec. 7, 2016, Notice of Fund Availability. The funding will support SSVF services in fiscal 2018.

For additional information, please contact Public Affairs Officer Sara Yoke at 1-304-255-2121, ext. 4883 (office) or sara.yoke@va.gov

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6.1 - WFED (AM-1500): Major changes coming to DoD's TRICARE system Jan. 1 (29 September, Jared Serbu, 831k online visitors/mo; Washington, DC)

The Defense Department published new rules Friday that will make significant changes to the health insurance system that serves military family members and retirees on Jan. 1, altering the structure and fees of benefit plans, and, according to Defense health officials, making care more accessible.

Most significantly, new beneficiaries will have to make an affirmative decision to enroll in the TRICARE system and will only be able to do so during an annual open enrollment period. The open enrollment schedule will be the same as the one used by the Federal Employee Health Benefits Program that serves civilian DoD employees: November and December of each year.

The policy differs substantially from the one in place today, in which TRICARE-eligible beneficiaries receive health benefits automatically. With a few exceptions, family members and retirees who do not sign up during the open enrollment period will lose coverage in TRICARE's "purchased care" market for the following year. They would still be able to seek care in military-run hospitals and clinics, but only on a space-available basis.

The change was one of several Defense health reforms Congress ordered as part of the 2017 Defense authorization bill, But Vice Adm. Raquel Bono, the director of the Defense Health Agency, said the move to open enrollment made sense from DHA's perspective as well.

"We need to make sure that we have as much information as possible in order to design our provider network," she told reporters on a conference call. "We wanted to also come as close as we could to what's happening in the commercial sector, and we're intent on being able to create some efficiencies in the administration of our health plans. We see this as one of the mechanisms to do that."

But officials said the open enrollment change will not have any meaningful effect on beneficiaries for another year; 2018 will be treated as a "transition year," and anyone who's covered by TRICARE as of Jan. 1, 2018 will be automatically enrolled in the plan that most closely matches the one that serves them today.

The plans are changing as well, effective Jan. 1. Also at the direction of Congress, DoD is merging the existing TRICARE Standard and Extra benefits — the department's fee-for-service options — into a single plan called TRICARE Select.

Like Standard and Extra, Select will let patients use any authorized medical provider, but cost shares are lower when beneficiaries see in-network providers. In most ways, it will operate like the plans it's replacing, but with changes to the ways in which patients pay out-of-pocket costs.

Currently, the cost shares are based on a percentage of TRICARE's negotiated costs with a network provider (or of that provider's "allowable costs" if they're out-of-network). Starting next year, patients will pay a fixed, per-visit rate for in-network providers that varies according to the type of medical care they're receiving.

For example, under Standard and Extra, a family member of an active-duty service member is responsible for 15 percent of the bill for an outpatient visit from an in-network doctor and 20 percent for an out-of-network doctor. The new Standard plan would charge a flat $27 fee for an in-network provider. The fees for TRICARE-covered retirees are higher: the same visit would cost $35.

“We thought this was something that would be a little more predictable and a little more patient-friendly, and we also thought it was an easier construct for our providers to use,” Bono said. “What we tried to do was take an average, so it should be close to what people are currently paying.”

Another change: The rules set a new requirement that TRICARE Select’s provider network cover enough geographic territory to provide services to at least 85 percent of its beneficiaries, up from just over 60 percent under the existing Standard and Extra plans.

The fee structure for TRICARE’s Prime plan, the managed care option that primarily serves areas with large concentrations of military members, remains largely unchanged, but the rule makes several changes that officials said were designed to improve access to care.

For instance, if TRICARE’s contractors don’t offer an appointment with a managed care provider within a timeframe that meets DoD’s access standards, the patient will be allowed to see an out-of-network provider without paying additional fees. The department says it will also waive some of its previous requirements that patients get referrals or pre-authorizations before patients visit specialty care providers or urgent care clinics, and treatments for obesity are specifically called out in the rule as covered care.

None of the changes are applicable to currently-serving military members, whose medical care remains a government obligation for as long as they continue to serve on active duty, but the fees for family members whose sponsors join the military after 2018 will be different from those that are currently serving, depending on which TRICARE plan they enroll in.

The changes to TRICARE’s health plans were only a few of the tweaks Congress made to the military health system as part of the 2017 Defense bill.

The rules DoD published on Friday nominally implement some of them, but Bono said the department will have to undertake more careful study before the other changes take effect.

Among those changes, Congress ordered DoD to treat expenses for telehealth in the same way it covers in-person visits, adjust the staffing in its military treatment facilities so that the health specialists the military employs more closely matches the medical expertise the military is likely to need in wartime environments, and to start creating “high-performance” treatment networks in pockets of the country that are underserved by DoD’s system by partnering with the Department of Veterans Affairs and private-sector hospital networks.

“The rule gives us an opportunity to implement some of these things, but it’s going to be an iterative process,” Bono said. “We will be looking specifically at where it makes the most sense to partner with the civilian health care systems that are in the particular areas where we have our beneficiaries. It’s part of our network development and it’s an opportunity to build partnerships. We’ll be evaluating it, and this is one of the things that the open enrollment requirement if going to help us with in terms of understanding where those opportunities might exist.”

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7. Supply Chain Modernization

8. Other

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From: (b) (6) [redacted] >

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Subject: [EXTERNAL] 30 September Veterans Affairs Media Summary and News Clips

Date: Sat Sep 30 2017 04:23:03 CDT

Attachments: 170930_Veterans Affairs Media Summary and News Clips.docx
170930_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

30 September 2017

1. Top Stories

1.1 - The Washington Post (Video): VA chief took in Wimbledon, river cruise on European work trip; wife's expenses covered by taxpayers (29 September, Jack Gillum, Alex Horton, Drew Harwell and Lisa Rein, 43.9M online visitors/mo; Washington, DC)
Nearly three days into a trip to Europe this past July, Veterans Affairs Secretary David Shulkin had attended a Wimbledon championship tennis match, toured Westminster Abbey and taken a cruise on the Thames. The 10-day trip was not entirely a vacation. Shulkin was in Europe for meetings with Danish and British officials about veterans' health issues, so taxpayers picked up part of the tab.

Hyperlink to Above

1.2 - Reuters: Under pressure from Trump, Price resigns as health secretary over private plane uproar (29 September, Steve Holland, 43.6M online visitors/mo; New York, NY)
U.S. Health and Human Services Secretary Tom Price resigned under pressure from President Donald Trump on Friday in an uproar over Price's use of costly private charter planes for government business. His abrupt departure was announced an hour after Trump told reporters he was disappointed in Price's use of private aircraft and did not like the way it reflected on his administration.

Hyperlink to Above

1.3 - The New York Times: Veterans Agency Seeks to Scrap Ethics Law on For-Profit Colleges (29 September, Patricia Cohen, 29.8M online visitors/mo; New York, NY)
The Department of Veterans Affairs is pushing to suspend a 50-year-old ethics law that prevents employees from receiving money or owning a stake in for-profit colleges that pocket hundreds of millions of dollars in tuition paid through the G.I. Bill of Rights.

Hyperlink to Above

1.4 - U.S. News & World Report (AP): Alaska VA Office Gets Mixed Report From Watchdog (29 September, Becky Bohrer, 24M online visitors/mo; Washington, DC)
A government watchdog says the U.S. Department of Veterans Affairs regional office in Anchorage has made strides in processing claims but has work to do in other areas. The VA's inspector general said the accuracy of the claims processing it reviewed earlier this year was significantly better than a prior inspection in 2013.

Hyperlink to Above

1.5 - Stars and Stripes: VA publicizes Shulkin's travel schedule amid scrutiny over Cabinet spending (29 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
The Department of Veterans Affairs made moves Friday to publicize Secretary David Shulkin's travel schedule, following scrutiny over the cost of government-funded travel by other Cabinet members. The VA announced it will post Shulkin's itineraries of international and domestic trips, as well as who accompanies him and whether he uses private or government aircraft.

Hyperlink to Above

1.6 - The Clarion-Ledger (Video): Mississippi treating 11 Hurricane Maria victims, more coming (29 September, Anna Wolfe, 849k online visitors/mo; Jackson, MS)
So far, 11 hurricane victims from Puerto Rico and St. Croix have been transported to metro Jackson hospitals in the aftermath of Hurricanes Irma and Maria. The storms devastated Puerto Rico's hospitals, a majority of which are without electricity or fuel for generators and beginning to run out of oxygen and clean water.

Hyperlink to Above

1.7 - The San Diego Union-Tribune: Does a soldier's best friend belong in VA research labs? A fight at the heart of the veterans community (29 September, Jeanette Steele, 494k online visitors/mo; San Diego, CA)
America loves dogs, but many veterans have an extra bond after serving with canine units on the battlefield and increasingly depending on service dogs back at home. Now the U.S. Department of Veterans Affairs and some of the nation's largest veterans groups are in a scrap with a government watchdog organization and some in Congress over VA medical research programs that inflict harm on man's best friend in the name of science.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - USA Today: VA Secretary David Shulkin discloses official travel details (29 September, Jessica Estepa, 36.7M online visitors/mo; McLean, VA)
Veterans Affairs Secretary David Shulkin announced Friday that his department would disclose details about his official travels, in an attempt to be transparent as the travels of other members of the administration come under scrutiny. The department will regularly update a page that includes any travels by private and government aircraft, as well as itineraries of official international and domestic trips.

Hyperlink to Above

2.2 - ABC News: VA secretary spent half of official London trip sightseeing (29 September, Luis Martinez, 24.1M online visitors/mo; New York, NY)
Veterans Affairs Secretary David Shulkin flew a commercial airline to London this past July to attend a veterans conference, but half his time there was spent on sightseeing and a stop at Wimbledon tennis tournament. Shulkin's wife's commercial travel costs were also paid for by the federal government because she was under "approved invitational orders"

Hyperlink to Above

2.3 - Politico: Who will replace Tom Price? A dozen names are circulating as possible successors (29 September, Joanne Kenen and Jennifer Haberkorn, 23.9M online visitors/mo; Arlington, VA)
The VA secretary is a Trump favorite, and the only cabinet nominee to be unanimously confirmed. However, Shulkin has come under criticism for combining leisure with business on his official travel — he attended a Wimbledon championship tennis match, toured Westminster Abbey and took a cruise on the Thames while meeting this summer with European officials about veterans' issues, The Washington Post reported Friday.

Hyperlink to Above

2.4 - The Huffington Post: Yet Another Trump Administration Official Took Questionable Liberties With Work Travel (29 September, Mollie Reilly, 23M online visitors/mo; New York, NY)
Veterans Affairs Secretary David Shulkin used his downtime on a recent international trip for several leisure activities, including a tennis match and river cruise, The Washington Post reported Friday. According to the report, Shulkin spent roughly half of a 10-day trip to the U.K. and Denmark to sightsee, watch a high-profile Wimbledon match and take in other activities more typical of a vacation than a work trip.

Hyperlink to Above

2.5 - The Hill: Trump VA chief went sightseeing, shopping with wife on government trip: report (29 September, Brandon Carter, 11.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin spent nearly half his time on a recent international trip sightseeing and shopping with his wife, according to The Washington Post. Shulkin traveled to Europe in July to attend a conference in London with representatives of several countries on veterans' health issues, as well as a series of meetings in Denmark.

Hyperlink to Above

2.6 - Washington Examiner: VA secretary saw Wimbledon match during taxpayer-funded trip to Europe: Report (29 September, Melissa Quinn, 4.8M online visitors/mo; Washington, DC)
Secretary of Veterans Affairs David Shulkin and his wife, accompanied by other VA officials, attended a tennis match at Wimbledon, toured Westminster Abbey, and cruised the Thames River as part of a taxpayer-funded, 10-day work trip to Europe this summer, according to a report.

Hyperlink to Above

2.7 - Pittsburgh Post-Gazette: Pittsburgh VA nurse is finalist for national caregiver award (29 September, Gary Rotstein, 4.8M online visitors/mo; Pittsburgh, PA)
A nurse for the VA Pittsburgh Healthcare System is one of six national finalists for an annual award given to a medical professional who shows an exemplary caregiving approach on the job. Victor Fagan, a licensed practical nurse from Butler, won recognition from among nearly 200 nominees who were submitted to the Boston-based Schwartz Center for Compassionate Healthcare.

Hyperlink to Above

2.8 - PennLive (Video): VA chief mixed business with pleasure at taxpayer expense: Media report (29 September, Ivey DeJesus, 3.1M online visitors/mo; New Bloomfield, PA)
President Donald Trump's veterans affairs chief is the latest administration official in hot water for reportedly tapping into taxpayer money to pay for vacation outings and non-official business. Veterans Affairs Secretary David Shulkin in July took in a Wimbledon championship tennis match and a Thames River cruise on taxpayer money. That's according to a report published Friday by The Washington Post.

Hyperlink to Above

2.9 - Military Times: Amid Cabinet controversies, VA promises to post secretary's travel details online (29 September, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
In response to the growing scandal of Cabinet officials using pricey private aircraft for business trips, Veterans Affairs officials announced Friday they will post details of all official travel by department Secretary David Shulkin online to provide transparency about his travels. “Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that,” Shulkin said in a statement.

Hyperlink to Above

2.10 - Providence Journal (The Enterprise): Providence VA official relieved of duties amid allegations of racism, homophobia (29 September, Paul Edward Parker, 1.2M online visitors/mo; Providence, RI)
A manager at the Veterans Affairs Regional Office in Providence has been relieved of his duties pending disciplinary action, following a complaint from a co-worker that he created a “toxic work atmosphere.”

Hyperlink to Above

2.11 - KATV (ABC-7, Video): Troubles at the VA: Nurses speaking out about culture (29 September, Elisabeth Armstrong, 448k online visitors/mo; Little Rock, AR)
Two former nurses who have filed EEO complaints against the CAVHS are speaking out about problems. In July, Channel 7 brought you this report out of the VA. In it, some thirty nurses filed a complaint against the hospital - alleging that under-staffing was impacting patient care.

Hyperlink to Above

2.12 - WQAD (ABC-8, Video): Moline man shocked after job training center for veterans shuts down (29 September, Chris Minor, 450k online visitors/mo; Moline, IL)
A Moline, Illinois man is one of more than 300 veterans left in the dark after a job training school they paid for through the GI bill abruptly shut its doors. "Three weeks before graduation, we were told goodbye.

Hyperlink to Above

2.13 - FedSmith: VA to Begin Disclosing Agency Secretary’s Official Travel (29 September, Ian Smith, 277k online visitors/mo; Washington, DC)
The Department of Veterans Affairs announced today that it will begin publishing all of the agency secretary’s official travel on its website. The lists include all official travel taken by Dr. David J. Shulkin since January 20, and the site will be updated within five days after the conclusion of each trip.

Hyperlink to Above

2.14 - Leavenworth Times: Sentencing continued for former VA physician assistant (29 September, 46k online visitors/mo; Leavenworth, KS)
A former physician assistant who was convicted of sexually abusing patients at the Leavenworth veterans hospital will not be sentenced until November. Mark E. Wisner was scheduled to be

sentenced today in Leavenworth County District Court. But the sentencing and arguments for post trial motions have been continued until Nov. 3.

Hyperlink to Above

2.15 - Pahrump Valley Times: Plaques at Pahrump VA clinic recognize veterans of U.S. armed forces (29 September, Jeffrey Meehan, 1k online visitors/day; Pahrump, NV)
A group of local veterans of the U.S. armed forces gathered to recognize the installation of several plaques at the Pahrump VA Community Based Outpatient Clinic in September. Each plaque bore the symbol of one of the five branches of the U.S. armed forces and another was hung for prisoners of war.

Hyperlink to Above

3. Access to Healthcare

3.1 - WBBM (CBS-2, Video): 2 Investigators: Disabled Vets Face Tough Parking At VA Hospital (29 September, Dave Savini, 27.5M online visitors/mo; Chicago, IL)
A major problem at Hines VA Medical Center: Some sick and wounded veterans are struggling to get to their medical appointments because of parking violators. CBS 2's Dave Savini has the story. James Dahan, a Marine Corps veteran, gets angry when fellow wounded vets struggle to find a parking spot.

Hyperlink to Above

3.2 - The News & Observer: Vietnam vet happy to be back in Durham's VA hospital, but for how long? (29 September, Thomasi McDonald, 3.9M online visitors/mo; Raleigh, NC)
A Vietnam veteran and double-amputee said things are "perfect" now that he is back in Durham's Veterans Administration Medical Center, where he has lived for a little more than three years. But James Donald Francis, 69, said he's worried because VA officials have not told him or given him any documentation about how long he will be able to stay at the VA's Community Living Center.

Hyperlink to Above

3.3 - Newsday (Video): House vet chair Roe tours Northport VA after maintenance issues (29 September, Martin C. Evans, 3.2M online visitors/mo; Melville, NY)
The head of the House Committee on Veterans Affairs came to Long Island for an up-close look at the troubled Northport VA Medical Center Thursday, saying the facility should "find the right size" to address maintenance problems straining its budget and impacting patient care.

Hyperlink to Above

3.4 - Stars and Stripes: Stage set in Congress for debate on Choice program reform (29 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
The Department of Veterans Affairs estimated the funds that allow veterans to receive health care in the private sector will last until the end of the year – a projection that establishes a new deadline for when Congress needs to come up with a long-term solution for the Veterans Choice Program.

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3.5 - WNDU (NBC-16, Video): New VA clinic in Mishawaka will 'quadruple services' (29 September, Mark Peterson, 833k online visitors/mo; South Bend, IN)
Ribbon cutting ceremonies in Mishawaka on Friday marked the completion of a $38 million medical clinic for veterans. About ten years ago, the Veterans Administration was first asked to study how often local vets had to travel long distances to get needed medical care. “I'll be able to come here for my eye appointments, I'll be able to come here for my hearing appointments, and those are all things I have to go to Fort Wayne for,” said veteran Chuck Damp.

Hyperlink to Above

3.6 - WNDU (NBC-16, Video): Sen. Joe Donnelly on tax overhaul, health care and new VA clinic (29 September, Jason Krug, 833k online visitors/mo; South Bend, IN)
President Donald Trump visited Indianapolis on Wednesday, pitching his tax overhaul plan. Traveling with the president from Washington D.C. that day was Sen. Joe Donnelly. A question some had is why the Democrat would travel on Air Force One with the Republican president.

Hyperlink to Above

3.7 - WFLA (NBC-8, Video): Veteran suicides, VA corruption focus of rally and protest (29 September, Steve Andrews, 702k online visitors/mo; Tampa, FL)
In the United States, 22 veterans take their lives every day. In front of the Veterans Affairs office at Bay Pines, 22 mannequins stood to serve as a reminder of this American tragedy. Army veteran Mike Ford admits he’s come close to ending his life. “Idea was to just go ahead and just kill yourself on V-A property right, maybe if they see, if maybe people like, wow, there’s something really going on here,” he told News Channel 8.

Hyperlink to Above

3.8 - Modern Healthcare: VA looks to ease telehealth regulations (29 September, Rachel Z. Arndt, 460k online visitors/mo; Chicago, IL)
The Veterans Affairs Department proposed a rule Friday that would allow VA providers anywhere in the country to conduct telehealth visits with VA patients across state borders, regardless of state licensing.

Hyperlink to Above

3.9 - KMVT (FOX-14, Video): As Suicide Prevention Month comes to a close, the search continues for solutions to veteran suicide (29 September, Peter Zampa, 71k online visitors/mo; Twin Falls, ID)
Suicide prevention month is highlighting how the U.S. Can better address the issue. A specific focus currently in Washington is a push to end veteran suicide. Senators are examining what is being done to help veterans in need, and what other efforts are necessary. One veteran says it is not easy to solve this tragic problem.

Hyperlink to Above

3.10 - mHealth Intelligence: New Rule Would Give VA Doctors National Telehealth Privileges (29 September, Eric Wicklund, 53k online visitors/mo; Danvers, MA)

The Department of Veterans Affairs is moving forward with a plan to enable VA doctors to treat veterans through telehealth no matter where the doctor or patient are located, essentially overriding state laws.

Hyperlink to Above

3.11 - WLTZ (NBC-38, WSB/ABC-2, Video): Hospital Evacuees from Caribbean Arrive in Atlanta (28 September, Nami Dockery, 44k online visitors/mo; Columbus, GA)
Hospital patients evacuated from the Caribbean due to hurricane Maria are finding refuge in Georgia. Doctors and nurses welcomed the patients after a plane carrying roughly 40 medical evacuees landed Wednesday night. It comes after the hurricane caused widespread power outages, including a loss of electricity at hospitals.

Hyperlink to Above

3.12 - Marion Republican: Bost 'not happy' with VA investigation; vows to look further into allegations at Marion VAMC (29 September, Holly Lee, 14k online visitors/mo; Marion, IL)
The conclusion of a Veterans Affairs inquiry into allegations of nepotism, employee intimidation and why some patients died at the VA Medical Center in Marion leaves one southern Illinois congressman "not happy" with the answers and vowing further action.

Hyperlink to Above

4. Women Veterans

4.1 - The Mercury: Expo will focus on women entrepreneurs and female veterans (29 September, Donna Rovins, 187k online visitors/mo; Pottstown, PA)
A unique expo highlighting women entrepreneurs and female veterans is scheduled for Saturday, Oct. 7, at Phoenixville Area Middle School. The 2017 Women Entrepreneur & Women Veteran Expo will give women from different business areas the opportunity to connect with each other to educate, share information and inspire other women to become business owners, according to organizer Dolores Winston, founder and CEO of Here to Apparel.

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4.2 - KSFY (ABC-13, Video): Sioux Falls conference puts spotlight on women veterans (29 September, 4k online visitors/day; Sioux Falls, SD)
The annual Women Veteran Conference was held Friday in Sioux Falls. The event was put on by the Sioux Falls VA. About 86 women veterans attended this year's event. Organizers said it is important to recognize women veterans and honor their service and sacrifice.

Hyperlink to Above

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

7.1 - WFED (AM-1500): VA close to awarding Cerner contract for new EHR (29 September, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)
The Veterans Affairs Department is preparing to award its contract with Cerner Corporation for a new electronic health record in the next month or so. The award comes after the department announced its decision abandon its own, existing Veterans Information Systems and Technology Architecture (VistA) and adopt MHS Genesis, the same EHR system that DoD is deploying.

Hyperlink to Above

8. Other

8.1 - ABC News (AP): The Latest: John Kelly given authority over Cabinet travel (29 September, 24.1M online visitors/mo; New York, NY)
The secretary of the Department of Veterans Affairs says information about his official travel will be posted on the department's website. Secretary David Shulkin says he has not used private aircraft for official business, but has taken six trips on military aircraft. The trip details will include the type of aircraft, members of the traveling party and information about the events he was attending.

Hyperlink to Above

8.2 - ABC News (AP): A look at questions over Cabinet members' travel (29 September, 24.1M online visitors/mo; New York, NY)
Health and Human Services Secretary Tom Price has resigned amid controversy over his use of costly private charter flights on government business. But other Cabinet members are also facing congressional scrutiny over their travel. Interior Secretary Ryan Zinke dismissed the controversy over charters as "a little BS over travel," but he acknowledged taxpayers do have the right to know official travel costs.

Hyperlink to Above

8.3 - The Washington Times (AP): Couple gets jail for keeping veteran's dead body in home (29 September, 10.8M online visitors/mo; Washington, DC)
An Ohio couple criminally charged for keeping a Vietnam veteran's decomposing body in their home for several months to steal his Social Security and veteran benefits have received six months in jail. The New Philadelphia Times Reporter reports 50-year-old Brian Sorohan and 46-year-old Stacy Sorohan also received two years' probation Thursday in Tuscarawas County.

Hyperlink to Above

1. Top Stories

1.1 - The Washington Post (Video): VA chief took in Wimbledon, river cruise on European work trip; wife's expenses covered by taxpayers (29 September, Jack Gillum, Alex Horton, Drew Harwell and Lisa Rein, 43.9M online visitors/mo; Washington, DC)

Nearly three days into a trip to Europe this past July, Veterans Affairs Secretary David Shulkin had attended a Wimbledon championship tennis match, toured Westminster Abbey and taken a cruise on the Thames.

The 10-day trip was not entirely a vacation. Shulkin was in Europe for meetings with Danish and British officials about veterans' health issues, so taxpayers picked up part of the tab.

Yet he and his wife spent about half their time sightseeing, including shopping and touring historic sites, according to an itinerary obtained by The Washington Post and confirmed by a U.S. official familiar with their activities.

The federal government paid for the flights for Shulkin and his wife, Merle Bari, and provided a per-diem reimbursement for their meals and other expenses, VA said Friday. An agency spokesman did not respond to questions about why Bari qualified for the reimbursements and taxpayer-funded airfare, other than to say she was traveling on "approved invitational orders" and had "temporary duty" travel expenses.

The agency also did not respond to questions about the cost of the flights and the total reimbursement. If Bari took the full per diem every day of the trip, she could have been reimbursed as much as $3,600 under federal guidelines.

Trump administration Cabinet members have faced mounting scrutiny over their use of private and government jets in recent days, and Health and Human Services Secretary Tom Price resigned Friday amid criticism of his use of taxpayer-funded charter flights. Shulkin traveled on a commercial flight, though, and he was seated in coach on at least one leg.

The European visit, however, puts a focus on the mixing of business and leisure during these trips, which can come at considerable taxpayer expense. Shulkin's immediate predecessor, Robert McDonald, took no foreign work trips, according to a former VA official who spoke on the condition of anonymity.

Shulkin's six-person traveling party included his acting undersecretary of health and her husband, Shulkin's chief of staff and another aide, the itinerary says. They were accompanied by a security detail of as many as six people.

Shulkin's trip came less than two weeks after he signed a memo instructing top VA staffers to determine whether "employee travel in their organization is essential."

"I expect this will result in decreased employee travel and generate savings within the Department of Veterans Affairs," Shulkin wrote.

In response to questions from The Post, VA announced Friday that the agency will begin posting details of the secretary's travel online, including itineraries, and disclosing any use of government or private aircraft. That information had not previously been disclosed publicly.

All of Shulkin's activities on the European trip, including his attendance at Wimbledon, "were reviewed and approved by ethics counsel," VA press secretary Curt Cashour said in an emailed statement.

"These were important trips with our allies to discuss best practices for taking care of veterans," Cashour said. "The secretary has been transparent on his down-time activities that were similar to what he would have done with his family over a weekend in the U.S."

Cashour said the husband of Poonam Alaigh, the acting undersecretary for health, paid his own expenses.

In an interview Friday, Alaigh defended the trip as a "tremendous and valuable exchange of ideas" with British and Danish counterparts.

"Were there some breaks we got? Sure," she said. "But they were reasonable. They were not at the expense of what we had committed to do: representing our country and showing our commitment to veterans."

Alaigh said the delegation took an unplanned trip across the border to Sweden one evening.

Senior members of Congress, including two key Republicans, have expressed concerns about travel by officials in President Trump's Cabinet. The leaders of the House Oversight Committee, Chairman Trey Gowdy (R-S.C.) and Rep. Elijah E. Cummings (D-Md.), wrote to the White House this week to demand records on air travel for executive officials since Trump's inauguration, saying that official travel "by no means should include personal use."

Sen. Charles E. Grassley (R-Iowa), chairman of the Senate Judiciary Committee, also wrote Trump a letter Thursday asking what steps the administration has taken to "ensure Cabinet secretaries use the most fiscally responsible travel in accordance with the public trust they hold."

One ethics expert said the trip sends the wrong message to taxpayers, especially if spouses' expenses were paid by the government.

"That's kind of a long trip for the secretary to be gone," said Walter M. Shaub Jr., a vocal critic of the Trump administration who resigned in July as the federal government's top ethics watchdog. "The cost has got to be extravagant."

Shulkin was invited to attend a July 19 conference in London to discuss veterans' mental health issues with representatives of Britain, Canada, Australia and New Zealand. In past years, the VA secretary has attended the conference.

He also arranged to attend meetings in Denmark from July 12 to 14. Officials in Denmark said VA officials approached them about the meetings.

The bookend events left Shulkin with four days in between, according to his itinerary. He attended a ceremony one of those nights at which a British veteran of the war in Afghanistan was honored, and a meeting the next night at the British prime minister's residence.

Over the course of the trip, Shulkin and his entourage visited four palaces — Copenhagen's Christiansborg and Amalienborg and London's Buckingham and Kensington — and included times for walks, self-guided tours and photo stops.

On one calendar item, a canal tour of Copenhagen, the itinerary specifically noted the group "Will See Little Mermaid Statue," one of the city's most iconic public artworks. During the London visit, Shulkin and his wife shared a meal at a restaurant overlooking a tennis court with Victoria Gosling, a British leader of the Invictus Games, a sports tournament for wounded veterans. Gosling posted a photo of the gathering on Twitter.

"Great honour and a pleasure to host US Secretary of the VA and his lovely family," Gosling wrote.

The Wimbledon event was one of the prized moments of the tennis year: In the women's final, American Venus Williams would lose her chance at a sixth title to Spain's Garbiñe Muguruza.

It is not clear whether the London invitation came before or after the scheduling of the events in Copenhagen, which included speaking with several Danish health-care executives at a luncheon organized by a Danish business group. A spokesman for one company in attendance, Leo Pharma, said the executives were asked by the Danish Foreign Affairs Ministry to attend.

In any event, the Copenhagen meetings occurred at a time the business group said was inconvenient, because it was a holiday period for Danes.

"It was quite difficult for us to accommodate," said Kasper Ernest, a director at the Confederation of Danish Enterprise, noting that his group's chief executive could not attend. "I was also on holiday."

Shulkin's relationship with Danish government leaders has grown over the past year, Danish officials said, and Denmark's military had been heavily involved in the war in Afghanistan.

In a statement, the Danish Embassy in Washington said it has had "a close dialogue with the U.S. Department of Veterans Affairs for a couple of years based on the long-standing partnership between Denmark and the USA on global conflicts. Over this period, there has been a standing invitation to visit Denmark."

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1.2 - Reuters: Under pressure from Trump, Price resigns as health secretary over private plane uproar (29 September, Steve Holland, 43.6M online visitors/mo; New York, NY)

WASHINGTON - U.S. Health and Human Services Secretary Tom Price resigned under pressure from President Donald Trump on Friday in an uproar over Price's use of costly private charter planes for government business.

His abrupt departure was announced an hour after Trump told reporters he was disappointed in Price's use of private aircraft and did not like the way it reflected on his administration.

"Secretary of Health and Human Services Thomas Price offered his resignation earlier today and the president accepted," the White House said in a statement.

Trump named Don Wright to serve as acting secretary. Wright is currently the deputy assistant secretary for health and director of the office of disease prevention and health promotion.

“I‘m not happy. OK? I‘m not happy,” Trump told reporters on the White House South Lawn.

Candidates to succeed Price included Seema Verma, who is administrator of the Centers for Medicare and Medicaid Services and who is close to Vice President Mike Pence, and Scott Gottlieb, a physician who serves as commissioner of the Food and Drug Administration, according to industry analysts.

Several sources saw Gottlieb as a clear front runner. They said he got along well with the White House and is viewed favourably there.

Price’s resignation leaves Trump with a second Cabinet position to fill. He has yet to pick a secretary for homeland security after hiring former Secretary John Kelly as his White House chief of staff.

It was the latest blow to the Trump White House, which has struggled to get major legislative achievements passed by Congress and has been embroiled in one controversy after another since Trump took office in January.

Price, a former congressman, was instrumental in the Trump administration’s policies aimed at undercutting Obamacare, as well as working with governors across the country to slowly begin unravelling parts of the law.

In a resignation letter, Price offered little in the way of contrition. He said he had been working to reform the U.S. healthcare system and reduce regulatory burdens, among other goals.

“I have spent forty years both as a doctor and public servant putting people first. I regret that the recent events have created a distraction from these important objectives,” he said.

Trump, currently trying to sell his tax cut plan and oversee the federal response to devastation wreaked by three hurricanes, saw the Price drama as an unnecessary distraction and behind the scenes was telling aides “what was he thinking?,” a source close to the president said.

Price promised on Thursday to repay the nearly $52,000 cost of his seats on private charter flights. “The taxpayers won’t pay a dime for my seat on those planes,” Price said.

But that was not enough to satisfy Trump.

Trump told reporters that the “optics” of Price’s travel were not good, since, as president he was trying to renegotiate U.S. contracts to get a better deal for taxpayers.

“Look, I think he’s a very fine person. I certainly don’t like the optics,” Trump said.

Price had also been seen in the White House as having been ineffective in getting Congress to pass healthcare reform legislation, an effort that has fizzled on Capitol Hill.

Price was one of a handful of senior officials in Trump’s administration put on the defensive over reports about their use of charter flights and government aircraft, sometimes for personal travel, when they could have flown commercial for less money.

The White House issued an order late on Friday saying use of private planes required approval from White House Chief of Staff John Kelly and that the commercial air system was appropriate even for very senior officials with few exceptions.

The Washington Post on Friday reported that Veterans Affairs Secretary David Shulkin attended a Wimbledon tennis match, toured Westminster Abbey and took a cruise on the Thames this summer during a 10-day trip to discuss veterans' health issues in Britain and Denmark.

Shulkin, who travelled on a commercial airline, was accompanied on the trip by his wife, whose airfare was paid for by the government and who received a per diem for meals, the Post said, noting that the Department of Veterans Affairs said she was travelling on "approved invitational orders."

His six-person travelling party included an acting undersecretary of health and her husband as well as two aides. They were accompanied by a security detail of as many as six people, the Post said.

Washington news media outlet Politico has reported that Price had taken at least two dozen private charter flights since May at a cost to U.S. taxpayers of more than $400,000. Politico also reported he took approved military flights to Africa and Europe costing $500,000.

Senior U.S. government officials travel frequently, but are generally expected to keep costs down by taking commercial flights or the train when possible.

Environmental Protection Agency Administrator Scott Pruitt and Treasury Secretary Steve Mnuchin have also been in the spotlight for their travel habits.

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1.3 - The New York Times: Veterans Agency Seeks to Scrap Ethics Law on For-Profit Colleges (29 September, Patricia Cohen, 29.8M online visitors/mo; New York, NY)

The Department of Veterans Affairs is pushing to suspend a 50-year-old ethics law that prevents employees from receiving money or owning a stake in for-profit colleges that pocket hundreds of millions of dollars in tuition paid through the G.I. Bill of Rights.

The agency says the conflict-of-interest law — enacted after scandals enveloped the for-profit education industry — is now redundant and outdated, with "illogical and unintended consequences" affecting employees who have no real conflict of interest, such as a V.A. doctor teaching a course at a school attended by veterans with educational benefits.

But veterans' groups and ethics experts reject those arguments and say the department is abandoning protections for veterans and taxpayers. They worry that the effort is part of a larger rollback of federal safeguards that were instituted before President Trump took office to combat abuses and fraud by for-profit colleges.

Several officials who worked in the for-profit college industry and had criticized the Obama-era crackdown as excessive, for example, have joined the Education Department, which administers and polices the federal student loan program and the industry.

The proposal to suspend the ethics law was published in the Federal Register in mid-September and is scheduled to take effect on Oct. 16, but no public hearings have been scheduled and no public comments have yet been submitted.

“It’s just reckless and sloppy,” said Walter M. Shaub Jr., a former director of the Office of Government Ethics, said of the agency’s action. He questioned why such a blanket exception for more than 330,000 agency employees should exist when the law allows waivers for individuals or even classes of individuals, like those teaching courses. Invoking the waiver also requires public hearings, he said.

Most troubling to Mr. Shaub, now senior counsel at the nonpartisan Campaign Legal Center, is that the move seems like an attempt by the executive branch to overrule the legislative branch. “They are saying the statute is unreasonable, but that’s not for them to say,” he said of agency officials.

Curtis Cashour, a V.A. spokesman, said officials had focused on the ethics law after the agency’s inspector general investigated complaints this year that two V.A. employees were teaching at a for-profit institution. There were no significant conflicts and a waiver was ultimately granted, he said, but the report led to worries among many employees about the impact of more rigorous enforcement.

“Our response was aimed at easing the concerns of numerous V.A. employees,” Mr. Cashour said in an email, adding that the ethics law had been superseded by subsequent conflict-of-interest statutes.

One concern of critics is that officials at the organization’s upper levels could be making decisions about a college in which they have a financial interest, like permitting a school with a record of abuses to recruit at military bases. Another is that people advising veterans about their educational benefits could steer students to a particular school because they were on the payroll.

“There’s no good that can come from allowing colleges to have unseemly financial entanglements with V.A. employees,” Carrie Wofford, director of Veterans Education Success, a nonprofit advocacy group. “Congress enacted a zero tolerance for financial conflicts of interest for V.A. employees precisely because Congress uncovered massive fraud by for-profit colleges targeting veterans.”

She added that “student veterans were already facing an aggressive rollback of their protections under the Trump administration’s Education Department.”

Two months ago, the Republican-led Senate Appropriations Committee issued a report during its debate over the military budget instructing the department to review the statute — but its concern was that the current rules “may be inadequate to identify conflicts of interest that can develop” because of gifts or expensive meals.

Veterans are particularly valuable as potential students: There are limits on the federal funds that for-profit schools can receive, but money from the G.I. Bill is not counted.

Even before last year's presidential election, some of the biggest veterans and military organizations were urging the department to better monitor for-profit colleges that were misleading veterans about the costs and benefits of enrolling, and violating legal and regulatory standards.

And a report issued in July by the director of the agency's Education Service found that financial issues involving tuition and fees were by far the leading complaint among students who had called the agency's G.I. Bill hotline since 2014.

Some ethics experts disagreed with the department's contention that other federal statutes made the ethics law unnecessary, saying the agency's rule sets a higher bar, requiring, for example, more public review.

Dozens of other agencies also have supplemental ethics rules that have been written to address potential problems specific to those agencies.

Senator Patty Murray, Democrat of Washington, and a longtime advocate for veterans, said she planned to look into the agency's decision. "I am deeply concerned the V.A. is opening the door for predatory for-profits to take advantage of men and women who have bravely served our country," she said.

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1.4 - U.S. News & World Report (AP): Alaska VA Office Gets Mixed Report From Watchdog (29 September, Becky Bohrer, 24M online visitors/mo; Washington, DC)

JUNEAU, Alaska — A government watchdog says the U.S. Department of Veterans Affairs regional office in Anchorage has made strides in processing claims but has work to do in other areas.

The VA's inspector general said the accuracy of the claims processing it reviewed earlier this year was significantly better than a prior inspection in 2013.

But it found delays in processing benefit reductions or discontinuations, resulting in about $16,800 in overpayments for care, and inaccuracies in how staff entered claim information. The inspector general said such overpayments due to administrative errors aren't recoverable.

The watchdog recommended that the office prioritize the processing of benefit changes and improve oversight to ensure information is accurate when claims are established.

The VA, in responses included with the report, agreed with the findings and recommendations.

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1.5 - Stars and Stripes: VA publicizes Shulkin's travel schedule amid scrutiny over Cabinet spending (29 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The Department of Veterans Affairs made moves Friday to publicize Secretary David Shulkin's travel schedule, following scrutiny over the cost of government-funded travel by other Cabinet members.

The VA announced it will post Shulkin's itineraries of international and domestic trips, as well as who accompanies him and whether he uses private or government aircraft. On Friday, the information was online at the VA's new "Secretary's Travel" page.

"Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that," Shulkin said in a prepared statement.

The announcement came two days after the House Oversight Committee initiated an investigation into the travel of President Donald Trump's administration.

Rep. Trey Gowdy, R-S.C., and Rep. Elijah Cummings, D-Md., leaders of the committee, sent letters Wednesday to the White House and 24 federal agencies, including the VA, asking for senior officials' travel details. The lawmakers cited federal law that official travel should be "expeditious" and "by no means should include personal use."

Gowdy and Cummings requested responses from each agency by 5 p.m. on Oct. 10.

In August, Treasury Secretary Steve Mnuchin used military aircraft to fly from New York City to Washington, D.C., costing about $25,000, ABC News reported. The Treasury's Office of Inspector General is reviewing another of Mnuchin's trips, in which he used government aircraft to fly to Kentucky, where he spoke to business leaders and viewed the solar eclipse.

According to several reports, Mnuchin also requested to use a military jet to fly him and his wife, Louise Linton, to their European honeymoon. The request was later withdrawn.

Another cabinet member, Health and Human Services Secretary Tom Price, promised Thursday to repay about $52,000 for his travel on private charter planes, which costs thousands of dollars more than commercial flights.

Interior Secretary Ryan Zinke took a charter plane to Montana and the Caribbean at a price of $12,000, Politico reported. Multiple news outlets reported Scott Pruitt, who leads the Environmental Protection Agency, has taken at least four noncommercial flights since February, costing taxpayers more than $58,000.

As of Friday afternoon, the VA posted Shulkin had taken five trips on Air Force 1 and Air Force 2, two of them to Texas to see damage caused by Hurricane Harvey. He also used a military aircraft last week for a trip to the Invictus Games in Toronto with First Lady Melania Trump. Shulkin has not used any private aircraft for official travel, according to information on the VA website.

According to one itinerary posted on the VA website Friday, Shulkin, his wife, Merle Bari, and other VA officials traveled July 11 to Denmark, where Shulkin was briefed on the Danish health care system for veterans, toured a veterans home and met the Danish ministers of defense and health. The group then traveled to London, where Shulkin and Bari spent July 15 at the Wimbledon tennis tournament with friends. On July 16, they visited Buckingham Palace, Kensington Palace, Westminster Abbey and took a cruise of the Thames River, followed by an

evening in Piccadilly Circus. Later during the week, Shulkin attended a conference in London on veterans issues.

The VA said it would update the site five days after the conclusion of every trip. The agency tied the move to other attempts at transparency since Shulkin took over as secretary. In July, the VA made public a list of employee terminations, demotions and suspensions, which is updated weekly.

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1.6 - The Clarion-Ledger (Video): Mississippi treating 11 Hurricane Maria victims, more coming (29 September, Anna Wolfe, 849k online visitors/mo; Jackson, MS)

So far, 11 hurricane victims from Puerto Rico and St. Croix have been transported to metro Jackson hospitals in the aftermath of Hurricanes Irma and Maria.

The storms devastated Puerto Rico's hospitals, a majority of which are without electricity or fuel for generators and beginning to run out of oxygen and clean water.

"You're talking about a hospital that has one week of oxygen left, one day of drinkable water. It's a level of devastation I don't think we could ever begin to imagine," said state Department of Health spokeswoman Liz Sharlot.

The Health Department has partnered with the G.V. "Sonny" Montgomery Veterans Affairs Medical Center, Air National Guard and the University of Mississippi Medical Center to accept patients at 13 local hospitals. UMMC is treating four patients, some of whom are children and infants.

On Sept. 22, the department set up a patient reception area — a federal coordinating center at the Jackson-Medgar Wiley Evers International Airport — where doctors and nurses from the VA are assessing each patient's needs, providing any emergency care, then transporting them to a local hospital. Ambulances are on standby.

The first patients arrived Monday. By Thursday night, they'd seen 11 patients with a range of conditions, including one high-risk pregnancy, a double amputee, one on a ventilator with respiratory failure and a neonatal intensive care unit patient.

"These are serious medical needs and high-risk patients," Sharlot said. "We're just grateful we're able to do what we can."

VA Medical Center Director Dr. David Walker, commander of the federal coordinating center, described the scene at the airport as stressful, but rewarding "knowing you're helping people at their most vulnerable."

"You never know what you're going to get until the plane doors open," Walker said.

The plane ride on the commercial air ambulance is between four and six hours, at which point a patient's condition can change.

One of Walker's staffers is from Puerto Rico and hasn't been able to speak with her family. She's volunteered to do any translation at the coordinating center.

The goal is to transfer patients back home when they've been stabilized, but considering the conditions in Puerto Rico, that hasn't happened yet. Walker said he only knows of patients leaving the hospitals to stay with relatives in the United States.

The Health Department expected more arrivals Friday. Shreveport, Atlanta and Columbia, South Carolina, are also receiving patients from Puerto Rico and the U.S. Virgin Islands.

"It's not over," Sharlot said. "I think this is going to be going on for a while."

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1.7 - The San Diego Union-Tribune: Does a soldier's best friend belong in VA research labs? A fight at the heart of the veterans community (29 September, Jeanette Steele, 494k online visitors/mo; San Diego, CA)

America loves dogs, but many veterans have an extra bond after serving with canine units on the battlefield and increasingly depending on service dogs back at home.

Now the U.S. Department of Veterans Affairs and some of the nation’s largest veterans groups are in a scrap with a government watchdog organization and some in Congress over VA medical research programs that inflict harm on man’s best friend in the name of science.

A VA investigation found problems at a Richmond, Virginia, program where researchers do heart surgery on dogs to study the development of cardiac abnormalities.

Techniques include inserting pacemakers and catheters into the hearts of dogs, destroying heart tissue and creating heart attacks by injecting liquid latex into an artery. At the end, dogs are killed and their tissues studied.

One of the reasons that dogs are considered good for these experiments is they are easy to train to run on a treadmill while their hearts are monitored.

As a result of botched procedures, one lead researcher was removed from the studies this spring and the VA tightened its research protocols at Richmond’s Hunter Holmes McGuire VA Medical Center, one of at least three sites nationwide where the VA does invasive medical research on dogs.

Changes include additional reviews by the VA’s chief veterinarian of proposed dog research, more stringent scientific scrutiny of VA funding requests involving dogs and increased frequency of site visits for VA programs that have canines, a VA official told The San Diego Union-Tribune.

These moves come atop questioning of research at the Los Angeles VA on narcoleptic Doberman pinschers. The approved protocol called for dosing dogs with antidepressants or methamphetamine, then killing them and studying how the drugs affect their brains.

Now, at the highest levels, the VA is battling to save its canine research programs, which have come under assault in Congress.

“Part of our mission is to push the envelope constantly in search of medical advancements that will help improve the lives of disabled veterans,” VA Secretary David Shulkin wrote in an opinion piece this month in USA Today.

“If this legislation passes … it would stop potential VA canine research-related medical advancements that offer seriously disabled veterans the hope of a better future,” wrote Shulkin, a practicing physician.

A spending bill that unanimously passed the House in July would ban funding for two categories of invasive dog experimentation at the VA in the coming fiscal year.

Separately, the “PUPPERS Act” (Preventing Unkind and Painful Procedures and Experiments on Respected Species) would permanently ban money for invasive dog research by the VA.

Rep. Dave Brat, the Virginia Republican who sponsored the act, called the experiments in Richmond “horrific and inhumane” in a statement.

“These dog testing experiments at the VA are consuming limited taxpayer dollars, medical staff time and office space that could be better utilized to deliver health care for veterans,” Brat said.

But the VA has rallied an important chunk of the veterans community to its defense.

The American Legion, Iraq and Afghanistan Veterans of America and Vietnam Veterans of America have written letters to Congress in support of the VA’s canine research.

“There are many pet owners and animal lovers in the American Legion,” the legion’s statement said. “Sometimes animal research is needed for the greater good of protecting human life.”

The executive director of Paralyzed Veterans of America said he’d like to see Congress strike a balance on the issue.

“On one hand, understand and acknowledge the tremendous gains in medicine and treatment,” said Sherman Gillums Jr., in response to a query from the Union-Tribune. “On the other hand, if it is warranted, Congress should call for greater accountability and transparency to confront waste and deviation from humane protocols in scientific research funded by taxpayers.”

Dogs accounted for less than 0.05 percent of animals used in VA research in 2016, an official said. Almost all are mice or rats.

Not all veterans agree with the nation’s most established organizations.

“I’m not going to say canine research should or shouldn’t be done at all, I just don’t think the VA should do it,” said Ben Krause, creator of the contrarian website Disabledveterans.org. “VA has a hard enough time not withholding health care from veterans on a regular basis.”

A major player in this conflict is White Coat Waste Project, a four-year-old Washington, D.C. nonprofit group whose philosophy is a marriage of fiscal conservatism and animal protection

sentiment. The group offers $1,000 rewards to whistleblowers with evidence of animal abuse or wasteful spending at VA dog labs.

Founded by a Republican strategist, the group argues that taxpayers are spending over $15 billion a year on wasteful dog, cat, monkey and other animal experiments that are irrelevant, slow and expensive.

It was White Coat Waste's complaint in March that spurred the VA's investigation of the Richmond facility. The group filed Freedom of Information Act requests for records from the McGuire VA.

"We had known that the VA was one of the few agencies conducting painful experiments on dogs. And through our research into the details of those projects, we uncovered these series of violations at Richmond," said Justin Goodman, White Coat Waste's vice president.

According to Goodman, the VA has 79 sites that do animal experiments, but only three are doing "significantly painful" research on dogs.

Aside from Richmond, the others are Stokes Veterans Affairs Medical Center in Cleveland and Zablocki Veterans Affairs Medical Center in Milwaukee.

In Milwaukee, according to the watchdog group, the VA is using 150 dogs, including beagle puppies, for lung research that includes collapsing the dogs' lungs and dissecting their necks and heads.

"The use of dogs has been decreasing in the United States," Goodman said this week.

"Most people would probably be alarmed that, in 2017, there are still 60,000 dogs being used in experiments. I think that for many people, even one dog being used in an experiment that they are forced to pay for is too many," he said, adding that research outside of federal agencies is often funded by government grants.

One expert said the VA's research is not an anomaly in the biomedical industry.

"Work with dogs is happening all over the place," said Cindy Buckmaster, chairwoman of Americans for Medical Progress, a nonprofit group that advocates for the role of laboratory animals.

"Any time they are the optimal model, they are part of the study," said Buckmaster, also a Ph.D. at Baylor University College of Medicine.

She said researchers are required to give dogs pain medication during invasive procedures, just like in human surgeries, but the majority of animal subjects are eventually killed as part of the study.

"That's because the answers are in the tissues," Buckmaster said.

The VA argues that its animal research has saved lives and will save more in the future. It issued a list of past accomplishments: development of the cardiac pacemaker, the first liver transplant, the nicotine patch, the discovery of insulin and, most recently, the first FDA-approved artificial pancreas.

White Coat Waste disputes that list as ancient history, saying the artificial pancreas is the only 21st century accomplishment of the bunch.

A University of California San Diego pathology professor said experts are going to disagree about whether dog research, and animal research in general, is effective. Dr. Lawrence Hansen, who is involved with White Coat Waste, led a successful campaign nearly 15 years ago to end surgery on dogs as a mandatory part of the medical school's curriculum.

"We have created creatures that are hard-wired to love and trust us," Hansen said. "It is a betrayal to then turn around and keep them in cages, cut them up and kill them."

To him, it comes down to an ethical question: If dog research does work to expand science, is it worth it?

It's a question Congress may take up in the coming year, with the plight and opinions of America's veterans as added weight.

Current VA research using dogs

- Studying ways of preventing lung infections in people with spinal cord injuries because they are unable to cough effectively
- Developing glucose sensors that diabetic human patients can wear to allow continuous monitoring and insulin delivery
- Understanding and treating dysfunction in the brain circuits that control breathing
- Meeting a congressional mandate to establish scientific evidence as to whether service dogs reliably reduce the symptoms of post-traumatic stress disorder
- Gaining insights into narcolepsy through studies of a unique colony of naturally narcoleptic dogs
- Studies to develop novel treatments for human heart conditions like atrial fibrillation and heart failure

Source: VA

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2. Veteran and Employee Experience

2.1 - USA Today: VA Secretary David Shulkin discloses official travel details (29 September, Jessica Estepa, 36.7M online visitors/mo; McLean, VA)

Veterans Affairs Secretary David Shulkin announced Friday that his department would disclose details about his official travels, in an attempt to be transparent as the travels of other members of the administration come under scrutiny.

The department will regularly update a page that includes any travels by private and government aircraft, as well as itineraries of official international and domestic trips.

"Under this administration, VA is committed to becoming the most transparent organization in government, and I'm pleased to take another step in that direction with this move," Shulkin said in a statement. "Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that."

Shulkin's announcement comes as Health and Human Services Secretary Tom Price faces criticism for his own use of private planes for official business. Price has apologized for the chartered flights and vowed to put an end to the practice.

According to the VA, Shulkin has not yet taken any private aircraft for official business.

He has taken six domestic trips on government aircraft, four of which were on Air Force One.

He has also taken two international trips: a September trip to Toronto for the Invictus Games and another to Copenhagen and London. The Copenhagen and London trip included tours of palaces and a river cruise down the Thames.

The Washington Post reported that the VA's decision to start disclosing Shulkin's travels came after it obtained a copy of the Europe itinerary.

The Post reported that the department covered the airfare of and provided per diem for Shulkin's wife, Merle Bari. The agency told the Post that she was traveling on "approved invitational orders."

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2.2 - ABC News: VA secretary spent half of official London trip sightseeing (29 September, Luis Martinez, 24.1M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin flew a commercial airline to London this past July to attend a veterans conference, but half his time there was spent on sightseeing and a stop at Wimbledon tennis tournament.

Shulkin's wife's commercial travel costs were also paid for by the federal government because she was under "approved invitational orders"

As questions have swirled about other Trump cabinet officials' use of government aircraft, the Department of Veterans Affairs has decided that in the interest of transparency it will post all of Shulkin's travel details on a VA website.

Those documents show Shulkin has flown six times on U.S. military aircraft. Four of the flights were on Air Force One as he accompanied President Trump, one was on Air Force Two accompanying Vice President Pence and a flight earlier this week accompanying the first lady to this week's Invictus Games in Toronto. Shulkin has never flown a private plane to travel for his official duties, according to a Veterans Affairs spokesman.

The Department also posted the itineraries of Shulkin's trip in mid-July to Denmark and the United Kingdom and earlier this week to Canada with first lady Melania Trump.

Shulkin and his delegation of six, including his wife Dr. Merle Bari, traveled commercial airlines to Copenhagen and London.

But that trip itinerary to Denmark and London has raised questions about the amount of time Shulkin spent sightseeing.

The itinerary shows that on July 12, the first day of his first three days in Copenhagen, Shulkin visited multiple tourist stops. The next two days were spent on meetings with Danish government and health care officials to discuss veterans issues.

The first half of the six-day stay in London was dedicated to sightseeing before his full participation in a two-day veterans summit.

Shulkin arrived in London on Saturday, July 15 and according to the itinerary he spent the afternoon at the "Wimbledon Tennis Tournament with Friends." That would have been the day of the Women's singles final.

He spent the next two days visiting notable tourist sites in London including Buckingham Palace, Kensington Palace, Westminster Abbey, St. Paul's Cathedral, the Tower of London and took a "Thames River cruise to Greenwich Pier/Followed by dinner/evening in Piccadilly Circus."

But from the afternoon of Wednesday, July 19, through Friday, July 21, Shulkin was immersed in full-day participation in the veterans conference.

"All activities on the itinerary were reviewed and approved by ethics counsel," said Curt Cashour, the VA Press Secretary.

Cashour said the rules permit government reimbursement for a spouse's "temporary duty" travel expenses.

According to a VA press release, the department is the first federal agency to make public the travel details of its top official. "The information will also include what VA staff and spouses accompany him on each trip, if any, but for security reasons, members of the Secretary's security detail will not be listed by name or number," said the release.

"Under this Administration, VA is committed to becoming the most transparent organization in government, and I'm pleased to take another step in that direction with this move," Secretary Shulkin said. "Veterans and taxpayers have a right to know about my official travel as Secretary, and posting this information online for all to see will do just that."

According to the release, Shulkin "pointed to the move as the fourth major step in long-sought transparency and accountability actions at VA." Previous actions include the VA's public listing of wait times and quality/satisfaction data at all VA medical centers, adverse employee actions and employee settlements.

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2.3 - Politico: Who will replace Tom Price? A dozen names are circulating as possible successors (29 September, Joanne Kenen and Jennifer Haberkorn, 23.9M online visitors/mo; Arlington, VA)

Tom Price hadn't even stepped down when the Washington policy world was buzzing about who was likely to replace him.

A dozen names are being talked about, including several belonging to those already serving in the administration. Of course, President Donald Trump often does the opposite of what insiders expect.

The rumored short-list includes former Sen. Judd Gregg (R-N.H.), who would sail through Senate confirmation but would probably be considered too moderate on Obamacare, to Dr. Mehmet Oz, a cardiothoracic surgeon known through his talk show. Other current or former members of Congress who could be considered include Rep. Fred Upton and former Rep. Dave Camp.

Here are a few others who may be in the mix:

[…]

David Shulkin: The VA secretary is a Trump favorite, and the only cabinet nominee to be unanimously confirmed. However, Shulkin has come under criticism for combining leisure with business on his official travel — he attended a Wimbledon championship tennis match, toured Westminster Abbey and took a cruise on the Thames while meeting this summer with European officials about veterans' issues, The Washington Post reported Friday. Shulkin did fly commercial but his wife's expenses were covered by taxpayers, according to the Post.

A physician and former health administrator, Shulkin is also the only member of Trump's cabinet who is a holdover from the Obama years; he served as the VA's undersecretary of health in that administration. Now he's trying to get the massive, scandal-plagued VA health care back on track to serve around 9 million Americans a year. He has made the agency's performance and improvement programs public and transparent. He still sees patients — in person and via telemedicine.

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2.4 - The Huffington Post: Yet Another Trump Administration Official Took Questionable Liberties With Work Travel (29 September, Mollie Reilly, 23M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin used his downtime on a recent international trip for several leisure activities, including a tennis match and river cruise, The Washington Post reported Friday.

According to the report, Shulkin spent roughly half of a 10-day trip to the U.K. and Denmark to sightsee, watch a high-profile Wimbledon match and take in other activities more typical of a vacation than a work trip.

Shulkin flew commercial for the July trip, a notable difference from other officials who have recently come under scrutiny for opting to use charter or military planes for their travel. However, the government did pay for his wife's airfare as well as some of the cost of her meals while abroad.

Read the full report here.

When asked for comment on the Post story and the agency's ethics review process, a Department of Veterans Affairs spokesman pointed to a Friday announcement that the agency will now make all of Shulkin's travel itineraries publicly available and will note what kind of aircraft he used on each trip.

The revelations about Shulkin, a holdover from President Barack Obama's Cabinet, are just the latest in a series of reports regarding Trump administration officials' conduct and financial choices while traveling on official business.

Health and Human Services Secretary Tom Price has received by far the most criticism for his use of private planes and military aircraft to travel both domestically and abroad. According to a series of reports in Politico, the secretary's travel has come at an expense of more than $1 million to taxpayers.

On Thursday, after President Donald Trump said he was "not happy" with Price, the secretary announced he would no longer take private planes and vowed to reimburse taxpayers for the expenses he's incurred. However, he plans to pay just for "his seat" — or about $50,000.

Interior Secretary Ryan Zinke has also faced criticism for chartering a plane to travel from Las Vegas to Montana, costing taxpayers more than $12,000.

Environmental Protection Agency Administrator Scott Pruitt and Treasury Secretary Steven Mnuchin are also under scrutiny for similar travel expenses.

The White House has said it's looking into these expenses, and on Wednesday the House Oversight and Government Reform Committee announced it had requested information from 24 federal agencies on officials' travel.

"Under 5 U.S.C. § 5733, official travel on the part of federal employees must be 'by the most expeditious means of transportation practicable' and 'commensurate with the nature and purpose of the [employee's] duties,' and by no means should include personal use," reads a letter from the committee's leadership to the agencies.

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2.5 - The Hill: Trump VA chief went sightseeing, shopping with wife on government trip: report (29 September, Brandon Carter, 11.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin spent nearly half his time on a recent international trip sightseeing and shopping with his wife, according to The Washington Post.

Shulkin traveled to Europe in July to attend a conference in London with representatives of several countries on veterans' health issues, as well as a series of meetings in Denmark.

The VA chief's traveling party included his acting undersecretary of health and her husband, his chief of staff, another aide and a security detail, according to the Post.

Shulkin's wife, who also accompanied him on the trip, had her airfare paid for the by the government because she was traveling on "approved invitational orders," a VA spokesperson told the Post. Shulkin's wife also received a per diem for her meals.

The newspaper reports Shulkin attended a Wimbledon tennis tournament match and visited multiple palaces in both London and Denmark. Shulkin also reportedly took a cruise on the River Thames in London during the trip.

Shulkin took commercial flights for the trip and sat in coach on at least one flight, according to the Post.

VA press secretary Curt Cashour told the Post that the entire itinerary for Shulkin's trip was "reviewed and approved by ethics counsel."

"These were important trips with our allies to discuss best practices for taking care of veterans," Cashour told the Post. "The secretary has been transparent on his downtime activities that were similar to what he would have done with his family over a weekend in the U.S."

In a statement Friday, the VA said it would begin making public a list of Shulkin's official travel, including trip itineraries and his use of private and government aircraft.

"Veterans and taxpayers have a right to know about my official travel as Secretary, and posting this information online for all to see will do just that," Shulkin, a holdover from the Obama administration who President Trump tapped for the top VA spot this year, said in the statement.

Other Trump administration officials have come under fire for their travel while in office.

Health and Human Services Secretary Tom Price has reportedly racked up over $1 million in travel costs with his use of private and military planes since May. Price said Thursday he would reimburse taxpayers just under $52,000 for charter jet travels he's used for government business.

President Trump said Wednesday he was "not happy" with Price's use of private planes and said "we'll see" when asked if he planned to fire Price.

Interior Secretary Ryan Zinke and Environmental Protection Agency Administrator Scott Pruitt have also come under scrutiny for their use of private aircraft for government business in recent days.

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2.6 - Washington Examiner: VA secretary saw Wimbledon match during taxpayer-funded trip to Europe: Report (29 September, Melissa Quinn, 4.8M online visitors/mo; Washington, DC)

Secretary of Veterans Affairs David Shulkin and his wife, accompanied by other VA officials, attended a tennis match at Wimbledon, toured Westminster Abbey, and cruised the Thames River as part of a taxpayer-funded, 10-day work trip to Europe this summer, according to a report.

Shulkin and a group of six people, including his wife, traveled to London and Denmark in July, where Shulkin met with Danish and British officials to discuss veterans' health issues, according to an itinerary of the trip obtained by the Washington Post. The VA secretary traveled in coach on a commercial flight during at least one part of the trip.

The VA secretary attended a conference in London on July 19, one previous secretaries have also attended, that included representatives from Britain, Canada, Australia and New Zealand. He also scheduled a series of meetings in Copenhagen, Denmark, that took place from July 12 to July 14.

On two nights between the official events in London and Copenhagen, Shulkin spent one at a ceremony where a British veteran who served in Afghanistan was honored, and another meeting with British Prime Minister Theresa May.

But during the day, Shulkin, his wife, Merle Bari, Acting Undersecretary For Health Poonam Alaigh, her husband, Shulkin's chief of staff, and another aide, as well as a security detail, saw the sights and shopped.

The government covered the cost of Bari's airfare and gave her a per diem for meals, the VA told the Washington Post. Bari, the agency said, was traveling on "approved invitational orders."

"These were important trips with our allies to discuss best practices for taking care of veterans," VA spokesman Curt Cashour told the Washington Post. "The secretary has been transparent on his down-time activities that were similar to what he would have done with his family over a weekend in the U.S."

It's unclear whether the government or Alaigh covered the expenses for Alaigh's husband.

According to the itinerary of the trip, Shulkin had no official business scheduled during the days in between his meetings in London and Copenhagen.

Rather, Shulkin and his group attended the women's final at Wimbledon, where Venus Williams lost to Garbine Muguruza.

The group also visited two palaces in London, Buckingham Palace and Kensington Palace, and two in Copenhagen, Christiansborg Palace and Amalienborg Palace.

Revelations of Shulkin's trip come as four of President Trump's Cabinet officials are under scrutiny for their use of private and government planes to travel.

Secretary of Health and Human Services Tom Price is facing calls for his resignation after it was revealed he's taken at least 24 trips aboard private jets, as well as trips on military aircraft, costing taxpayers more than $1 million.

Treasury Secretary Steven Mnuchin's travel on government planes has also come under fire.

Both Price and Mnuchin are facing probes from the inspectors general at their respective agencies, and numerous congressional committees are requesting information on administration officials' travel.

Interior Secretary Ryan Zinke and EPA Administrator Scott Pruitt have also traveled via private or military aircraft.

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2.7 - Pittsburgh Post-Gazette: Pittsburgh VA nurse is finalist for national caregiver award (29 September, Gary Rotstein, 4.8M online visitors/mo; Pittsburgh, PA)

A nurse for the VA Pittsburgh Healthcare System is one of six national finalists for an annual award given to a medical professional who shows an exemplary caregiving approach on the job.

Victor Fagan, a licensed practical nurse from Butler, won recognition from among nearly 200 nominees who were submitted to the Boston-based Schwartz Center for Compassionate Healthcare. It will announce the winner of its 2017 National Compassionate Caregiver of the Year Award at a dinner on Nov. 16.

Mr. Fagan has worked with veterans the past five years at the VA's primary care clinic on University Drive in Oakland. He was nominated for the Schwartz Center award by co-workers who noted the unusual level of compassion and respect he brings to his role of helping others.

Examples of his efforts that were cited included his purchasing shoes for a low-income veteran's child; connecting a homeless veteran to helpful resources; celebrating patients' milestones such as birthdays; working to develop a Wall of Heroes that will honor local vets; and encouraging his fellow staff to do their own similar good work.

"Victor is always thinking of others first and incorporates caring and respect into every interaction with the veterans for whom he provides care," Christin Durham, the VA Pittsburgh primary care nursing manager, wrote in endorsing Mr. Fagan for the award.

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2.8 - PennLive (Video): VA chief mixed business with pleasure at taxpayer expense: Media report (29 September, Ivey DeJesus, 3.1M online visitors/mo; New Bloomfield, PA)

President Donald Trump's veterans affairs chief is the latest administration official in hot water for reportedly tapping into taxpayer money to pay for vacation outings and non-official business.

Veterans Affairs Secretary David Shulkin in July took in a Wimbledon championship tennis match and a Thames River cruise on taxpayer money. That's according to a report published Friday by The Washington Post.

Shulkin was in Europe for 10 days for meetings with Danish and British officials about veterans' health issues, but during that time, the Post reports, he and his wife spent about half their time sightseeing, including shopping and touring historic sites.

The Washington Post cited an itinerary obtained by the news outlet, and which was confirmed by a U.S. official familiar with it.

Shulkin last week visited the Harrisburg area, meeting with veterans at a local VFW to outline what he said was the right direction for the embattled agency. Shulkin said to veterans that accountability was one of his top priorities.

News of Shulkin's multi-purpose trip comes on the heels of that of Health and Human Services Secretary Tom Price, who is at the center of White House- approved trips outside the bounds of protocol. The Trump administration this spring and summer approved the use of military aircraft for multi-national trips by Price to Africa, Europe and Asia at a cost of more than $500,000 to taxpayers.

The overseas trips bring the total cost to taxpayers of Price's travels to more than $1 million since May, according to a POLITICO review.

Price this week pledged to reimburse the government for the cost of his own seat on his domestic trips using private aircraft -- reportedly around $52,000 -- but that would not include the cost of the military flights, Politico reported.

Shulkin's six-person traveling party included his acting undersecretary of health and her husband, his chief of staff and another aide, the Post reports. A security detail of as many as six agents was assigned to the entourage.

The Post reported that the VA said that the government paid airfare for Merle Bari, Shulkin's wife, because she was traveling on "approved invitational orders." The government also provided a per diem for her meals, the agency said.

Wimbledon tickets for final matches can run into the thousands of dollars - as can a river cruise. Shulkin also toured Westminster Abbey. Those tickets run about L22 (sterling) or approximately $30 a person.

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2.9 - Military Times: Amid Cabinet controversies, VA promises to post secretary's travel details online (29 September, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — In response to the growing scandal of Cabinet officials using pricey private aircraft for business trips, Veterans Affairs officials announced Friday they will post details of all official travel by department Secretary David Shulkin online to provide transparency about his travels.

"Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that," Shulkin said in a statement.

The move comes one day after Health and Human Services Secretary Tom Price announced he would reimburse the government about $52,000 for charter flights made in recent months for government duties, a sum that amounts to only a small portion of the flights' costs.

The White House announced Friday afternoon that Price resigned.

Reports of Price's charter flights have prompted congressional investigators to look into travel expenses for all of Trump's Cabinet.

The VA's announcement also comes on the same day as a Washington Post article that details a trip Shulkin and his wife took to Europe last summer that included government business but also sightseeing and other non-work activities.

The VA told the Post that the government paid for Shulkin's wife's airfare because she was traveling on "approved invitational orders." The VA added that all of Shulkin's activities were reviewed and approved by ethics counsel. The couple flew commercial, including at least one leg in coach, according to the Post.

VA officials said Shulkin has not used any private aircraft for travel to date, but will list them on the department's website if he employs that option in the future.

In addition, the new site will list all use of government aircraft by the secretary, along with itineraries of all official trips. That information will be available within five days of any travel, starting in mid-October.

Officials will start posting some of those details on the VA's "Secretary Travel" site later today.

Shulkin has used government aircraft for transportation six times so far this year. Five of them were aboard Air Force One, accompanying the president to events.

The sixth was a recent trip to the Invictus Games in Toronto, where he traveled with first lady Melania Trump to see wounded U.S. troops and veterans participate in athletic competitions against teams from other countries.

Shulkin has made department transparency one of the key focuses of his department reform efforts. Earlier this year, the department began posting online information on medical center wait times, employee firings and workplace settlements.

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2.10 - Providence Journal (The Enterprise): Providence VA official relieved of duties amid allegations of racism, homophobia (29 September, Paul Edward Parker, 1.2M online visitors/mo; Providence, RI)

A manager at the Veterans Affairs Regional Office in Providence has been relieved of his duties pending disciplinary action, following a complaint from a co-worker that he created a “toxic work atmosphere.”

Stephen V. Pina, the Veterans Services Center manager, who also has been embroiled in controversy after a Facebook post suggesting that New England Patriots players who kneeled during the national anthem on Sunday were dancing monkeys, is “no longer engaged in processing benefits claims,” according to Mark Ramos, a spokesman for the Providence VA office.

Ramos said that disciplinary action against Pina has been proposed and that, to afford due process rights, it can’t be imposed for 15 business days. Ramos said he was not aware of the nature of the proposed discipline. In the interim, Pina has been assigned to other job duties.

Peter Rogers, who was a human resources specialist at the Providence office, said he left for another government job two years ago due to insensitive remarks made at work by Pina.

“The work environment there is awful because of him,” said Rogers, who now works for the U.S. Department of Homeland Security.

Rogers said he is an openly gay veteran who served 23 years in the military, including a tour in Afghanistan as an air traffic controller for the Air Force.

The 44-year-old Virginia native said he recalled one moment when he was driving Pina and other colleagues to an event at a VFW in Warwick. Rogers claimed that Pina made homophobic remarks during the ride.

“He was pounding on the dashboard, yelling all kinds of obscenities and f-bombs,” said Rogers. “I was completely blown away by his behavior.”

Pina, who lives in Brockton, Massachusetts, landed in hot water this week after making a comment under a Facebook story about Patriots players who knelt during the national anthem on Sunday. In the post, Pina called the players “turds” and added, “dance monkey dance.”

Pina has since resigned from his position on the Brockton Parks and Recreation Commission, after Mayor Bill Carpenter called on him to do so. A Pop Warner football team, the Brockton Junior Boxers, said Pina had stepped down as a coach after the youth football league made a statement calling for him to do so.

Pina received a $120,000 salary last year as manager of the Veterans Service Center, overseeing 157 government employees at the downtown office on Westminster Street.

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2.11 - KATV (ABC-7, Video): Troubles at the VA: Nurses speaking out about culture (29 September, Elisabeth Armstrong, 448k online visitors/mo; Little Rock, AR)

Two former nurses who have filed EEO complaints against the CAVHS are speaking out about problems. In July, Channel 7 brought you this report out of the VA. In it, some thirty nurses filed a complaint against the hospital - alleging that under-staffing was impacting patient care.

After that story aired, more than a dozen staffers reached out to the newsroom, saying that poor management, unsafe working conditions, even claims of harassment are behind the issue.

Lyn Gardner and Brandy Ballard: both former nurses at the VA, both saying there's something wrong with the Central Arkansas Veteran's Healthcare System. Lyn is a veteran who served in the military for six years, before pursuing her dream of becoming a nurse in the VA system.

But she says that dream, turned into a nightmare: "It actually upsets me to this day, talking about it, because it was very traumatic."

In her claim she alleges that she was subjected to a hostile work environment - dealing with screaming supervisors, limited equipment, and in one case, an issue where she passed out while assisting during surgery, and never received medical attention.

"I walked out of the unit, pretty much all on my own, receiving no treatment. And that's very upsetting. As a veteran, and as an employee of a facility that's supposed to care for veterans."

Lyn says, it's this culture that creates problems for patient care: "Not having the support from management, not being able to articulate issues, is scary, because you're dealing with people's lives." Adding, changes need to be made.

Brandy Ballard agrees. She has several veterans in her family, and credits the VA with providing her grandfather life-saving cancer treatment. But she says her family members are now expressing fear about the care they're receiving.

"Another family member, more recently, voiced his concerns to me about that very VA because he didn't feel he would get the treatment he deserved with stage 4 cancer," she explains.

She says the culture at the VA has truly taken a toll on her life, alleging that nurses are punished for speaking out about patient care: "It really has affected my family. I mean, a failed marriage as a result of this, just mental anguish, physical ailments as a result of the constant stress."

This is why she says she filed a complaint. And these nurses are not the only ones - two other staffers at the VA provided me with copies of their EEO complaints. None of these have been ruled on yet, as the EEO is currently investigating several of the claims.

So, Channel 7 dug into data out of the national VA Administration. It shows that Central Arkansas Veterans Healthcare System has one of the highest nurse turnover rates in the entire VA System. They're just under the 90th percentile.

But Medical Director Dr. Margie Scott, says this is not due to workplace harassment or discrimination: "Well if you look at our exit interviews, Elisabeth, for nurses who are leaving the workforce, the top number of nurses who are leaving is due to number one taking a higher level position, and advancement in position, or number two retiring... The third most common is actually to go back to school."

Channel 7 requested those numbers and the VA complied 47% of employees said they left for those reasons (along with "relocating with a spouse") during exit interviews. But KATV also took a look at employee satisfaction scores.

When it comes to employee satisfaction, the Little Rock VA comes in at 3.8 out of 5. Dr Scott breaks down this statistic, "Over 60% of our staff think this is not only a good, but a great place to work. There's always a spectrum in any survey of low scores and high scores, but a 3.8 out of 5 is an excellent score. It's not where we want to be - we always want to be higher - so we'll continue to work on that."

But a 3.8 is also around the 50th percentile - that means 50% of other VA facilities have higher employee satisfaction rates.

And when it comes to veterans' experience, in the four categories the VA looks at, Central Arkansas comes in near the bottom of each. When it comes to comprehensiveness of care, the system scores as one of the worst.

Channel 7's Elisabeth Armstrong asked, "I probably spoke to 15 or twenty people. and a number of them said, 'I'm a veteran or I have veterans in my family, and I would not take them to the Little Rock VA. Does that concern you?"

Dr. Scott says, "Absolutely that concerns me, and I would love to talk to those individuals and hear what they have to say as far as ways we can improve our work environment."

Dr. Scott and Acting Deputing Medical Center Director Salena Wright-Brown say the VA is implementing several new ways for employees to make their voices heard: through listening sessions, surveys, a video blog, and being selected as an "Innovation Hub."

"I think that's the key," explains Dr. Wright-Brown. "To open those communication avenues, we reassure people that nothing is going to happen negative, only positive - only improvement for our veterans."

The VA has filled 102 of the 149 open nursing positions since our first piece aired in July. However, we do not have numbers on how many have left since that time.

The system held another job fair last Saturday.

*Correction: An earlier version of this story stated the job fair was this upcoming weekend. However, it was last weekend, and officials say it was successful.

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2.12 - WQAD (ABC-8, Video): Moline man shocked after job training center for veterans shuts down (29 September, Chris Minor, 450k online visitors/mo; Moline, IL)

GARLAND, Texas - A Moline, Illinois man is one of more than 300 veterans left in the dark after a job training school they paid for through the GI bill abruptly shut its doors.

"Three weeks before graduation, we were told goodbye. They sent a senior instructor around to each class and he just came in front of the school and said, 'I need everyone to pack your bags, the schools been officially shut down and everyone needs to vacate the premises' ," said Dallas Wild, who had enrolled in the career center after hitting dead ends looking for a decent paying job in the Quad Cities.

The Retail Ready Career Center catered to veterans interested in a career in heating and air conditioning.

"They called and offered us a $23 dollar an hour job after we got out, guaranteed job placement," said Wild.

Tuition was $21,000 for the six week program, which included food, lodging, and round-trip air-fare. Most tuition bills were paid through the GI bill.

The Department of Veterans Affairs is investigating the job training center for unknown reasons.

The owner John Davis, is seen on video telling the students that the investigation was launched after a former employee who embezzled money from a school fund went to authorities.

Wild says he had hoped to graduate so that he could find a better job in the Quad Cities, and is uncertain what happens next.

"I spent 30 minutes on the phone with the VA. It seems they don't want to hand out information because of the investigation. Everyone is in the dark. I plan on trying to find a local company that supports vets that will give me a shot," he said.

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2.13 - FedSmith: VA to Begin Disclosing Agency Secretary's Official Travel (29 September, Ian Smith, 277k online visitors/mo; Washington, DC)

The Department of Veterans Affairs announced today that it will begin publishing all of the agency secretary's official travel on its website.

The lists include all official travel taken by Dr. David J. Shulkin since January 20, and the site will be updated within five days after the conclusion of each trip.

The webpage (which will be available at http://www.va.gov/opa/secvatravel) will list the use of private and government aircraft by the Secretary, and also itineraries of international and domestic trips. The details on domestic trips will be added to the website by October 15.

The information posted will also include what VA staff and spouses accompany Shulkin on each trip, if any, but for security reasons, members of the Secretary's security detail will not be listed by name or number.

Shulkin notes that the VA is the first agency to make this kind of data public. The agency also recently began posting all disciplinary actions taken against agency employees on its website in an effort to spotlight actions the agency is taking to reform its culture.

"Under this Administration, VA is committed to becoming the most transparent organization in government, and I'm pleased to take another step in that direction with this move," Secretary Shulkin said. "Veterans and taxpayers have a right to know about my official travel as Secretary, and posting this information online for all to see will do just that."

Increased Scrutiny of Agency Officials' Travels

The announcement from the VA comes right after an article appeared in the Washington Post that was critical of a recent trip that Shulkin took to Europe with several individuals, including his wife, that mixed business and pleasure, the latter part including shopping trips and a Wimbledon tennis match.

The investigation conducted by the Post noted that although all aspects of the trip were approved by the agency, the VA paid for the airfare and meal per diems for Shulkin's wife. It noted, however, that Shulkin flew on a commercial aircraft with at least one leg of the trip in coach seating.

VA press secretary Curt Cashour told the Post, "These were important trips with our allies to discuss best practices for taking care of veterans. The secretary has been transparent on his down-time activities that were similar to what he would have done with his family over a weekend in the U.S."

The Post takes at least some credit for the VA now disclosing details about the Secretary's travel. "In response to questions from the Post, VA announced Friday that the agency will begin posting details of the secretary's travel online, including itineraries, and disclosing any use of government or private aircraft. That information had not previously been disclosed publicly," according to the Post article.

The VA's announcement also comes after news that Health and Human Services Secretary Tom Price came under heavy criticism for trips he took using a private charter jet using taxpayer money. Price has said he will repay the Treasury for costs incurred from the trips and also resigned from his position as HHS Secretary over the situation.

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2.14 - Leavenworth Times: Sentencing continued for former VA physician assistant (29 September, 46k online visitors/mo; Leavenworth, KS)

A former physician assistant who was convicted of sexually abusing patients at the Leavenworth veterans hospital will not be sentenced until November.

Mark E. Wisner was scheduled to be sentenced today in Leavenworth County District Court. But the sentencing and arguments for post trial motions have been continued until Nov. 3.

Last month, a jury convicted Wisner of one felony count of aggravated sexual battery, one felony count of aggravated criminal sodomy and three misdemeanor charges of sexual battery. The crimes occurred between 2012 and 2014 while Wisner was working at the Eisenhower VA Medical Center.

The judge in the case had something come up, and he had to reschedule all of the cases that were on his docket for Friday, according to Assistant County Attorney Michael Jones.

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2.15 - Pahrump Valley Times: Plaques at Pahrump VA clinic recognize veterans of U.S. armed forces (29 September, Jeffrey Meehan, 1k online visitors/day; Pahrump, NV)

A group of local veterans of the U.S. armed forces gathered to recognize the installation of several plaques at the Pahrump VA Community Based Outpatient Clinic in September.

Each plaque bore the symbol of one of the five branches of the U.S. armed forces and another was hung for prisoners of war.

The group, led by U.S. Army veteran Bernie Cusimano, gathered at the Pahrump VA clinic at 220 Lola Lane on Sept. 22, 2017 to recognize the plaques being hung. Cusimano was joined by several other veterans who worked to see the plaques hung at the clinic.

“We started it, and I want to acknowledge all the people that started it and thank everybody,” Cusimano said.

The group was also joined by Nye County Commissioner John Koenig, District II, former Nye County Commissioner Frank Carbone and Michelle Leavitt, executive assistant/business license tech for the town of Pahrump.

The symbols were hung behind the check-in area at the Pahrump VA clinic in order of the Army, Navy, Marines and the Air Force, from left to right, which is mandatory. The prisoners of war symbol sits on another wall adjacent to the other symbols.

Cusimano said it was the end of the long process.

It took nearly two years for the group to realize the end goal, he said.

Some of the original veterans involved in the process were Pahrump Veterans of Foreign Wars Commander Tom Vick, Cusimano and Kyler Samuel Escalera, just to mention a few.

The cost of the plaques was funded by the town of Pahrump, which cost roughly $200 each or a total of $1,200.

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3. Access to Healthcare

3.1 - WBBM (CBS-2, Video): 2 Investigators: Disabled Vets Face Tough Parking At VA Hospital (29 September, Dave Savini, 27.5M online visitors/mo; Chicago, IL)

A major problem at Hines VA Medical Center: Some sick and wounded veterans are struggling to get to their medical appointments because of parking violators.

CBS 2's Dave Savini has the story.

James Dahan, a Marine Corps veteran, gets angry when fellow wounded vets struggle to find a parking spot.

"It's clearly a violation. They need to be ticketed," Dahan says of a vehicle illegally parked near the entrance to the VA.

He says seriously injured veterans going to the Edward Hines, Jr. VA Hospital in Maywood are forced to wheel or walk long distances. This is because parking spots for those with disabilities are taken by motorists not permitted to use them.

"That really ticks me off," Dahan says.

The 2 Investigators found plenty of examples of cars, without required placards in windows, snagging the handicapped-designated spots. Even the lot reserved for spinal cord injury victims had problems. Yet CBS 2 never saw a single ticket issued.

"Seeing veterans pushing from the back of the parking lot with a wheelchair or a walker, it's disgusting," Dahan says. "They deserve a lot better than that."

There is valet service, but those lines can be long and cause delays, he says.

"If you're 15 minutes late, they cancel your appointment," Dahan says.

CBS 2 also found numerous fire lane and loading zone violators, too.

Dahan injured his foot while serving in Iraq. He has had three surgeries and suffers from nerve damage. Because of his time using a wheelchair, Dahan says he can understand how difficult it can be when parking.

"Transferring in and out of a wheelchair takes a lot more than people can understand," he says.

The 2 Investigators found a vehicle parked next to a disabled spot, in a loading zone designed to help a person in a wheelchair get in and out of their vehicle.

"They do that all the time," one driver with disabilities says.

Dahan says Hines VA needs to better patrol the lots and ticket illegal parkers. He also said they need more spaces and could use a parking structure, similar to those found at other hospitals.

A spokesperson from Hines says they are now upgrading the spinal cord lot with new signs and new striping. They are also considering hiring more valet workers, along with opening an overflow lot for employees.

The hospital's full statement:

“At Hines VA Hospital we provide outpatient care to about 2,000 Veterans on an average week day and parking is often their first and last experience with the VA. With several construction projects underway, parking is stretched to its capacity, even with more than 250 handicap accessible parking spaces available. We have 76 accessible parking spaces in our dedicated lot for Spinal Cord Injury rehabilitation. We also offer free valet services to all of our patients.

We are monitoring the parking situation and have recently taken additional steps that include:

* Making every attempt to complete clinic visits when patients are delayed because of parking

* Opening an overflow gravel parking lot for employees to help ensure patients and visitors have access to the most convenient spaces

* Adding signage that identifies where patients can find additional parking and promoting the availability of free valet parking for our patients and visitors

* Working with our volunteers to provide more frequent shuttles for patients parking in more distant lots

* Upgrading handicap parking in our Spinal Cord Injury parking lot (additional striping & signage)

We are considering additional valet staff as needed and looking at the possibility of adding another gravel lot on the north end of the campus.

As our construction projects continue to progress, we will continue to inform our patients of any impact on parking areas via on-site signage, direct mail, social media and face-to-face communications.”

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3.2 - The News & Observer: Vietnam vet happy to be back in Durham’s VA hospital, but for how long? (29 September, Thomasi McDonald, 3.9M online visitors/mo; Raleigh, NC)

DURHAM - A Vietnam veteran and double-amputee said things are “perfect” now that he is back in Durham’s Veterans Administration Medical Center, where he has lived for a little more than three years.

But James Donald Francis, 69, said he’s worried because VA officials have not told him or given him any documentation about how long he will be able to stay at the VA’s Community Living Center.

“I haven’t signed anything,” he said. “I could be here for a good night’s sleep and the next morning they could put me out of here. I haven’t seen anything. I’m in limbo. That’s where I am.”

Francis spent two days this week staying in the lobby of the facility. He refused to leave when the VA told him he had to go to an assisted living facilty.

Durham VA officials have not commented about where Francis will be staying in the future, except to say it probably won’t be at their facility.

A statement from the Durham VA on Friday afternoon said, “Prior to release, we provided Mr. Francis several assisted living options within the community, however, over time it became apparent that he did not feel comfortable with those choices and wished only to remain at Durham VA. Medical care and treatment is ever-changing and that transition at times can be very difficult for our patients. We will continue to work side-by-side with Mr. Francis to provide him the proper care he has earned and deserves while we search for a suitable follow-on solution that meets his health and social needs.”

Francis lost his legs after he was stricken with Agent Orange-related diabetes while fighting in Vietnam.

Sharonda Pearson, a Durham VA spokeswoman, said Francis, who undergoes dialysis treatment three times a week at the VA hospital, no longer met the medical criteria for acute in-patient care. He was discharged Monday. Francis said he returned from dialysis that day to find the door to his room locked and his belongings stuffed in several bags.

Francis then camped out in his motorized wheelchair at the patient entrance from Monday until Wednesday. By late Wednesday afternoon, the VA had a change of heart and said he would be allowed to move back into the hospital’s community-based living center, at least momentarily.

The combat veteran is currently living on the second floor of the Community Living Center.

“Everything is going fine right now, for the next five minutes,” he said Thursday. “You know how things can change.”

He said he has been able to assume the daily routine he had before his discharge Monday.

According to the U.S. Department of Veterans Affairs website, the Community Living Center resembles “home” as much as possible. There are activities for veterans of all ages and family friendly places for visiting. Veterans are invited to decorate their rooms, and pets are allowed to visit or live at the facility.

The website said veterans may stay for a short time or, in rare instances, for the rest of their life, while receiving a nursing home-level of care that includes help with activities of daily living such as bathing and getting dressed.

On Thursday, a nurse visited Francis’ room, provided him with a bedpan and rolled him to the side so he could relieve himself. The nurse, after bathing and clothing him, hoisted Francis out of bed and into his wheelchair. He rolled into the bathroom to brush his teeth and shave before going to breakfast. He was given an insulin shot, and his blood sugar level was checked for the first time since Monday.

“I been listening to the blues, but mostly talking to people here who I hadn’t seen. It’s been pretty much a normal day,” he said. “But once I go to the bathroom and come out, I don’t know if my bags are going to be packed up or what.”

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3.3 - Newsday (Video): House vet chair Roe tours Northport VA after maintenance issues
(29 September, Martin C. Evans, 3.2M online visitors/mo; Melville, NY)

The head of the House Committee on Veterans Affairs came to Long Island for an up-close look at the troubled Northport VA Medical Center Thursday, saying the facility should "find the right size" to address maintenance problems straining its budget and impacting patient care.

"That's the challenge we have, is how to provide the most economic care because money is not infinite, it is finite and budgets are tight," said Rep. Phil Roe (R-Tenn).

Roe said he decided to visit the medical center because of reports of serious probems with maintenance at the nearly 90-year-old facility.

Roe, a physician himself, said Northport would benefit from centralizing its operations into a few core buildings, as well as pushing more of its clinical operations into satellite facilities scattered across Long Island.

The lawmaker spent about three hours touring the Northport facility, which includes more than 70 buildings, including dozens that are mostly unused. Roe was acccompanied by Reps. Thomas Suozzi, (D-Glen Cove) and Lee Zeldin, (R-Shirley), and Northport director Scott Guermonprez — all of whom said they could support the concept of consolidation.

Thursday's congressional visit also came on the heels of two internal VA investigations which concluded that repeated lapses in the facility's engineering department led to a host of problems at Northport.

Among those problems was the failure of an air-conditioning unit at Northport's main hospital building, which forced a months-long closure of its surgical facility, and meant that veterans requiring emergency surgery had to seek treatment at VA hospitals in Manhattan or the Bronx.

The reports also concluded that the failings of the engineering department at Northport were a financial drain on a facility already struggling against recent budgetary shortfalls.

Northport has long been viewed with near reverential regard among the area's roughly 140,000 veterans, who typically laud its medical care for its quality and availability.

But in the past two years, veteran leaders have expressed increasing alarm over the physical condition of the medical center.

Hutch DuBosque, president of the PTSD Veterans Association of Northport, whose members use the facility for self-care meetings, said mold caused by leaking roofs and frequently-flooded underground walkways has forced his group to move therapy sessions because of respiratory distress twice in the past three months.

"Our concern is the toxic environment," said DuBosque. "A lot of us older guys have respiratory problems, and we can't take this stuff."

Guermonprez, a retired Air Force officer to came on as Northport's new director in late June, expressed agreement that some of Northport's maintenance problems could be mitigatged by consolidating to fewer buildings.

Roe said he was encouraged that Guermonprez had initiated staffing changes in the leadership of Northport's engineering, nursing and medical staff.

"I think he is headed in the right direction," Roe said.

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3.4 - Stars and Stripes: Stage set in Congress for debate on Choice program reform (29 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The Department of Veterans Affairs estimated the funds that allow veterans to receive health care in the private sector will last until the end of the year – a projection that establishes a new deadline for when Congress needs to come up with a long-term solution for the Veterans Choice Program.

President Donald Trump signed legislation Aug. 12 immediately providing $2.1 billion for the Choice program to prevent a funding crisis. VA Secretary David Shulkin had told lawmakers in June that the account was quickly and unexpectedly running out of money because of increased demand. Now, the money – originally estimated to last until February 2018 – is again being spent faster than predicted.

Shulkin told reporters Wednesday that he's confident Choice funding will last at least through the end of the year and rebuked a report from The Associated Press that the program would run out of money as early as December. The VA is spending about $280 million each month to send veterans into the private sector for health care, he said.

"It's a very, very hard program to do accurate financial projections," Shulkin said. "We've always said it's important that Congress needs to act this fall, this legislative session so we do not get into a funding crisis."

Sen. John McCain, R-Ariz., sent a letter to Shulkin on Wednesday asking for an accounting of the program, expressing concern about another unexpected shortfall. McCain helped create the Choice program in 2014 in response to the VA wait-time scandal that originated at the Phoenix VA hospital.

Tiffany Haverly, communications director for the House Committee on Veterans' Affairs and the group's chairman, Rep. Phil Roe, R-Tenn., said Roe's office is receiving regular updates on Choice program spending. At the same time, the House committee is working on legislation to reform how the VA balances private-sector care, Haverly said Friday.

"We are continuing to monitor the account and working to move legislation to reform VA's community care programs so veterans can continue accessing care should funding be expended sooner than expected," she said.

House and Senate lawmakers undertook reform efforts following complaints from veterans that the Choice program is complex and bureaucratic. Current rules allow veterans to seek care outside the VA only if they can't receive an appointment within 30 days or they live more than 40 miles from a VA facility.

Shulkin said Wednesday that in order to avoid another funding shortfall, he wants legislation passed before Congress leaves for Thanksgiving break in mid-November.

“I expect we will get this done,” he said. “We are in close communication with Congress and the White House on this. No one wants to see us putting veterans at risk.”

It’s expected the House and Senate will introduce their versions of Choice program reform in the next few weeks.

Shulkin has devised his own proposal, which is under review by the White House Office of Management and Budget. An early discussion draft of Shulkin’s proposal describes a performance-based system in which veterans would be allowed to seek private-sector health care if the quality of VA care in a certain area isn’t up to par with other providers in that community.

The issue is likely to be subject to intense debate about whether the VA is sliding too far into the private sector.

When the legislation was introduced in the summer to provide $2.1 billion to the Choice program, eight major veterans groups railed against it. Then, they successfully pushed for another $1.8 billion to be included in the legislation for VA hiring and infrastructure. The coalition -- comprising AMVETS, Veterans of Foreign Wars, Disabled American Veterans, Iraq and Afghanistan Veterans of America and other groups -- viewed the original plan as prioritizing private-sector health care while neglecting VA services, and as setting a dangerous precedent.

In preparation for the Choice reform debate, groups on each side of the political divide have already started advocacy efforts.

VoteVets, a left-leaning political action committee, ran a $400,000 ad campaign in September pleading with viewers to “Tell Congress, don’t let Trump privatize my VA.” The advertisement aired in Alaska, Florida, Kansas, Louisiana, Maine, Minnesota, Montana, Nevada, Ohio, South Dakota, Tennessee, Texas and West Virginia.

Concerned Veterans for America, a conservative veterans advocacy group in the Koch brothers’ political network, is also speaking out. The group, which gained more influence since the presidential election, has lobbied to transfer VA oversight to a government-chartered nonprofit and expand veterans’ private-sector health care options.

“The Trump Administration and Congress should not be dissuaded from keeping their campaign promises to offer veterans more health care choices by Washington special interests that want to preserve the status quo at the VA,” said Dan Caldwell, the policy director for CVA. “There is no excuse for Congress not to put forward a VA choice reform plan that would give all veterans who use the VA the ability to access care in the private sector.”

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3.5 - WNDU (NBC-16, Video): New VA clinic in Mishawaka will 'quadruple services' (29 September, Mark Peterson, 833k online visitors/mo; South Bend, IN)

Ribbon cutting ceremonies in Mishawaka on Friday marked the completion of a $38 million medical clinic for veterans.

About ten years ago, the Veterans Administration was first asked to study how often local vets had to travel long distances to get needed medical care.

“I'll be able to come here for my eye appointments, I'll be able to come here for my hearing appointments, and those are all things I have to go to Fort Wayne for,” said veteran Chuck Damp.

“So we have most every medical every medical service you could possibly think of,” said Sen. Joseph Donnelly, (D) Indiana. “Mental health services, audiology, cardiology, so many things are here for our veterans.”

“The services that are provided out of here really kind of quadruple what the services were available in Michiana before,” added U.S. Rep. Jackie Walorski, ® Indiana’s Second District.

The hope is, with all those additional medical services available closer to those who served, trips to the doctor will no longer be something local vets dread, and could become something they grow to love.

“They said this is our home, I mean, besides being home with their family, this is their second home, with their brothers and sisters who served together with them, meeting other veterans,” said Sen. Donnelly.

Veteran Chuck Damp agrees: “It's going to be so much better than veterans having to travel, like I said, Fort Wayne, Indianapolis, Marion. It’s right here, right in our neighborhood.”

Sen. Donnelly noted how dramatically things have changed in the past ten years when the local VA clinic was housed on the south side of South Bend in a residential neighborhood, in a building no bigger than a house.

The new facility at 1540 Trinity Place has a coffee and sandwich shop tucked away near the front entrance. A spacious lobby has high ceilings with skylights.

“I talked to so many veterans, outside as we all came rushing in the door and you could hear the ooh's and the ah's and the excitement of something that's been promised for so long, it’s taken years to actually make this happen,” said Rep. Walorski.

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3.6 - WNDU (NBC-16, Video): Sen. Joe Donnelly on tax overhaul, health care and new VA clinic (29 September, Jason Krug, 833k online visitors/mo; South Bend, IN)

President Donald Trump visited Indianapolis on Wednesday, pitching his tax overhaul plan.

Traveling with the president from Washington D.C. that day was Sen. Joe Donnelly.

A question some had is why the Democrat would travel on Air Force One with the Republican president.

"He's the President of the United States and whether the president was President Bush or President Obama or President Trump, I try to show respect to the position," says Donnelly on 16 Morning News. "When I have a chance to come back to my home state and to be with everybody from Indiana and welcome the president, I try to do so."

When it comes to Trump's new tax plan, there is still a lot of details to be filled in according to Donnelly, but there a few things he is working to make sure happens.

"My focus has been on keeping jobs that are here, here, making sure we create more jobs and more opportunity and making sure that middle class families' paychecks get a little bit bigger."

Republicans moved their focus to a tax overhaul after failed attempts to repeal and replace the Affordable Care Act, the latest try falling apart earlier this week. Donnelly says it did not come as a surprise to him.

"It was a terrible bill that would have taken health care away from over 400,000 Hoosiers. But I've been working behind the scenes with about 31 other senators on some bipartisan legislation that we're trying to bring up next week that I think has a great chance of passage that'll stabilize our health care programs."

The Senator also briefly touched on the new VA clinic in Mishawaka, something that he has been working 10 years to help complete. It opened last Monday, but Friday is its grand opening.

"The reason it's such a great thing is because it helps our vets and they deserve everything."

The facility is opening in three phases over the next two months, and is expected to see over 8,500 veterans per year.

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3.7 - WFLA (NBC-8, Video): Veteran suicides, VA corruption focus of rally and protest (29 September, Steve Andrews, 702k online visitors/mo; Tampa, FL)

PINELLAS COUNTY, Fla. — In the United States, 22 veterans take their lives every day.

In front of the Veterans Affairs office at Bay Pines, 22 mannequins stood to serve as a reminder of this American tragedy.

Army veteran Mike Ford admits he’s come close to ending his life.

“Idea was to just go ahead and just kill yourself on V-A property right, maybe if they see, if maybe people like, wow, there’s something really going on here,” he told News Channel 8.

Ford was diagnosed with post-traumatic stress disorder after serving in Grenada and claims he suffered physical and mental pain for years while struggling with the VA for treatment.

After waiting nine months for an appointment, Ford left his ailing father to drive across the state to finally see a doctor at the VA.

“I go there, oh you didn’t get our message, we canceled your appointment,” Ford recalled.

When Ford returned home, his father was gone.

“Wasting my time with the VA when I should’ve been with my father. He was my hero,” he said.

“If I was going to kill myself, it was going to be out here,” another veteran Keith Hansford said as he pointed to the grounds at Bay Pines.

Hansford also struggles with PTSD, and said sometimes he thinks he would welcome death. “My pain, my anxiety, my nightmares all of that will stop,” Keith explained.

According to Hansford, harassment by Bay Pines Police administration while he worked there, pushed him to the brink.

Hansford has organized rallies condemning police corruption and promoting suicide awareness.

In August, we told you VA police removed signs promoting Keith’s rally, which were placed on a state right of way. We helped him get them back.

Hansford believes without his wife, he’d be gone.

“I’m not stronger or weaker than the ones that have killed themselves. I just had the right help at the right time,” said Keith. “The help they needed didn’t come when they needed it.”

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3.8 - Modern Healthcare: VA looks to ease telehealth regulations (29 September, Rachel Z. Arndt, 460k online visitors/mo; Chicago, IL)

The Veterans Affairs Department proposed a rule Friday that would allow VA providers anywhere in the country to conduct telehealth visits with VA patients across state borders, regardless of state licensing.

Giving patients access to providers across state lines is necessary for the VA to grow its telehealth program and increase the number of sites where the VA provides care, wrote Michael Shores, director of regulation policy and management in the VA secretary's office. This rule would amend VA medical regulations to do so. "Eliminating veteran suicide and providing access to mental health care is VA's number one clinical priority, and this proposed rulemaking would improve VA's ability to reach its most vulnerable beneficiaries," Shores wrote.

In fiscal 2016, VA providers saw 702,000 patients via telemedicine in 2.17 million episodes of care. Nearly half of those who received telemedicine care live in rural areas.

"By increasing VA's capabilities to provide telehealth services, VA would be able to expand these services," Shores wrote.

The rule would complement the VA's push to increase the use of technology in veterans' healthcare, an effort VA Secretary Dr. David Shulkin called "anywhere to anywhere VA healthcare" when President Donald Trump announced the initiative in August.

Right now, VA telehealth care is limited by state restrictions. If a physician were to see a patient via telemedicine in a state in which the physician is not licensed to practice, that physician could lose his or her credentials and be fined.

Under the proposed rule, physicians wouldn't be penalized for providing telemedicine outside the states where they're currently allowed to practice.

A federal rule is necessary to relax these restrictions because it would take too long for every state to nix the penalties, according to Shore.

"While the VA's rule is limited, in that it would apply only to VA providers and VA patients, it could be the first step towards a national medical practice licensing concept," said Nathaniel Lacktman, a healthcare lawyer with Foley and Lardner. "Overall, I predict providers will look upon this new rule favorably."

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3.9 - KMVT (FOX-14, Video): As Suicide Prevention Month comes to a close, the search continues for solutions to veteran suicide (29 September, Peter Zampa, 71k online visitors/mo; Twin Falls, ID)

WASHINGTON (Gray DC) -- Suicide prevention month is highlighting how the U.S. Can better address the issue. A specific focus currently in Washington is a push to end veteran suicide. Senators are examining what is being done to help veterans in need, and what other efforts are necessary.

One veteran says it is not easy to solve this tragic problem.

"There's such a stigma with mental health," said Kayda Keleher, Associate Director at Veterans of Foreign Wars.

20 veterans take their own lives every day. As Suicide Prevention Month comes to a close, Keleher says addressing mental health for all Americans is the right approach to getting these veterans the help they need.

"We have to get to a point where we better understand it, and we're definitely working on that," said Keleher.

She served in the Marine Corps for five years. It's an issue dear to her heart. She says great strides are being made in areas like telehealth, but there is much more work to be done, especially helping veterans in rural areas.

"It's important that we don't forget about the basics. The proven, empirically proven, necessities of face-to-face therapy options and just being there for one another as veterans," said Keleher.

The Senate Veterans' Affairs Committee held a hearing to look at what the VA is doing to combat veteran suicide. Senator Dan Sullivan (R-AK) sits on the committee and is currently in the Marine Corps reserves. He says as a country, we need to be able to get help to every veteran in the U.S.

"I lost one of my Marines to suicide, you know, after he reached out to me. It's a very hard issue," said Sullivan.

Sullivan says key parts of the hearing with VA Secretary David Shulkin were the ability to Identify mental health issues and to reach veterans in remote areas who require help. Senator Joe Manchin (D-WV), who also sits on the committee, says the VA has a shortage in qualified mental health specialists.

"We need help. We need professionals. We need psychiatry help, we need to be able to get these people and give them the assistance they're needing," said Manchin.

The senators say implementing these new ideas will be key in saving lives. If you or someone you know is a veteran struggling with suicidal thoughts you can dial 1-800-273-8255 and press one.

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3.10 - mHealth Intelligence: New Rule Would Give VA Doctors National Telehealth Privileges (29 September, Eric Wicklund, 53k online visitors/mo; Danvers, MA)

The Department of Veterans Affairs is moving forward with a plan to enable VA doctors to treat veterans through telehealth no matter where the doctor or patient are located, essentially overriding state laws.

Officials said the 28-page proposed order, unveiled on Sept. 29 under the VA's Anywhere to Anywhere VA Health Care Initiative, aims to boost the number of veterans using telehealth and telemedicine to access needed healthcare services, especially mental health services. It would give VA doctors the authority to use telehealth and telemedicine to treat veterans regardless of state guidelines on originating sites or licensing requirements.

It also could be seen as a veiled criticism of the mishmash of state laws regulating telehealth and telemedicine, which often do more to curb new healthcare services than promote them.

"In an effort to furnish care to all beneficiaries and use its resources most efficiently, VA needs to operate its telehealth program with healthcare providers who will provide services via telehealth to beneficiaries in states in which they are not licensed, registered, certified, or located, or where they are not authorized to furnish care using telehealth," the proposed order states. "Currently, doing so may jeopardize these providers' credentials, including fines and imprisonment for unauthorized practice of medicine, because of conflicts between VA's need to provide telehealth across the VA system and some states' laws or licensure, registration, certification, or other requirements that restrict or limit the practice of telehealth. A number of states have already enacted legislation or regulations that restrict the practice of interstate telehealth, as discussed below in the Administrative Procedure Act section."

As a result, VA officials say, many VA centers aren't expanding their telehealth and telemedicine programs to non-federal locations, such as the patient's home or the doctor's home. And VA doctors are reluctant to take on telehealth for fear of running into conflicts with state laws.

"This proposed rulemaking would clarify that VA healthcare providers may exercise their authority to provide care through the use of telehealth, notwithstanding any state laws, rules, or licensure, registration, or certification requirements to the contrary," the proposed rule states. "In so doing, VA would exercise federal preemption of state licensure, registration, and certification laws, rules, regulations, or requirements to the extent such state laws conflict with the ability of VA healthcare providers to engage in the practice of telehealth while acting within the scope of their VA employment."

"Preemption would be the minimum necessary action for VA to furnish effectively telehealth services because it would be impractical for VA to lobby each state to remove its restrictions that impair VA's ability to furnish telehealth services to beneficiaries and then wait for the state to implement appropriate changes," the rule continues. "That process would delay the growth of telehealth services in VA, thereby delaying delivery of healthcare to beneficiaries. It would be costly and time-consuming for VA and would not guarantee a successful result."

According to the VA, some 702,000 veterans, or 12 percent of the country's veteran population, used telehealth or telemedicine in FY 2016, accounting for 2.17 million telehealth episodes. Of that group, 45 percent were living in rural communities.

"The data collected in FY 2016 demonstrates that telehealth, particularly in the mental health context, improves patient care and improves patient outcomes,' the proposed order points out. "In FY 2016, there was a 31 percent decrease in VA hospital admissions for beneficiaries enrolled in the Home Telehealth monitoring program for non-institutional care needs and chronic care management. Also, beneficiaries who received mental health services through synchronous video telehealth in FY 2016 saw a reduction in the number of acute psychiatric VA bed days of care by 39 percent."

Other benefits, the VA said, include improvements to remote monitoring for veterans with limited mobility or difficulties traveling to a healthcare provider, and its use as an incentive to recruit more VA healthcare providers, thereby reducing a national shortage.

The proposal surfaced when VA Secretary David Shulkin unveiled the Anywhere to Anywhere VA Healthcare Initiative in August, in a ceremony attended by President Donald Trump. At that time he also announced the nationwide roll-out of the Veteran Appointment Request (VAR) app, which allows veterans to use their smartphone, tablet or computer to schedule or modify appointments at VA facilities.

"What we're really doing is, we're removing regulations that have prevented us from doing this," he said. "We're removing geography as a barrier so that we can speed up access to Veterans and really honor our commitment to them."

Shulkin garnered support from, among others, the American Telemedicine Association – which has scheduled him as a keynote speaker at its ATA Edge conference next week in Washington D.C. – and Sen. Joni Ernst (R-Iowa), whose bill, the Veterans E-Health & Telemedicine Support (VETS) Act of 2017, seeks to give VA doctors that same authority.

“The VA’s decision to allow veterans to access care from the comfort of, or closer to, their own homes is necessary to improving quality and timely care for the more than 200,000 veterans in Iowa, particularly those who are disabled or reside in rural communities,” Ernst, a National Guard veteran, said. “It is critical that we continue to create opportunities for veterans to receive the best care out there, including potentially life-saving mental healthcare. Improving the VA’s telehealth program is critical, and I am thrilled to see this common-sense measure will be put into action to benefit Iowans and veterans across the country.”

The industry trade group Health IT Now also supports the measure.

“This proposed rule will be instrumental in breaking down geographic barriers that, for too long, have prevented our nation’s heroes from accessing the care they need where they need it,” Joel White, the group’s executive director, said in a Sept. 29 blog post. “By allowing VA telehealth providers to more easily treat patients across state lines, we can ensure that recent advances in technology-enabled care reach the most deserved among us and spur better outcomes for the 20 million veterans in the VA system today.”

Supporters also say the success of such a program could help spur efforts to create a national licensing framework for healthcare providers, such as the Interstate Medical Licensure Compact for doctors and similar compacts for nurses and physical therapists. It might also spur state medical boards to collaborate more freely on national telehealth and telemedicine standards.

But the proposal may draw complaints from state officials and national physicians’ groups interested in preserving each state’s right to regulate telemedicine and telehealth inside its borders.

During Congressional deliberation last September on the National Defense Authorization Act for FY 2017, the American Medical Association and American Academy of Family Physicians lobbied against a telehealth benefit for the TRICARE program that would have designated the originating location for certain telehealth services to be the physician’s location, instead of the patient’s location. They argued the legislation would enable physicians treating military personnel and veterans to skip state licensing laws when treating patients via telehealth.

In a Sept. 1 letter to Congressional leaders, AAFP Board Chairman Robert L. Wergin, MD, warned that the Senate version of the bill “portends a troubling scenario under which state licensing boards will lack the authority to discipline physicians who are practicing medicine within that state’s borders.”

“While this language would indeed ease barriers that hinder the free flow of telehealth services, it also would undermine the existing system of medical licensure, under which each state governs the practice of medicine within its borders,” Wergin wrote. “Allowing physicians with a single license to treat TRICARE beneficiaries in any state via telemedicine would create episodes of medical care that the state in which the patient resides cannot readily regulate, if at all.”

The Defense bill was eventually passed without the telehealth provision.

The proposed order is scheuled to be published in the National Register on Monday, Oct. 2. The public comment period will last 30 days.

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3.11 - WLTZ (NBC-38, WSB/ABC-2, Video): Hospital Evacuees from Caribbean Arrive in Atlanta (28 September, Nami Dockery, 44k online visitors/mo; Columbus, GA)

Cobb County, GA – Hospital patients evacuated from the Caribbean due to hurricane Maria are finding refuge in Georgia.

Doctors and nurses welcomed the patients after a plane carrying roughly 40 medical evacuees landed Wednesday night.

It comes after the hurricane caused widespread power outages, including a loss of electricity at hospitals.

A VA Medical Center official says medics will triage the patients to ensure proper care.

Some evacuees will travel to Atlanta area hospitals, while others will stay in hotels.

Three flights carrying evacuees have landed so far, and more are expected over the next few days.

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3.12 - Marion Republican: Bost 'not happy' with VA investigation; vows to look further into allegations at Marion VAMC (29 September, Holly Lee, 14k online visitors/mo; Marion, IL)

The conclusion of a Veterans Affairs inquiry into allegations of nepotism, employee intimidation and why some patients died at the VA Medical Center in Marion leaves one southern Illinois congressman "not happy" with the answers and vowing further action.

Rep. Mike Bost (R-Murphysboro), vice chairman of the Oversight and Investigations subcommittee of the House Committee on Veterans Affairs, said he doesn't believe the VA's investigation into complaints at the Marion VA Hospital went far enough.

Bost received the VA's analysis Sept. 22, about two months after his initial inquiry. Neither he nor the VA has made the Sept. 22 report public, citing the privacy of individual veterans mentioned within.

Even so, Bost said, he was "really not happy with the response," especially the VA's explanation for the deaths associated with the 54-bed Community Living Center, the nursing home facility on the VA campus. He characterized the VA's overall answers as "vague," with no real plan for correcting issues going forward, and "almost like they aren't sure these issues are that big of a problem."

Neither the Department of Veterans Affairs nor the Marion VA responded to calls for comment on Bost's criticisms.

Bost said that for the most part, "the Marion VA does a good job and people like them." The Marion VA provides care to nearly 44,000 veterans annually in 27 southern Illinois counties, as well as eight counties in southwest Indiana and 17 in northwest Kentucky. It also operates 10 outpatient clinics around the region.

"We just need more answers than we are getting," Bost added. "The incidents we have been hearing about ... I think they need to be looked into more."

Bost said his first step will be to discuss his concerns with the VA report in a face-to-face meeting with VA Secretary David Shulkin. If he is not satisfied with those answers, he said, he and subcommittee Chairman Jack Bergman (R-Michigan) could proceed with a congressional hearing. There, the committee would call its own witnesses.

In July, Bost and Bergman wrote to Shulkin asking for information on specific allegations related to the Marion VA Hospital. They also questioned why the results of a 2016 employee "culture" survey at Marion, routinely done at all VA facilities every two years, was so dramatically worse than the one taken in 2014, specifically in the areas of patient safety and employee morale.

The allegations Bost and Bergman asked the VA to investigate include:

• Reported staff concerns about patient safety that either "disappeared" or did not make it up the chain to the VAMC director;

• Why the Veterans Integrated Service Network (VISN) did not fully investigate complaints from Marion VA employees, despite calls by the VA National Center for Patient Safety to do so;

• The deaths of 15 veterans since October 2016, either while they were patients in the Community Living Center or shortly after discharge, and whether inadequate care played a role in any of them;

• Reports of "retaliation, unprofessional conduct and bullying" toward employees by Marion leadership;

• That one Marion administrator is alleged to have hired his wife as an administrative officer for the surgery department.

Bost said he and Bergman are hoping to get their meeting with Shulkin within two weeks. If a congressional hearing follows, he said it would include ranking members of both parties.

"This is a huge concern," Bost said, adding the Marion VA is not the only one in the nation undergoing scrutiny at the moment. In May 2016, Bost sponsored a bipartisan House bill addressing the issue of VA medical centers operating without permanent directors -- an instability that makes it more difficult to implement long-term reforms affecting patient care. That bill, which passed the House unanimously, is now in the Senate.

"Continual uncertainty at the top of any organization is destructive, and it certainly makes it tougher to fix problems," he said.

The Marion VA has had three directors in about five years. That's not as big a turnaround as at some VA hospitals, Bost said, but not as consistent as he would like.

"I want to make sure that all of our VAs are operating at a certain level, and taking care of our veterans, our heroes," he said. "With the problems in the VA around the nation, we need a response. This is not the last chapter."

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4. Women Veterans

4.1 - The Mercury: Expo will focus on women entrepreneurs and female veterans (29 September, Donna Rovins, 187k online visitors/mo; Pottstown, PA)

Phoenixville >> A unique expo highlighting women entrepreneurs and female veterans is scheduled for Saturday, Oct. 7, at Phoenixville Area Middle School.

The 2017 Women Entrepreneur & Women Veteran Expo will give women from different business areas the opportunity to connect with each other to educate, share information and inspire other women to become business owners, according to organizer Dolores Winston, founder and CEO of Here to Apparel. The online shop specializes in sports attire and souvenirs that promote positive thinking, according to the company's website.

"We're bringing women entrepreneurs and women veterans together to spend the day connecting with each other and supporting each other," Winston said. "This is about sharing the knowledge to help another woman."

Winston said she had organized an entrepreneur expo in 2011. But this year's event is different because it focuses on women entrepreneurs and women veterans.

The expo will include panel discussions, the opportunity to visit with vendors promoting products and services, the chance to network with potential new customers and entertainment. At the end of the day, the group will name a woman entrepreneur of the year from the Phoenixville area. That award will be presented by state Rep. Warren Kampf, R-157th Dist.

"My dream is to bring women entrepreneurs together. On this day motivated women will share, educate, encourage, inspire, and rejuvenate us to bring out the best in ourselves," Winston said on the website for the event.

A highlight of the event, according to Winston, will be the presentation of two youth entrepreneurs: Jenna Swymelar, a fifth grade student at Renaissance Academy Charter School in Phoenixville and Jessica Meyers, a fifth grade student at Schuylkill Elementary School in Phoenixville.

Winston said the young entrepreneurs will present their businesses to the group. Swymelar has a business called Sweet Dream Pillows by Jenna, while Meyers' business is balloon creations.

Keynote speaker for the event will be Dr. Betty Moseley Brown, associate director, Center for Women Veterans at the Department of Veterans Affairs in Washington, D.C., and 19th president of the Women Marines Association.

“I met her at an event in Indiana, and when she heard what we were doing in bringing women entrepreneurs and women veterans together, she wanted to be part of it,” Winston added.

Another speaker will be Jason Raia, executive vice president of the Freedoms Foundation of Valley Forge, a national educational non-profit that encourages “engaged, responsible citizenship,” according to the organization’s website. Winston said Raia will speak about the organization’s youth outreach.

Two panel discussions will be held during the day. The first will feature six Phoenixville-area businesswomen, who will share stories about starting their own businesses.

The second panel discussion will focus on empowerment. Winston said the group of five women, “come from different areas of experiences and we’ll share what we’re doing and how we’re empowering women,” she said.

In addition to Kampf’s presentation of the Woman Entrepreneur of the Year award, citations will be presented to the winner by state Sen. Andrew Dinniman, D-19th Dist., and U.S. Rep. Ryan Costello, R-6th Dist.

The event will be held from 2-7 p.m. Oct. 7 at the Phoenixville Area Middle School, 1000 Purple Pride Parkway in Phoenixville. Winston said more than 20 vendors have signed up to attend will attend the event. The 2017 Women Entrepreneur & Women Veteran Expo is free, and while registration is not required, people planning to attend can register at https://weexpo.eventbrite.com.

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4.2 - KSFY (ABC-13, Video): Sioux Falls conference puts spotlight on women veterans (29 September, 4k online visitors/day; Sioux Falls, SD)

The annual Women Veteran Conference was held Friday in Sioux Falls.

The event was put on by the Sioux Falls VA.

About 86 women veterans attended this year's event.

Organizers said it is important to recognize women veterans and honor their service and sacrifice.

"They tend to be invisible and under recognized by the general public, by VA staff, by other veterans, and so this is just a way to bring them into the spotlight and say 'thank you,'" Brenda Fredericks, Women Veteran program manager, said.

The event also featured artwork by women veterans. The artwork is traveling around to different VA centers throughout the country.

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5. Appeals Modernization

6. Strategic Partnerships

7. Supply Chain Modernization

7.1 - WFED (AM-1500): VA close to awarding Cerner contract for new EHR (29 September, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

The Veterans Affairs Department is preparing to award its contract with Cerner Corporation for a new electronic health record in the next month or so.

The award comes after the department announced its decision abandon its own, existing Veterans Information Systems and Technology Architecture (VistA) and adopt MHS Genesis, the same EHR system that DoD is deploying. All patient data will reside in one common Cerner Millennium system.

“We released to Congress, to you, a 30-day notice of award of a contract,” VA Secretary David Shulkin said of the EHR during Wednesday’s Senate Veterans Affairs Committee hearing. “We are keeping on the timeline that we talked about. We’re marching forward. We have the principles. I have some updates to share with you on the strategic IT plan, because I think we are making a lot of progress with that.”

Shulkin signed a “determination and findings” (D&F) form back in June, which grants special permission for VA to issue a direct solicitation to Cerner Corporation for the acquisition of MHS Genesis.

Initial discussions with Cerner were expected to take three to six months, Shulkin said when he announced his decision in early June.

Shulkin said part of the department’s IT strategic plan will include a sunset of 80 percent of VA’s current projects under development.

“By concentrating on some specific IT modernization initiatives, like [electronic health record modernization, financial management business transformation], etc., and leveraging cloud and digital platforms, the 80 percent reduction of ongoing development projects is expected to occur within 18 months, which is part of the overall IT modernization roadmap,” VA Press Secretary Curt Cashour wrote in an email.

VA will migrate or stop 240 out of 299 current projects, Cashour added.

A government source familiar with VA said the department is ending development on projects that aren’t going anywhere. The plan is shift those funds to the new EHR, the source said.

It’s still unclear just how much the new electronic health record will cost, but VA’s IT office faced a $215 million budget cut in the president’s fiscal 2018 proposal.

Shulkin told lawmakers in May that he'd likely need to return to Congress to work with appropriators after he decides on the department's direction for a new EHR.

The EHR project is a massive undertaking for VA. The department has more than 100 versions of VistA. Those versions exist because VA hospitals largely had the freedom over the past 40 years to change the software to conform to the standards their leaders and doctors wanted to see, former VA IT executives have said.

The department has also outlined the broad principles it envisions it will need in a new EHR, in addition to the other tools and pieces it may need to complement the Cerner system.

"We haven't gotten to defining which specific tools they are yet, and how we're going to meet those needs," Shulkin said. "We've talked about the days of VA being a software developer are over, and we're going to be looking at off the shelf, current technologies. There's going to be a lot more definition on that."

This all comes as the VA's current chief information officer and acting assistant secretary for information and technology, Rob Thomas, announced his retirement next month.

Thomas, who has 35 years of federal experience, took on the CIO position in January, after Laverne Council left because of the change in administration.

VA has been struggling to fill the position since then. Shulkin said during a June budget hearing that a candidate for the CIO position withdrew his name but did not offer a more detailed expansion.

"I need help," Shulkin told reporters after Wednesday's hearing when asked about the leadership vacancies. "This is a big, complex organization. I need the best team possible. I need my nominees, all my political appointments to clear through the vetting process and then to go through their confirmation if it's required. And I need additional people from the private sector who want to come and serve their country to get in touch, because we need the A team on this."

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8. Other

8.1 - ABC News (AP): The Latest: John Kelly given authority over Cabinet travel (29 September, 24.1M online visitors/mo; New York, NY)

The Latest on Health and Human Services Secretary Tom Price's resignation from the Trump Cabinet (all times local):

7:45 p.m.

The White House is giving chief of staff John Kelly authority to sign off on government travel on government-owned, rented, leased or chartered aircraft.

The change comes after Tom Price resigned Friday as President Donald Trump's health secretary over his costly travel.

White House budget director Mick Mulvaney has issued the new guidance, reminding the heads of executive branch departments and agencies that they are public servants and that every penny they spend comes from taxpayers.

Mulvaney tells Cabinet secretaries and department heads to consider whether commercial travel would be a more appropriate use of public funds even when the guidelines allow for the use of government-owned or chartered aircraft.

Mulvaney says that just because something is legal doesn't make it right.

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5:55 p.m.

The resignation of Tom Price as secretary of Health and Human Services is drawing partisan responses from Republican and Democratic lawmakers.

Price resigned Friday amid investigations into his costly travel on charter flights.

The Republican House speaker, Paul Ryan, is praising Price, saying that the former Georgia congressman and House Budget Committee chairman is a "good man."

The top House Democrat, Minority Leader Nancy Pelosi, says Price should never have become health secretary because the country needs someone in the job "who believes in health care for all Americans."

Pelosi says President Donald Trump should pick a replacement who will stop the administration's sabotage of health care programs.

Price has been a top Democratic target because he's been a point man in Trump administration efforts to scrap and undermine "Obamacare."

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[…]

12:01 p.m.

The secretary of the Department of Veterans Affairs says information about his official travel will be posted on the department's website.

Secretary David Shulkin says he has not used private aircraft for official business, but has taken six trips on military aircraft.

The trip details will include the type of aircraft, members of the traveling party and information about the events he was attending.

His decision to post his travel information comes as Health and Human Services Secretary Tom Price finds his job in jeopardy over his use of costly charters. Price has said he would reimburse the U.S. Treasury nearly $52,000 for the cost of his seat on the charter flights. He has not addressed the overall cost of the flights, which are estimated to cost hundreds of thousands of dollars.

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8.2 - ABC News (AP): A look at questions over Cabinet members' travel (29 September, 24.1M online visitors/mo; New York, NY)

Health and Human Services Secretary Tom Price has resigned amid controversy over his use of costly private charter flights on government business. But other Cabinet members are also facing congressional scrutiny over their travel.

Interior Secretary Ryan Zinke dismissed the controversy over charters as "a little BS over travel," but he acknowledged taxpayers do have the right to know official travel costs.

The Price controversy was a catalyst for the House Oversight and Government Reform Committee to launch a government-wide travel investigation. The panel is seeking detailed records from the White House and 24 departments and agencies on the use of government planes as well as private charters.

Here's a look at what other Cabinet members are saying:

—Interior's Zinke said he's taken three charter flights while in office, including a $12,375 late-night trip from Las Vegas to his home state of Montana in June. Zinke said no commercial flight was available at the time he planned to fly for a speech to Western governors. He also went on a military flight with Agriculture Secretary Sonny Perdue to view wildfires in Montana. All of his travel was approved in advance by Interior's ethics officials "after extensive due diligence," Zinke said.

—Veterans Affairs Secretary David Shulkin said he has not used private aircraft for official business but has taken six trips on military aircraft. Information about his official travel will be posted on the department's website, he said.

—At the Treasury Department, the inspector general is investigating all requests for and use of government aircraft, including those by Secretary Steven Mnuchin, who came under fire for requesting a government aircraft to use on his honeymoon. The request was later withdrawn.

—The EPA said four non-commercial flights taken by Administrator Scott Pruitt were pre-approved by ethics lawyers. The agency's inspector general opened an inquiry last month into Pruitt's frequent taxpayer-funded travel on commercial planes. The Associated Press reported earlier this year that Pruitt often spends weekends at his Tulsa home.

— The Pentagon said Defense Secretary Jim Mattis has never requested or used charter aircraft. Mattis has reimbursed the government for the cost of some unofficial travel, but the Pentagon did not immediately provide the number of trips or the total costs repaid. The secretary of defense is required to travel on military aircraft wherever he goes so he can be in contact with the president and the chairman of the Joint Chiefs of Staff. Military planes carry the secure communications equipment required for classified calls and video teleconferences. In addition, the military flights of top defense leaders often double as training missions for Air Force crew.

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8.3 - The Washington Times (AP): Couple gets jail for keeping veteran's dead body in home (29 September, 10.8M online visitors/mo; Washington, DC)

NEW PHILADELPHIA, Ohio - An Ohio couple criminally charged for keeping a Vietnam veteran's decomposing body in their home for several months to steal his Social Security and veteran benefits have received six months in jail.

The New Philadelphia Times Reporter reports 50-year-old Brian Sorohan and 46-year-old Stacy Sorohan also received two years' probation Thursday in Tuscarawas County.

The Wainwright residents pleaded no contest to gross abuse of a corpse and theft in a plea agreement. The couple must pay $1,300 in restitution to the Veterans Administration and $4,100 to the Social Security Administration.

Seventy-one-year-old Robert Harris' body was found in the couple's home March 22. Authorities searched the home that day after relatives became concerned about Harris' well-being.

Attorneys for the couple said in court the Sorohans regretted what they did.

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Veterans Affairs Media Summary and News Clips

30 September 2017

1. Top Stories

1.1 - The Washington Post (Video): VA chief took in Wimbledon, river cruise on European work trip; wife's expenses covered by taxpayers (29 September, Jack Gillum, Alex Horton, Drew Harwell and Lisa Rein, 43.9M online visitors/mo; Washington, DC)
Nearly three days into a trip to Europe this past July, Veterans Affairs Secretary David Shulkin had attended a Wimbledon championship tennis match, toured Westminster Abbey and taken a cruise on the Thames. The 10-day trip was not entirely a vacation. Shulkin was in Europe for meetings with Danish and British officials about veterans' health issues, so taxpayers picked up part of the tab.

Hyperlink to Above

1.2 - Reuters: Under pressure from Trump, Price resigns as health secretary over private plane uproar (29 September, Steve Holland, 43.6M online visitors/mo; New York, NY)
U.S. Health and Human Services Secretary Tom Price resigned under pressure from President Donald Trump on Friday in an uproar over Price's use of costly private charter planes for government business. His abrupt departure was announced an hour after Trump told reporters he was disappointed in Price's use of private aircraft and did not like the way it reflected on his administration.

Hyperlink to Above

1.3 - The New York Times: Veterans Agency Seeks to Scrap Ethics Law on For-Profit Colleges (29 September, Patricia Cohen, 29.8M online visitors/mo; New York, NY)
The Department of Veterans Affairs is pushing to suspend a 50-year-old ethics law that prevents employees from receiving money or owning a stake in for-profit colleges that pocket hundreds of millions of dollars in tuition paid through the G.I. Bill of Rights.

Hyperlink to Above

1.4 - U.S. News & World Report (AP): Alaska VA Office Gets Mixed Report From Watchdog (29 September, Becky Bohrer, 24M online visitors/mo; Washington, DC)
A government watchdog says the U.S. Department of Veterans Affairs regional office in Anchorage has made strides in processing claims but has work to do in other areas. The VA's inspector general said the accuracy of the claims processing it reviewed earlier this year was significantly better than a prior inspection in 2013.

Hyperlink to Above

1.5 - Stars and Stripes: VA publicizes Shulkin's travel schedule amid scrutiny over Cabinet spending (29 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
The Department of Veterans Affairs made moves Friday to publicize Secretary David Shulkin's travel schedule, following scrutiny over the cost of government-funded travel by other Cabinet members. The VA announced it will post Shulkin's itineraries of international and domestic trips, as well as who accompanies him and whether he uses private or government aircraft.

Hyperlink to Above

1.6 - The Clarion-Ledger (Video): Mississippi treating 11 Hurricane Maria victims, more coming (29 September, Anna Wolfe, 849k online visitors/mo; Jackson, MS)
So far, 11 hurricane victims from Puerto Rico and St. Croix have been transported to metro Jackson hospitals in the aftermath of Hurricanes Irma and Maria. The storms devastated Puerto Rico's hospitals, a majority of which are without electricity or fuel for generators and beginning to run out of oxygen and clean water.

Hyperlink to Above

1.7 - The San Diego Union-Tribune: Does a soldier's best friend belong in VA research labs? A fight at the heart of the veterans community (29 September, Jeanette Steele, 494k online visitors/mo; San Diego, CA)
America loves dogs, but many veterans have an extra bond after serving with canine units on the battlefield and increasingly depending on service dogs back at home. Now the U.S. Department of Veterans Affairs and some of the nation's largest veterans groups are in a scrap with a government watchdog organization and some in Congress over VA medical research programs that inflict harm on man's best friend in the name of science.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - USA Today: VA Secretary David Shulkin discloses official travel details (29 September, Jessica Estepa, 36.7M online visitors/mo; McLean, VA)
Veterans Affairs Secretary David Shulkin announced Friday that his department would disclose details about his official travels, in an attempt to be transparent as the travels of other members of the administration come under scrutiny. The department will regularly update a page that includes any travels by private and government aircraft, as well as itineraries of official international and domestic trips.

Hyperlink to Above

2.2 - ABC News: VA secretary spent half of official London trip sightseeing (29 September, Luis Martinez, 24.1M online visitors/mo; New York, NY)
Veterans Affairs Secretary David Shulkin flew a commercial airline to London this past July to attend a veterans conference, but half his time there was spent on sightseeing and a stop at Wimbledon tennis tournament. Shulkin's wife's commercial travel costs were also paid for by the federal government because she was under "approved invitational orders"

Hyperlink to Above

2.3 - Politico: Who will replace Tom Price? A dozen names are circulating as possible successors (29 September, Joanne Kenen and Jennifer Haberkorn, 23.9M online visitors/mo; Arlington, VA)
The VA secretary is a Trump favorite, and the only cabinet nominee to be unanimously confirmed. However, Shulkin has come under criticism for combining leisure with business on his official travel — he attended a Wimbledon championship tennis match, toured Westminster Abbey and took a cruise on the Thames while meeting this summer with European officials about veterans' issues, The Washington Post reported Friday.

Hyperlink to Above

2.4 - The Huffington Post: Yet Another Trump Administration Official Took Questionable Liberties With Work Travel (29 September, Mollie Reilly, 23M online visitors/mo; New York, NY)
Veterans Affairs Secretary David Shulkin used his downtime on a recent international trip for several leisure activities, including a tennis match and river cruise, The Washington Post reported Friday. According to the report, Shulkin spent roughly half of a 10-day trip to the U.K. and Denmark to sightsee, watch a high-profile Wimbledon match and take in other activities more typical of a vacation than a work trip.

Hyperlink to Above

2.5 - The Hill: Trump VA chief went sightseeing, shopping with wife on government trip: report (29 September, Brandon Carter, 11.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin spent nearly half his time on a recent international trip sightseeing and shopping with his wife, according to The Washington Post. Shulkin traveled to Europe in July to attend a conference in London with representatives of several countries on veterans' health issues, as well as a series of meetings in Denmark.

Hyperlink to Above

2.6 - Washington Examiner: VA secretary saw Wimbledon match during taxpayer-funded trip to Europe: Report (29 September, Melissa Quinn, 4.8M online visitors/mo; Washington, DC)
Secretary of Veterans Affairs David Shulkin and his wife, accompanied by other VA officials, attended a tennis match at Wimbledon, toured Westminster Abbey, and cruised the Thames River as part of a taxpayer-funded, 10-day work trip to Europe this summer, according to a report.

Hyperlink to Above

2.7 - Pittsburgh Post-Gazette: Pittsburgh VA nurse is finalist for national caregiver award (29 September, Gary Rotstein, 4.8M online visitors/mo; Pittsburgh, PA)
A nurse for the VA Pittsburgh Healthcare System is one of six national finalists for an annual award given to a medical professional who shows an exemplary caregiving approach on the job. Victor Fagan, a licensed practical nurse from Butler, won recognition from among nearly 200 nominees who were submitted to the Boston-based Schwartz Center for Compassionate Healthcare.

Hyperlink to Above

2.8 - PennLive (Video): VA chief mixed business with pleasure at taxpayer expense: Media report (29 September, Ivey DeJesus, 3.1M online visitors/mo; New Bloomfield, PA)
President Donald Trump's veterans affairs chief is the latest administration official in hot water for reportedly tapping into taxpayer money to pay for vacation outings and non-official business. Veterans Affairs Secretary David Shulkin in July took in a Wimbledon championship tennis match and a Thames River cruise on taxpayer money. That's according to a report published Friday by The Washington Post.

Hyperlink to Above

2.9 - Military Times: Amid Cabinet controversies, VA promises to post secretary's travel details online (29 September, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
In response to the growing scandal of Cabinet officials using pricey private aircraft for business trips, Veterans Affairs officials announced Friday they will post details of all official travel by department Secretary David Shulkin online to provide transparency about his travels. “Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that,” Shulkin said in a statement.

Hyperlink to Above

2.10 - Providence Journal (The Enterprise): Providence VA official relieved of duties amid allegations of racism, homophobia (29 September, Paul Edward Parker, 1.2M online visitors/mo; Providence, RI)
A manager at the Veterans Affairs Regional Office in Providence has been relieved of his duties pending disciplinary action, following a complaint from a co-worker that he created a “toxic work atmosphere.”

Hyperlink to Above

2.11 - KATV (ABC-7, Video): Troubles at the VA: Nurses speaking out about culture (29 September, Elisabeth Armstrong, 448k online visitors/mo; Little Rock, AR)
Two former nurses who have filed EEO complaints against the CAVHS are speaking out about problems. In July, Channel 7 brought you this report out of the VA. In it, some thirty nurses filed a complaint against the hospital - alleging that under-staffing was impacting patient care.

Hyperlink to Above

2.12 - WQAD (ABC-8, Video): Moline man shocked after job training center for veterans shuts down (29 September, Chris Minor, 450k online visitors/mo; Moline, IL)
A Moline, Illinois man is one of more than 300 veterans left in the dark after a job training school they paid for through the GI bill abruptly shut its doors. "Three weeks before graduation, we were told goodbye.

Hyperlink to Above

2.13 - FedSmith: VA to Begin Disclosing Agency Secretary’s Official Travel (29 September, Ian Smith, 277k online visitors/mo; Washington, DC)
The Department of Veterans Affairs announced today that it will begin publishing all of the agency secretary’s official travel on its website. The lists include all official travel taken by Dr. David J. Shulkin since January 20, and the site will be updated within five days after the conclusion of each trip.

Hyperlink to Above

2.14 - Leavenworth Times: Sentencing continued for former VA physician assistant (29 September, 46k online visitors/mo; Leavenworth, KS)
A former physician assistant who was convicted of sexually abusing patients at the Leavenworth veterans hospital will not be sentenced until November. Mark E. Wisner was scheduled to be

sentenced today in Leavenworth County District Court. But the sentencing and arguments for post trial motions have been continued until Nov. 3.

Hyperlink to Above

2.15 - Pahrump Valley Times: Plaques at Pahrump VA clinic recognize veterans of U.S. armed forces (29 September, Jeffrey Meehan, 1k online visitors/day; Pahrump, NV)
A group of local veterans of the U.S. armed forces gathered to recognize the installation of several plaques at the Pahrump VA Community Based Outpatient Clinic in September. Each plaque bore the symbol of one of the five branches of the U.S. armed forces and another was hung for prisoners of war.

Hyperlink to Above

3. Access to Healthcare

3.1 - WBBM (CBS-2, Video): 2 Investigators: Disabled Vets Face Tough Parking At VA Hospital (29 September, Dave Savini, 27.5M online visitors/mo; Chicago, IL)
A major problem at Hines VA Medical Center: Some sick and wounded veterans are struggling to get to their medical appointments because of parking violators. CBS 2's Dave Savini has the story. James Dahan, a Marine Corps veteran, gets angry when fellow wounded vets struggle to find a parking spot.

Hyperlink to Above

3.2 - The News & Observer: Vietnam vet happy to be back in Durham's VA hospital, but for how long? (29 September, Thomasi McDonald, 3.9M online visitors/mo; Raleigh, NC)
A Vietnam veteran and double-amputee said things are "perfect" now that he is back in Durham's Veterans Administration Medical Center, where he has lived for a little more than three years. But James Donald Francis, 69, said he's worried because VA officials have not told him or given him any documentation about how long he will be able to stay at the VA's Community Living Center.

Hyperlink to Above

3.3 - Newsday (Video): House vet chair Roe tours Northport VA after maintenance issues (29 September, Martin C. Evans, 3.2M online visitors/mo; Melville, NY)
The head of the House Committee on Veterans Affairs came to Long Island for an up-close look at the troubled Northport VA Medical Center Thursday, saying the facility should "find the right size" to address maintenance problems straining its budget and impacting patient care.

Hyperlink to Above

3.4 - Stars and Stripes: Stage set in Congress for debate on Choice program reform (29 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
The Department of Veterans Affairs estimated the funds that allow veterans to receive health care in the private sector will last until the end of the year – a projection that establishes a new deadline for when Congress needs to come up with a long-term solution for the Veterans Choice Program.

Hyperlink to Above

3.5 - WNDU (NBC-16, Video): New VA clinic in Mishawaka will 'quadruple services' (29 September, Mark Peterson, 833k online visitors/mo; South Bend, IN)
Ribbon cutting ceremonies in Mishawaka on Friday marked the completion of a $38 million medical clinic for veterans. About ten years ago, the Veterans Administration was first asked to study how often local vets had to travel long distances to get needed medical care. “I'll be able to come here for my eye appointments, I'll be able to come here for my hearing appointments, and those are all things I have to go to Fort Wayne for,” said veteran Chuck Damp.

Hyperlink to Above

3.6 - WNDU (NBC-16, Video): Sen. Joe Donnelly on tax overhaul, health care and new VA clinic (29 September, Jason Krug, 833k online visitors/mo; South Bend, IN)
President Donald Trump visited Indianapolis on Wednesday, pitching his tax overhaul plan. Traveling with the president from Washington D.C. that day was Sen. Joe Donnelly. A question some had is why the Democrat would travel on Air Force One with the Republican president.

Hyperlink to Above

3.7 - WFLA (NBC-8, Video): Veteran suicides, VA corruption focus of rally and protest (29 September, Steve Andrews, 702k online visitors/mo; Tampa, FL)
In the United States, 22 veterans take their lives every day. In front of the Veterans Affairs office at Bay Pines, 22 mannequins stood to serve as a reminder of this American tragedy. Army veteran Mike Ford admits he’s come close to ending his life. “Idea was to just go ahead and just kill yourself on V-A property right, maybe if they see, if maybe people like, wow, there’s something really going on here,” he told News Channel 8.

Hyperlink to Above

3.8 - Modern Healthcare: VA looks to ease telehealth regulations (29 September, Rachel Z. Arndt, 460k online visitors/mo; Chicago, IL)
The Veterans Affairs Department proposed a rule Friday that would allow VA providers anywhere in the country to conduct telehealth visits with VA patients across state borders, regardless of state licensing.

Hyperlink to Above

3.9 - KMVT (FOX-14, Video): As Suicide Prevention Month comes to a close, the search continues for solutions to veteran suicide (29 September, Peter Zampa, 71k online visitors/mo; Twin Falls, ID)
Suicide prevention month is highlighting how the U.S. Can better address the issue. A specific focus currently in Washington is a push to end veteran suicide. Senators are examining what is being done to help veterans in need, and what other efforts are necessary. One veteran says it is not easy to solve this tragic problem.

Hyperlink to Above

3.10 - mHealth Intelligence: New Rule Would Give VA Doctors National Telehealth Privileges (29 September, Eric Wicklund, 53k online visitors/mo; Danvers, MA)

The Department of Veterans Affairs is moving forward with a plan to enable VA doctors to treat veterans through telehealth no matter where the doctor or patient are located, essentially overriding state laws.

Hyperlink to Above

3.11 - WLTZ (NBC-38, WSB/ABC-2, Video): Hospital Evacuees from Caribbean Arrive in Atlanta (28 September, Nami Dockery, 44k online visitors/mo; Columbus, GA)
Hospital patients evacuated from the Caribbean due to hurricane Maria are finding refuge in Georgia. Doctors and nurses welcomed the patients after a plane carrying roughly 40 medical evacuees landed Wednesday night. It comes after the hurricane caused widespread power outages, including a loss of electricity at hospitals.

Hyperlink to Above

3.12 - Marion Republican: Bost 'not happy' with VA investigation; vows to look further into allegations at Marion VAMC (29 September, Holly Lee, 14k online visitors/mo; Marion, IL)
The conclusion of a Veterans Affairs inquiry into allegations of nepotism, employee intimidation and why some patients died at the VA Medical Center in Marion leaves one southern Illinois congressman "not happy" with the answers and vowing further action.

Hyperlink to Above

4. Women Veterans

4.1 - The Mercury: Expo will focus on women entrepreneurs and female veterans (29 September, Donna Rovins, 187k online visitors/mo; Pottstown, PA)
A unique expo highlighting women entrepreneurs and female veterans is scheduled for Saturday, Oct. 7, at Phoenixville Area Middle School. The 2017 Women Entrepreneur & Women Veteran Expo will give women from different business areas the opportunity to connect with each other to educate, share information and inspire other women to become business owners, according to organizer Dolores Winston, founder and CEO of Here to Apparel.

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4.2 - KSFY (ABC-13, Video): Sioux Falls conference puts spotlight on women veterans (29 September, 4k online visitors/day; Sioux Falls, SD)
The annual Women Veteran Conference was held Friday in Sioux Falls. The event was put on by the Sioux Falls VA. About 86 women veterans attended this year's event. Organizers said it is important to recognize women veterans and honor their service and sacrifice.

Hyperlink to Above

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

7.1 - WFED (AM-1500): VA close to awarding Cerner contract for new EHR (29 September, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)
The Veterans Affairs Department is preparing to award its contract with Cerner Corporation for a new electronic health record in the next month or so. The award comes after the department announced its decision abandon its own, existing Veterans Information Systems and Technology Architecture (VistA) and adopt MHS Genesis, the same EHR system that DoD is deploying.

Hyperlink to Above

8. Other

8.1 - ABC News (AP): The Latest: John Kelly given authority over Cabinet travel (29 September, 24.1M online visitors/mo; New York, NY)
The secretary of the Department of Veterans Affairs says information about his official travel will be posted on the department's website. Secretary David Shulkin says he has not used private aircraft for official business, but has taken six trips on military aircraft. The trip details will include the type of aircraft, members of the traveling party and information about the events he was attending.

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8.3 - The Washington Times (AP): Couple gets jail for keeping veteran's dead body in home (29 September, 10.8M online visitors/mo; Washington, DC)
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Hyperlink to Above

1. Top Stories

1.1 - The Washington Post (Video): VA chief took in Wimbledon, river cruise on European work trip; wife's expenses covered by taxpayers (29 September, Jack Gillum, Alex Horton, Drew Harwell and Lisa Rein, 43.9M online visitors/mo; Washington, DC)

Nearly three days into a trip to Europe this past July, Veterans Affairs Secretary David Shulkin had attended a Wimbledon championship tennis match, toured Westminster Abbey and taken a cruise on the Thames.

The 10-day trip was not entirely a vacation. Shulkin was in Europe for meetings with Danish and British officials about veterans' health issues, so taxpayers picked up part of the tab.

Yet he and his wife spent about half their time sightseeing, including shopping and touring historic sites, according to an itinerary obtained by The Washington Post and confirmed by a U.S. official familiar with their activities.

The federal government paid for the flights for Shulkin and his wife, Merle Bari, and provided a per-diem reimbursement for their meals and other expenses, VA said Friday. An agency spokesman did not respond to questions about why Bari qualified for the reimbursements and taxpayer-funded airfare, other than to say she was traveling on "approved invitational orders" and had "temporary duty" travel expenses.

The agency also did not respond to questions about the cost of the flights and the total reimbursement. If Bari took the full per diem every day of the trip, she could have been reimbursed as much as $3,600 under federal guidelines.

Trump administration Cabinet members have faced mounting scrutiny over their use of private and government jets in recent days, and Health and Human Services Secretary Tom Price resigned Friday amid criticism of his use of taxpayer-funded charter flights. Shulkin traveled on a commercial flight, though, and he was seated in coach on at least one leg.

The European visit, however, puts a focus on the mixing of business and leisure during these trips, which can come at considerable taxpayer expense. Shulkin's immediate predecessor, Robert McDonald, took no foreign work trips, according to a former VA official who spoke on the condition of anonymity.

Shulkin's six-person traveling party included his acting undersecretary of health and her husband, Shulkin's chief of staff and another aide, the itinerary says. They were accompanied by a security detail of as many as six people.

Shulkin's trip came less than two weeks after he signed a memo instructing top VA staffers to determine whether "employee travel in their organization is essential."

"I expect this will result in decreased employee travel and generate savings within the Department of Veterans Affairs," Shulkin wrote.

In response to questions from The Post, VA announced Friday that the agency will begin posting details of the secretary's travel online, including itineraries, and disclosing any use of government or private aircraft. That information had not previously been disclosed publicly.

All of Shulkin's activities on the European trip, including his attendance at Wimbledon, "were reviewed and approved by ethics counsel," VA press secretary Curt Cashour said in an emailed statement.

"These were important trips with our allies to discuss best practices for taking care of veterans," Cashour said. "The secretary has been transparent on his down-time activities that were similar to what he would have done with his family over a weekend in the U.S."

Cashour said the husband of Poonam Alaigh, the acting undersecretary for health, paid his own expenses.

In an interview Friday, Alaigh defended the trip as a "tremendous and valuable exchange of ideas" with British and Danish counterparts.

"Were there some breaks we got? Sure," she said. "But they were reasonable. They were not at the expense of what we had committed to do: representing our country and showing our commitment to veterans."

Alaigh said the delegation took an unplanned trip across the border to Sweden one evening.

Senior members of Congress, including two key Republicans, have expressed concerns about travel by officials in President Trump's Cabinet. The leaders of the House Oversight Committee, Chairman Trey Gowdy (R-S.C.) and Rep. Elijah E. Cummings (D-Md.), wrote to the White House this week to demand records on air travel for executive officials since Trump's inauguration, saying that official travel "by no means should include personal use."

Sen. Charles E. Grassley (R-Iowa), chairman of the Senate Judiciary Committee, also wrote Trump a letter Thursday asking what steps the administration has taken to "ensure Cabinet secretaries use the most fiscally responsible travel in accordance with the public trust they hold."

One ethics expert said the trip sends the wrong message to taxpayers, especially if spouses' expenses were paid by the government.

"That's kind of a long trip for the secretary to be gone," said Walter M. Shaub Jr., a vocal critic of the Trump administration who resigned in July as the federal government's top ethics watchdog. "The cost has got to be extravagant."

Shulkin was invited to attend a July 19 conference in London to discuss veterans' mental health issues with representatives of Britain, Canada, Australia and New Zealand. In past years, the VA secretary has attended the conference.

He also arranged to attend meetings in Denmark from July 12 to 14. Officials in Denmark said VA officials approached them about the meetings.

The bookend events left Shulkin with four days in between, according to his itinerary. He attended a ceremony one of those nights at which a British veteran of the war in Afghanistan was honored, and a meeting the next night at the British prime minister's residence.

Over the course of the trip, Shulkin and his entourage visited four palaces — Copenhagen's Christiansborg and Amalienborg and London's Buckingham and Kensington — and included times for walks, self-guided tours and photo stops.

On one calendar item, a canal tour of Copenhagen, the itinerary specifically noted the group "Will See Little Mermaid Statue," one of the city's most iconic public artworks. During the London visit, Shulkin and his wife shared a meal at a restaurant overlooking a tennis court with Victoria Gosling, a British leader of the Invictus Games, a sports tournament for wounded veterans. Gosling posted a photo of the gathering on Twitter.

"Great honour and a pleasure to host US Secretary of the VA and his lovely family," Gosling wrote.

The Wimbledon event was one of the prized moments of the tennis year: In the women's final, American Venus Williams would lose her chance at a sixth title to Spain's Garbiñe Muguruza.

It is not clear whether the London invitation came before or after the scheduling of the events in Copenhagen, which included speaking with several Danish health-care executives at a luncheon organized by a Danish business group. A spokesman for one company in attendance, Leo Pharma, said the executives were asked by the Danish Foreign Affairs Ministry to attend.

In any event, the Copenhagen meetings occurred at a time the business group said was inconvenient, because it was a holiday period for Danes.

"It was quite difficult for us to accommodate," said Kasper Ernest, a director at the Confederation of Danish Enterprise, noting that his group's chief executive could not attend. "I was also on holiday."

Shulkin's relationship with Danish government leaders has grown over the past year, Danish officials said, and Denmark's military had been heavily involved in the war in Afghanistan.

In a statement, the Danish Embassy in Washington said it has had "a close dialogue with the U.S. Department of Veterans Affairs for a couple of years based on the long-standing partnership between Denmark and the USA on global conflicts. Over this period, there has been a standing invitation to visit Denmark."

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1.2 - Reuters: Under pressure from Trump, Price resigns as health secretary over private plane uproar (29 September, Steve Holland, 43.6M online visitors/mo; New York, NY)

WASHINGTON - U.S. Health and Human Services Secretary Tom Price resigned under pressure from President Donald Trump on Friday in an uproar over Price's use of costly private charter planes for government business.

His abrupt departure was announced an hour after Trump told reporters he was disappointed in Price's use of private aircraft and did not like the way it reflected on his administration.

“Secretary of Health and Human Services Thomas Price offered his resignation earlier today and the president accepted,” the White House said in a statement.

Trump named Don Wright to serve as acting secretary. Wright is currently the deputy assistant secretary for health and director of the office of disease prevention and health promotion.

“I‘m not happy. OK? I‘m not happy,” Trump told reporters on the White House South Lawn.

Candidates to succeed Price included Seema Verma, who is administrator of the Centers for Medicare and Medicaid Services and who is close to Vice President Mike Pence, and Scott Gottlieb, a physician who serves as commissioner of the Food and Drug Administration, according to industry analysts.

Several sources saw Gottlieb as a clear front runner. They said he got along well with the White House and is viewed favourably there.

Price’s resignation leaves Trump with a second Cabinet position to fill. He has yet to pick a secretary for homeland security after hiring former Secretary John Kelly as his White House chief of staff.

It was the latest blow to the Trump White House, which has struggled to get major legislative achievements passed by Congress and has been embroiled in one controversy after another since Trump took office in January.

Price, a former congressman, was instrumental in the Trump administration’s policies aimed at undercutting Obamacare, as well as working with governors across the country to slowly begin unravelling parts of the law.

In a resignation letter, Price offered little in the way of contrition. He said he had been working to reform the U.S. healthcare system and reduce regulatory burdens, among other goals.

“I have spent forty years both as a doctor and public servant putting people first. I regret that the recent events have created a distraction from these important objectives,” he said.

Trump, currently trying to sell his tax cut plan and oversee the federal response to devastation wreaked by three hurricanes, saw the Price drama as an unnecessary distraction and behind the scenes was telling aides “what was he thinking?,” a source close to the president said.

Price promised on Thursday to repay the nearly $52,000 cost of his seats on private charter flights. “The taxpayers won’t pay a dime for my seat on those planes,” Price said.

But that was not enough to satisfy Trump.

Trump told reporters that the “optics” of Price’s travel were not good, since, as president he was trying to renegotiate U.S. contracts to get a better deal for taxpayers.

“Look, I think he’s a very fine person. I certainly don’t like the optics,” Trump said.

Price had also been seen in the White House as having been ineffective in getting Congress to pass healthcare reform legislation, an effort that has fizzled on Capitol Hill.

Price was one of a handful of senior officials in Trump's administration put on the defensive over reports about their use of charter flights and government aircraft, sometimes for personal travel, when they could have flown commercial for less money.

The White House issued an order late on Friday saying use of private planes required approval from White House Chief of Staff John Kelly and that the commercial air system was appropriate even for very senior officials with few exceptions.

The Washington Post on Friday reported that Veterans Affairs Secretary David Shulkin attended a Wimbledon tennis match, toured Westminster Abbey and took a cruise on the Thames this summer during a 10-day trip to discuss veterans' health issues in Britain and Denmark.

Shulkin, who travelled on a commercial airline, was accompanied on the trip by his wife, whose airfare was paid for by the government and who received a per diem for meals, the Post said, noting that the Department of Veterans Affairs said she was travelling on "approved invitational orders."

His six-person travelling party included an acting undersecretary of health and her husband as well as two aides. They were accompanied by a security detail of as many as six people, the Post said.

Washington news media outlet Politico has reported that Price had taken at least two dozen private charter flights since May at a cost to U.S. taxpayers of more than $400,000. Politico also reported he took approved military flights to Africa and Europe costing $500,000.

Senior U.S. government officials travel frequently, but are generally expected to keep costs down by taking commercial flights or the train when possible.

Environmental Protection Agency Administrator Scott Pruitt and Treasury Secretary Steve Mnuchin have also been in the spotlight for their travel habits.

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1.3 - The New York Times: Veterans Agency Seeks to Scrap Ethics Law on For-Profit Colleges (29 September, Patricia Cohen, 29.8M online visitors/mo; New York, NY)

The Department of Veterans Affairs is pushing to suspend a 50-year-old ethics law that prevents employees from receiving money or owning a stake in for-profit colleges that pocket hundreds of millions of dollars in tuition paid through the G.I. Bill of Rights.

The agency says the conflict-of-interest law — enacted after scandals enveloped the for-profit education industry — is now redundant and outdated, with "illogical and unintended consequences" affecting employees who have no real conflict of interest, such as a V.A. doctor teaching a course at a school attended by veterans with educational benefits.

But veterans' groups and ethics experts reject those arguments and say the department is abandoning protections for veterans and taxpayers. They worry that the effort is part of a larger rollback of federal safeguards that were instituted before President Trump took office to combat abuses and fraud by for-profit colleges.

Several officials who worked in the for-profit college industry and had criticized the Obama-era crackdown as excessive, for example, have joined the Education Department, which administers and polices the federal student loan program and the industry.

The proposal to suspend the ethics law was published in the Federal Register in mid-September and is scheduled to take effect on Oct. 16, but no public hearings have been scheduled and no public comments have yet been submitted.

“It’s just reckless and sloppy,” said Walter M. Shaub Jr., a former director of the Office of Government Ethics, said of the agency’s action. He questioned why such a blanket exception for more than 330,000 agency employees should exist when the law allows waivers for individuals or even classes of individuals, like those teaching courses. Invoking the waiver also requires public hearings, he said.

Most troubling to Mr. Shaub, now senior counsel at the nonpartisan Campaign Legal Center, is that the move seems like an attempt by the executive branch to overrule the legislative branch. “They are saying the statute is unreasonable, but that’s not for them to say,” he said of agency officials.

Curtis Cashour, a V.A. spokesman, said officials had focused on the ethics law after the agency’s inspector general investigated complaints this year that two V.A. employees were teaching at a for-profit institution. There were no significant conflicts and a waiver was ultimately granted, he said, but the report led to worries among many employees about the impact of more rigorous enforcement.

“Our response was aimed at easing the concerns of numerous V.A. employees,” Mr. Cashour said in an email, adding that the ethics law had been superseded by subsequent conflict-of-interest statutes.

One concern of critics is that officials at the organization’s upper levels could be making decisions about a college in which they have a financial interest, like permitting a school with a record of abuses to recruit at military bases. Another is that people advising veterans about their educational benefits could steer students to a particular school because they were on the payroll.

“There’s no good that can come from allowing colleges to have unseemly financial entanglements with V.A. employees,” Carrie Wofford, director of Veterans Education Success, a nonprofit advocacy group. “Congress enacted a zero tolerance for financial conflicts of interest for V.A. employees precisely because Congress uncovered massive fraud by for-profit colleges targeting veterans.”

She added that “student veterans were already facing an aggressive rollback of their protections under the Trump administration’s Education Department.”

Two months ago, the Republican-led Senate Appropriations Committee issued a report during its debate over the military budget instructing the department to review the statute — but its concern was that the current rules “may be inadequate to identify conflicts of interest that can develop” because of gifts or expensive meals.

Veterans are particularly valuable as potential students: There are limits on the federal funds that for-profit schools can receive, but money from the G.I. Bill is not counted.

Even before last year's presidential election, some of the biggest veterans and military organizations were urging the department to better monitor for-profit colleges that were misleading veterans about the costs and benefits of enrolling, and violating legal and regulatory standards.

And a report issued in July by the director of the agency's Education Service found that financial issues involving tuition and fees were by far the leading complaint among students who had called the agency's G.I. Bill hotline since 2014.

Some ethics experts disagreed with the department's contention that other federal statutes made the ethics law unnecessary, saying the agency's rule sets a higher bar, requiring, for example, more public review.

Dozens of other agencies also have supplemental ethics rules that have been written to address potential problems specific to those agencies.

Senator Patty Murray, Democrat of Washington, and a longtime advocate for veterans, said she planned to look into the agency's decision. "I am deeply concerned the V.A. is opening the door for predatory for-profits to take advantage of men and women who have bravely served our country," she said.

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1.4 - U.S. News & World Report (AP): Alaska VA Office Gets Mixed Report From Watchdog (29 September, Becky Bohrer, 24M online visitors/mo; Washington, DC)

JUNEAU, Alaska — A government watchdog says the U.S. Department of Veterans Affairs regional office in Anchorage has made strides in processing claims but has work to do in other areas.

The VA's inspector general said the accuracy of the claims processing it reviewed earlier this year was significantly better than a prior inspection in 2013.

But it found delays in processing benefit reductions or discontinuations, resulting in about $16,800 in overpayments for care, and inaccuracies in how staff entered claim information. The inspector general said such overpayments due to administrative errors aren't recoverable.

The watchdog recommended that the office prioritize the processing of benefit changes and improve oversight to ensure information is accurate when claims are established.

The VA, in responses included with the report, agreed with the findings and recommendations.

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1.5 - Stars and Stripes: VA publicizes Shulkin's travel schedule amid scrutiny over Cabinet spending (29 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The Department of Veterans Affairs made moves Friday to publicize Secretary David Shulkin's travel schedule, following scrutiny over the cost of government-funded travel by other Cabinet members.

The VA announced it will post Shulkin's itineraries of international and domestic trips, as well as who accompanies him and whether he uses private or government aircraft. On Friday, the information was online at the VA's new "Secretary's Travel" page.

"Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that," Shulkin said in a prepared statement.

The announcement came two days after the House Oversight Committee initiated an investigation into the travel of President Donald Trump's administration.

Rep. Trey Gowdy, R-S.C., and Rep. Elijah Cummings, D-Md., leaders of the committee, sent letters Wednesday to the White House and 24 federal agencies, including the VA, asking for senior officials' travel details. The lawmakers cited federal law that official travel should be "expeditious" and "by no means should include personal use."

Gowdy and Cummings requested responses from each agency by 5 p.m. on Oct. 10.

In August, Treasury Secretary Steve Mnuchin used military aircraft to fly from New York City to Washington, D.C., costing about $25,000, ABC News reported. The Treasury's Office of Inspector General is reviewing another of Mnuchin's trips, in which he used government aircraft to fly to Kentucky, where he spoke to business leaders and viewed the solar eclipse.

According to several reports, Mnuchin also requested to use a military jet to fly him and his wife, Louise Linton, to their European honeymoon. The request was later withdrawn.

Another cabinet member, Health and Human Services Secretary Tom Price, promised Thursday to repay about $52,000 for his travel on private charter planes, which costs thousands of dollars more than commercial flights.

Interior Secretary Ryan Zinke took a charter plane to Montana and the Caribbean at a price of $12,000, Politico reported. Multiple news outlets reported Scott Pruitt, who leads the Environmental Protection Agency, has taken at least four noncommercial flights since February, costing taxpayers more than $58,000.

As of Friday afternoon, the VA posted Shulkin had taken five trips on Air Force 1 and Air Force 2, two of them to Texas to see damage caused by Hurricane Harvey. He also used a military aircraft last week for a trip to the Invictus Games in Toronto with First Lady Melania Trump. Shulkin has not used any private aircraft for official travel, according to information on the VA website.

According to one itinerary posted on the VA website Friday, Shulkin, his wife, Merle Bari, and other VA officials traveled July 11 to Denmark, where Shulkin was briefed on the Danish health care system for veterans, toured a veterans home and met the Danish ministers of defense and health. The group then traveled to London, where Shulkin and Bari spent July 15 at the

Wimbledon tennis tournament with friends. On July 16, they visited Buckingham Palace, Kensington Palace, Westminster Abbey and took a cruise of the Thames River, followed by an evening in Piccadilly Circus. Later during the week, Shulkin attended a conference in London on veterans issues.

The VA said it would update the site five days after the conclusion of every trip. The agency tied the move to other attempts at transparency since Shulkin took over as secretary. In July, the VA made public a list of employee terminations, demotions and suspensions, which is updated weekly.

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1.6 - The Clarion-Ledger (Video): Mississippi treating 11 Hurricane Maria victims, more coming (29 September, Anna Wolfe, 849k online visitors/mo; Jackson, MS)

So far, 11 hurricane victims from Puerto Rico and St. Croix have been transported to metro Jackson hospitals in the aftermath of Hurricanes Irma and Maria.

The storms devastated Puerto Rico's hospitals, a majority of which are without electricity or fuel for generators and beginning to run out of oxygen and clean water.

"You're talking about a hospital that has one week of oxygen left, one day of drinkable water. It's a level of devastation I don't think we could ever begin to imagine," said state Department of Health spokeswoman Liz Sharlot.

The Health Department has partnered with the G.V. "Sonny" Montgomery Veterans Affairs Medical Center, Air National Guard and the University of Mississippi Medical Center to accept patients at 13 local hospitals. UMMC is treating four patients, some of whom are children and infants.

On Sept. 22, the department set up a patient reception area — a federal coordinating center at the Jackson-Medgar Wiley Evers International Airport — where doctors and nurses from the VA are assessing each patient's needs, providing any emergency care, then transporting them to a local hospital. Ambulances are on standby.

The first patients arrived Monday. By Thursday night, they'd seen 11 patients with a range of conditions, including one high-risk pregnancy, a double amputee, one on a ventilator with respiratory failure and a neonatal intensive care unit patient.

"These are serious medical needs and high-risk patients," Sharlot said. "We're just grateful we're able to do what we can."

VA Medical Center Director Dr. David Walker, commander of the federal coordinating center, described the scene at the airport as stressful, but rewarding "knowing you're helping people at their most vulnerable."

"You never know what you're going to get until the plane doors open," Walker said.

The plane ride on the commercial air ambulance is between four and six hours, at which point a patient's condition can change.

One of Walker's staffers is from Puerto Rico and hasn't been able to speak with her family. She's volunteered to do any translation at the coordinating center.

The goal is to transfer patients back home when they've been stabilized, but considering the conditions in Puerto Rico, that hasn't happened yet. Walker said he only knows of patients leaving the hospitals to stay with relatives in the United States.

The Health Department expected more arrivals Friday. Shreveport, Atlanta and Columbia, South Carolina, are also receiving patients from Puerto Rico and the U.S. Virgin Islands.

"It's not over," Sharlot said. "I think this is going to be going on for a while."

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1.7 - The San Diego Union-Tribune: Does a soldier's best friend belong in VA research labs? A fight at the heart of the veterans community (29 September, Jeanette Steele, 494k online visitors/mo; San Diego, CA)

America loves dogs, but many veterans have an extra bond after serving with canine units on the battlefield and increasingly depending on service dogs back at home.

Now the U.S. Department of Veterans Affairs and some of the nation’s largest veterans groups are in a scrap with a government watchdog organization and some in Congress over VA medical research programs that inflict harm on man’s best friend in the name of science.

A VA investigation found problems at a Richmond, Virginia, program where researchers do heart surgery on dogs to study the development of cardiac abnormalities.

Techniques include inserting pacemakers and catheters into the hearts of dogs, destroying heart tissue and creating heart attacks by injecting liquid latex into an artery. At the end, dogs are killed and their tissues studied.

One of the reasons that dogs are considered good for these experiments is they are easy to train to run on a treadmill while their hearts are monitored.

As a result of botched procedures, one lead researcher was removed from the studies this spring and the VA tightened its research protocols at Richmond’s Hunter Holmes McGuire VA Medical Center, one of at least three sites nationwide where the VA does invasive medical research on dogs.

Changes include additional reviews by the VA’s chief veterinarian of proposed dog research, more stringent scientific scrutiny of VA funding requests involving dogs and increased frequency of site visits for VA programs that have canines, a VA official told The San Diego Union-Tribune.

These moves come atop questioning of research at the Los Angeles VA on narcoleptic Doberman pinschers. The approved protocol called for dosing dogs with antidepressants or methamphetamine, then killing them and studying how the drugs affect their brains.

Now, at the highest levels, the VA is battling to save its canine research programs, which have come under assault in Congress.

“Part of our mission is to push the envelope constantly in search of medical advancements that will help improve the lives of disabled veterans,” VA Secretary David Shulkin wrote in an opinion piece this month in USA Today.

“If this legislation passes … it would stop potential VA canine research-related medical advancements that offer seriously disabled veterans the hope of a better future,” wrote Shulkin, a practicing physician.

A spending bill that unanimously passed the House in July would ban funding for two categories of invasive dog experimentation at the VA in the coming fiscal year.

Separately, the “PUPPERS Act” (Preventing Unkind and Painful Procedures and Experiments on Respected Species) would permanently ban money for invasive dog research by the VA.

Rep. Dave Brat, the Virginia Republican who sponsored the act, called the experiments in Richmond “horrific and inhumane” in a statement.

“These dog testing experiments at the VA are consuming limited taxpayer dollars, medical staff time and office space that could be better utilized to deliver health care for veterans,” Brat said.

But the VA has rallied an important chunk of the veterans community to its defense.

The American Legion, Iraq and Afghanistan Veterans of America and Vietnam Veterans of America have written letters to Congress in support of the VA’s canine research.

“There are many pet owners and animal lovers in the American Legion,” the legion’s statement said. “Sometimes animal research is needed for the greater good of protecting human life.”

The executive director of Paralyzed Veterans of America said he’d like to see Congress strike a balance on the issue.

“On one hand, understand and acknowledge the tremendous gains in medicine and treatment,” said Sherman Gillums Jr., in response to a query from the Union-Tribune. “On the other hand, if it is warranted, Congress should call for greater accountability and transparency to confront waste and deviation from humane protocols in scientific research funded by taxpayers.”

Dogs accounted for less than 0.05 percent of animals used in VA research in 2016, an official said. Almost all are mice or rats.

Not all veterans agree with the nation’s most established organizations.

“I’m not going to say canine research should or shouldn’t be done at all, I just don’t think the VA should do it,” said Ben Krause, creator of the contrarian website Disabledveterans.org. “VA has a hard enough time not withholding health care from veterans on a regular basis.”

A major player in this conflict is White Coat Waste Project, a four-year-old Washington, D.C. nonprofit group whose philosophy is a marriage of fiscal conservatism and animal protection sentiment. The group offers $1,000 rewards to whistleblowers with evidence of animal abuse or wasteful spending at VA dog labs.

Founded by a Republican strategist, the group argues that taxpayers are spending over $15 billion a year on wasteful dog, cat, monkey and other animal experiments that are irrelevant, slow and expensive.

It was White Coat Waste's complaint in March that spurred the VA's investigation of the Richmond facility. The group filed Freedom of Information Act requests for records from the McGuire VA.

"We had known that the VA was one of the few agencies conducting painful experiments on dogs. And through our research into the details of those projects, we uncovered these series of violations at Richmond," said Justin Goodman, White Coat Waste's vice president.

According to Goodman, the VA has 79 sites that do animal experiments, but only three are doing "significantly painful" research on dogs.

Aside from Richmond, the others are Stokes Veterans Affairs Medical Center in Cleveland and Zablocki Veterans Affairs Medical Center in Milwaukee.

In Milwaukee, according to the watchdog group, the VA is using 150 dogs, including beagle puppies, for lung research that includes collapsing the dogs' lungs and dissecting their necks and heads.

"The use of dogs has been decreasing in the United States," Goodman said this week.

"Most people would probably be alarmed that, in 2017, there are still 60,000 dogs being used in experiments. I think that for many people, even one dog being used in an experiment that they are forced to pay for is too many," he said, adding that research outside of federal agencies is often funded by government grants.

One expert said the VA's research is not an anomaly in the biomedical industry.

"Work with dogs is happening all over the place," said Cindy Buckmaster, chairwoman of Americans for Medical Progress, a nonprofit group that advocates for the role of laboratory animals.

"Any time they are the optimal model, they are part of the study," said Buckmaster, also a Ph.D. at Baylor University College of Medicine.

She said researchers are required to give dogs pain medication during invasive procedures, just like in human surgeries, but the majority of animal subjects are eventually killed as part of the study.

"That's because the answers are in the tissues," Buckmaster said.

The VA argues that its animal research has saved lives and will save more in the future. It issued a list of past accomplishments: development of the cardiac pacemaker, the first liver transplant, the nicotine patch, the discovery of insulin and, most recently, the first FDA-approved artificial pancreas.

White Coat Waste disputes that list as ancient history, saying the artificial pancreas is the only 21st century accomplishment of the bunch.

A University of California San Diego pathology professor said experts are going to disagree about whether dog research, and animal research in general, is effective. Dr. Lawrence Hansen, who is involved with White Coat Waste, led a successful campaign nearly 15 years ago to end surgery on dogs as a mandatory part of the medical school's curriculum.

"We have created creatures that are hard-wired to love and trust us," Hansen said. "It is a betrayal to then turn around and keep them in cages, cut them up and kill them."

To him, it comes down to an ethical question: If dog research does work to expand science, is it worth it?

It's a question Congress may take up in the coming year, with the plight and opinions of America's veterans as added weight.

Current VA research using dogs

- Studying ways of preventing lung infections in people with spinal cord injuries because they are unable to cough effectively
- Developing glucose sensors that diabetic human patients can wear to allow continuous monitoring and insulin delivery
- Understanding and treating dysfunction in the brain circuits that control breathing
- Meeting a congressional mandate to establish scientific evidence as to whether service dogs reliably reduce the symptoms of post-traumatic stress disorder
- Gaining insights into narcolepsy through studies of a unique colony of naturally narcoleptic dogs
- Studies to develop novel treatments for human heart conditions like atrial fibrillation and heart failure

Source: VA

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2. Veteran and Employee Experience

2.1 - USA Today: VA Secretary David Shulkin discloses official travel details (29 September, Jessica Estepa, 36.7M online visitors/mo; McLean, VA)

Veterans Affairs Secretary David Shulkin announced Friday that his department would disclose details about his official travels, in an attempt to be transparent as the travels of other members of the administration come under scrutiny.

The department will regularly update a page that includes any travels by private and government aircraft, as well as itineraries of official international and domestic trips.

"Under this administration, VA is committed to becoming the most transparent organization in government, and I'm pleased to take another step in that direction with this move," Shulkin said in a statement. "Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that."

Shulkin's announcement comes as Health and Human Services Secretary Tom Price faces criticism for his own use of private planes for official business. Price has apologized for the chartered flights and vowed to put an end to the practice.

According to the VA, Shulkin has not yet taken any private aircraft for official business.

He has taken six domestic trips on government aircraft, four of which were on Air Force One.

He has also taken two international trips: a September trip to Toronto for the Invictus Games and another to Copenhagen and London. The Copenhagen and London trip included tours of palaces and a river cruise down the Thames.

The Washington Post reported that the VA's decision to start disclosing Shulkin's travels came after it obtained a copy of the Europe itinerary.

The Post reported that the department covered the airfare of and provided per diem for Shulkin's wife, Merle Bari. The agency told the Post that she was traveling on "approved invitational orders."

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2.2 - ABC News: VA secretary spent half of official London trip sightseeing (29 September, Luis Martinez, 24.1M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin flew a commercial airline to London this past July to attend a veterans conference, but half his time there was spent on sightseeing and a stop at Wimbledon tennis tournament.

Shulkin's wife's commercial travel costs were also paid for by the federal government because she was under "approved invitational orders"

As questions have swirled about other Trump cabinet officials' use of government aircraft, the Department of Veterans Affairs has decided that in the interest of transparency it will post all of Shulkin's travel details on a VA website.

Those documents show Shulkin has flown six times on U.S. military aircraft. Four of the flights were on Air Force One as he accompanied President Trump, one was on Air Force Two accompanying Vice President Pence and a flight earlier this week accompanying the first lady to this week’s Invictus Games in Toronto. Shulkin has never flown a private plane to travel for his official duties, according to a Veterans Affairs spokesman.

The Department also posted the itineraries of Shulkin's trip in mid-July to Denmark and the United Kingdom and earlier this week to Canada with first lady Melania Trump.

Shulkin and his delegation of six, including his wife Dr. Merle Bari, traveled commercial airlines to Copenhagen and London.

But that trip itinerary to Denmark and London has raised questions about the amount of time Shulkin spent sightseeing.

The itinerary shows that on July 12, the first day of his first three days in Copenhagen, Shulkin visited multiple tourist stops. The next two days were spent on meetings with Danish government and health care officials to discuss veterans issues.

The first half of the six-day stay in London was dedicated to sightseeing before his full participation in a two-day veterans summit.

Shulkin arrived in London on Saturday, July 15 and according to the itinerary he spent the afternoon at the "Wimbledon Tennis Tournament with Friends." That would have been the day of the Women's singles final.

He spent the next two days visiting notable tourist sites in London including Buckingham Palace, Kensington Palace, Westminster Abbey, St. Paul's Cathedral, the Tower of London and took a "Thames River cruise to Greenwich Pier/Followed by dinner/evening in Piccadilly Circus."

But from the afternoon of Wednesday, July 19, through Friday, July 21, Shulkin was immersed in full-day participation in the veterans conference.

"All activities on the itinerary were reviewed and approved by ethics counsel," said Curt Cashour, the VA Press Secretary.

Cashour said the rules permit government reimbursement for a spouse’s “temporary duty” travel expenses.

According to a VA press release, the department is the first federal agency to make public the travel details of its top official. "The information will also include what VA staff and spouses accompany him on each trip, if any, but for security reasons, members of the Secretary’s security detail will not be listed by name or number," said the release.

“Under this Administration, VA is committed to becoming the most transparent organization in government, and I’m pleased to take another step in that direction with this move," Secretary Shulkin said. “Veterans and taxpayers have a right to know about my official travel as Secretary, and posting this information online for all to see will do just that."

According to the release, Shulkin "pointed to the move as the fourth major step in long-sought transparency and accountability actions at VA." Previous actions include the VA's public listing of wait times and quality/satisfaction data at all VA medical centers, adverse employee actions and employee settlements.

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2.3 - Politico: Who will replace Tom Price? A dozen names are circulating as possible successors (29 September, Joanne Kenen and Jennifer Haberkorn, 23.9M online visitors/mo; Arlington, VA)

Tom Price hadn't even stepped down when the Washington policy world was buzzing about who was likely to replace him.

A dozen names are being talked about, including several belonging to those already serving in the administration. Of course, President Donald Trump often does the opposite of what insiders expect.

The rumored short-list includes former Sen. Judd Gregg (R-N.H.), who would sail through Senate confirmation but would probably be considered too moderate on Obamacare, to Dr. Mehmet Oz, a cardiothoracic surgeon known through his talk show. Other current or former members of Congress who could be considered include Rep. Fred Upton and former Rep. Dave Camp.

Here are a few others who may be in the mix:

[…]

David Shulkin: The VA secretary is a Trump favorite, and the only cabinet nominee to be unanimously confirmed. However, Shulkin has come under criticism for combining leisure with business on his official travel — he attended a Wimbledon championship tennis match, toured Westminster Abbey and took a cruise on the Thames while meeting this summer with European officials about veterans' issues, The Washington Post reported Friday. Shulkin did fly commercial but his wife's expenses were covered by taxpayers, according to the Post.

A physician and former health administrator, Shulkin is also the only member of Trump's cabinet who is a holdover from the Obama years; he served as the VA's undersecretary of health in that administration. Now he's trying to get the massive, scandal-plagued VA health care back on track to serve around 9 million Americans a year. He has made the agency's performance and improvement programs public and transparent. He still sees patients — in person and via telemedicine.

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2.4 - The Huffington Post: Yet Another Trump Administration Official Took Questionable Liberties With Work Travel (29 September, Mollie Reilly, 23M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin used his downtime on a recent international trip for several leisure activities, including a tennis match and river cruise, The Washington Post reported Friday.

According to the report, Shulkin spent roughly half of a 10-day trip to the U.K. and Denmark to sightsee, watch a high-profile Wimbledon match and take in other activities more typical of a vacation than a work trip.

Shulkin flew commercial for the July trip, a notable difference from other officials who have recently come under scrutiny for opting to use charter or military planes for their travel. However, the government did pay for his wife's airfare as well as some of the cost of her meals while abroad.

Read the full report here.

When asked for comment on the Post story and the agency's ethics review process, a Department of Veterans Affairs spokesman pointed to a Friday announcement that the agency will now make all of Shulkin's travel itineraries publicly available and will note what kind of aircraft he used on each trip.

The revelations about Shulkin, a holdover from President Barack Obama's Cabinet, are just the latest in a series of reports regarding Trump administration officials' conduct and financial choices while traveling on official business.

Health and Human Services Secretary Tom Price has received by far the most criticism for his use of private planes and military aircraft to travel both domestically and abroad. According to a series of reports in Politico, the secretary's travel has come at an expense of more than $1 million to taxpayers.

On Thursday, after President Donald Trump said he was "not happy" with Price, the secretary announced he would no longer take private planes and vowed to reimburse taxpayers for the expenses he's incurred. However, he plans to pay just for "his seat" — or about $50,000.

Interior Secretary Ryan Zinke has also faced criticism for chartering a plane to travel from Las Vegas to Montana, costing taxpayers more than $12,000.

Environmental Protection Agency Administrator Scott Pruitt and Treasury Secretary Steven Mnuchin are also under scrutiny for similar travel expenses.

The White House has said it's looking into these expenses, and on Wednesday the House Oversight and Government Reform Committee announced it had requested information from 24 federal agencies on officials' travel.

"Under 5 U.S.C. § 5733, official travel on the part of federal employees must be 'by the most expeditious means of transportation practicable' and 'commensurate with the nature and purpose of the [employee's] duties,' and by no means should include personal use," reads a letter from the committee's leadership to the agencies.

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2.5 - The Hill: Trump VA chief went sightseeing, shopping with wife on government trip: report (29 September, Brandon Carter, 11.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin spent nearly half his time on a recent international trip sightseeing and shopping with his wife, according to The Washington Post.

Shulkin traveled to Europe in July to attend a conference in London with representatives of several countries on veterans' health issues, as well as a series of meetings in Denmark.

The VA chief's traveling party included his acting undersecretary of health and her husband, his chief of staff, another aide and a security detail, according to the Post.

Shulkin's wife, who also accompanied him on the trip, had her airfare paid for the by the government because she was traveling on "approved invitational orders," a VA spokesperson told the Post. Shulkin's wife also received a per diem for her meals.

The newspaper reports Shulkin attended a Wimbledon tennis tournament match and visited multiple palaces in both London and Denmark. Shulkin also reportedly took a cruise on the River Thames in London during the trip.

Shulkin took commercial flights for the trip and sat in coach on at least one flight, according to the Post.

VA press secretary Curt Cashour told the Post that the entire itinerary for Shulkin's trip was "reviewed and approved by ethics counsel."

"These were important trips with our allies to discuss best practices for taking care of veterans," Cashour told the Post. "The secretary has been transparent on his downtime activities that were similar to what he would have done with his family over a weekend in the U.S."

In a statement Friday, the VA said it would begin making public a list of Shulkin's official travel, including trip itineraries and his use of private and government aircraft.

"Veterans and taxpayers have a right to know about my official travel as Secretary, and posting this information online for all to see will do just that," Shulkin, a holdover from the Obama administration who President Trump tapped for the top VA spot this year, said in the statement.

Other Trump administration officials have come under fire for their travel while in office.

Health and Human Services Secretary Tom Price has reportedly racked up over $1 million in travel costs with his use of private and military planes since May. Price said Thursday he would reimburse taxpayers just under $52,000 for charter jet travels he's used for government business.

President Trump said Wednesday he was "not happy" with Price's use of private planes and said "we'll see" when asked if he planned to fire Price.

Interior Secretary Ryan Zinke and Environmental Protection Agency Administrator Scott Pruitt have also come under scrutiny for their use of private aircraft for government business in recent days.

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2.6 - Washington Examiner: VA secretary saw Wimbledon match during taxpayer-funded trip to Europe: Report (29 September, Melissa Quinn, 4.8M online visitors/mo; Washington, DC)

Secretary of Veterans Affairs David Shulkin and his wife, accompanied by other VA officials, attended a tennis match at Wimbledon, toured Westminster Abbey, and cruised the Thames River as part of a taxpayer-funded, 10-day work trip to Europe this summer, according to a report.

Shulkin and a group of six people, including his wife, traveled to London and Denmark in July, where Shulkin met with Danish and British officials to discuss veterans' health issues, according to an itinerary of the trip obtained by the Washington Post. The VA secretary traveled in coach on a commercial flight during at least one part of the trip.

The VA secretary attended a conference in London on July 19, one previous secretaries have also attended, that included representatives from Britain, Canada, Australia and New Zealand. He also scheduled a series of meetings in Copenhagen, Denmark, that took place from July 12 to July 14.

On two nights between the official events in London and Copenhagen, Shulkin spent one at a ceremony where a British veteran who served in Afghanistan was honored, and another meeting with British Prime Minister Theresa May.

But during the day, Shulkin, his wife, Merle Bari, Acting Undersecretary For Health Poonam Alaigh, her husband, Shulkin's chief of staff, and another aide, as well as a security detail, saw the sights and shopped.

The government covered the cost of Bari's airfare and gave her a per diem for meals, the VA told the Washington Post. Bari, the agency said, was traveling on "approved invitational orders."

"These were important trips with our allies to discuss best practices for taking care of veterans," VA spokesman Curt Cashour told the Washington Post. "The secretary has been transparent on his down-time activities that were similar to what he would have done with his family over a weekend in the U.S."

It's unclear whether the government or Alaigh covered the expenses for Alaigh's husband.

According to the itinerary of the trip, Shulkin had no official business scheduled during the days in between his meetings in London and Copenhagen.

Rather, Shulkin and his group attended the women's final at Wimbledon, where Venus Williams lost to Garbine Muguruza.

The group also visited two palaces in London, Buckingham Palace and Kensington Palace, and two in Copenhagen, Christiansborg Palace and Amalienborg Palace.

Revelations of Shulkin's trip come as four of President Trump's Cabinet officials are under scrutiny for their use of private and government planes to travel.

Secretary of Health and Human Services Tom Price is facing calls for his resignation after it was revealed he's taken at least 24 trips aboard private jets, as well as trips on military aircraft, costing taxpayers more than $1 million.

Treasury Secretary Steven Mnuchin's travel on government planes has also come under fire.

Both Price and Mnuchin are facing probes from the inspectors general at their respective agencies, and numerous congressional committees are requesting information on administration officials' travel.

Interior Secretary Ryan Zinke and EPA Administrator Scott Pruitt have also traveled via private or military aircraft.

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2.7 - Pittsburgh Post-Gazette: Pittsburgh VA nurse is finalist for national caregiver award (29 September, Gary Rotstein, 4.8M online visitors/mo; Pittsburgh, PA)

A nurse for the VA Pittsburgh Healthcare System is one of six national finalists for an annual award given to a medical professional who shows an exemplary caregiving approach on the job.

Victor Fagan, a licensed practical nurse from Butler, won recognition from among nearly 200 nominees who were submitted to the Boston-based Schwartz Center for Compassionate Healthcare. It will announce the winner of its 2017 National Compassionate Caregiver of the Year Award at a dinner on Nov. 16.

Mr. Fagan has worked with veterans the past five years at the VA's primary care clinic on University Drive in Oakland. He was nominated for the Schwartz Center award by co-workers who noted the unusual level of compassion and respect he brings to his role of helping others.

Examples of his efforts that were cited included his purchasing shoes for a low-income veteran's child; connecting a homeless veteran to helpful resources; celebrating patients' milestones such as birthdays; working to develop a Wall of Heroes that will honor local vets; and encouraging his fellow staff to do their own similar good work.

"Victor is always thinking of others first and incorporates caring and respect into every interaction with the veterans for whom he provides care," Christin Durham, the VA Pittsburgh primary care nursing manager, wrote in endorsing Mr. Fagan for the award.

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2.8 - PennLive (Video): VA chief mixed business with pleasure at taxpayer expense: Media report (29 September, Ivey DeJesus, 3.1M online visitors/mo; New Bloomfield, PA)

President Donald Trump's veterans affairs chief is the latest administration official in hot water for reportedly tapping into taxpayer money to pay for vacation outings and non-official business.

Veterans Affairs Secretary David Shulkin in July took in a Wimbledon championship tennis match and a Thames River cruise on taxpayer money. That's according to a report published Friday by The Washington Post.

Shulkin was in Europe for 10 days for meetings with Danish and British officials about veterans' health issues, but during that time, the Post reports, he and his wife spent about half their time sightseeing, including shopping and touring historic sites.

The Washington Post cited an itinerary obtained by the news outlet, and which was confirmed by a U.S. official familiar with it.

Shulkin last week visited the Harrisburg area, meeting with veterans at a local VFW to outline what he said was the right direction for the embattled agency. Shulkin said to veterans that accountability was one of his top priorities.

News of Shulkin's multi-purpose trip comes on the heels of that of Health and Human Services Secretary Tom Price, who is at the center of White House- approved trips outside the bounds of protocol. The Trump administration this spring and summer approved the use of military aircraft for multi-national trips by Price to Africa, Europe and Asia at a cost of more than $500,000 to taxpayers.

The overseas trips bring the total cost to taxpayers of Price's travels to more than $1 million since May, according to a POLITICO review.

Price this week pledged to reimburse the government for the cost of his own seat on his domestic trips using private aircraft -- reportedly around $52,000 -- but that would not include the cost of the military flights, Politico reported.

Shulkin's six-person traveling party included his acting undersecretary of health and her husband, his chief of staff and another aide, the Post reports. A security detail of as many as six agents was assigned to the entourage.

The Post reported that the VA said that the government paid airfare for Merle Bari, Shulkin's wife, because she was traveling on "approved invitational orders." The government also provided a per diem for her meals, the agency said.

Wimbledon tickets for final matches can run into the thousands of dollars - as can a river cruise. Shulkin also toured Westminster Abbey. Those tickets run about L22 (sterling) or approximately $30 a person.

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2.9 - Military Times: Amid Cabinet controversies, VA promises to post secretary's travel details online (29 September, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — In response to the growing scandal of Cabinet officials using pricey private aircraft for business trips, Veterans Affairs officials announced Friday they will post details of all official travel by department Secretary David Shulkin online to provide transparency about his travels.

“Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that,” Shulkin said in a statement.

The move comes one day after Health and Human Services Secretary Tom Price announced he would reimburse the government about $52,000 for charter flights made in recent months for government duties, a sum that amounts to only a small portion of the flights’ costs.

The White House announced Friday afternoon that Price resigned.

Reports of Price’s charter flights have prompted congressional investigators to look into travel expenses for all of Trump’s Cabinet.

The VA’s announcement also comes on the same day as a Washington Post article that details a trip Shulkin and his wife took to Europe last summer that included government business but also sightseeing and other non-work activities.

The VA told the Post that the government paid for Shulkin’s wife’s airfare because she was traveling on “approved invitational orders.” The VA added that all of Shulkin’s activities were reviewed and approved by ethics counsel. The couple flew commercial, including at least one leg in coach, according to the Post.

VA officials said Shulkin has not used any private aircraft for travel to date, but will list them on the department’s website if he employs that option in the future.

In addition, the new site will list all use of government aircraft by the secretary, along with itineraries of all official trips. That information will be available within five days of any travel, starting in mid-October.

Officials will start posting some of those details on the VA’s “Secretary Travel” site later today.

Shulkin has used government aircraft for transportation six times so far this year. Five of them were aboard Air Force One, accompanying the president to events.

The sixth was a recent trip to the Invictus Games in Toronto, where he traveled with first lady Melania Trump to see wounded U.S. troops and veterans participate in athletic competitions against teams from other countries.

Shulkin has made department transparency one of the key focuses of his department reform efforts. Earlier this year, the department began posting online information on medical center wait times, employee firings and workplace settlements.

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2.10 - Providence Journal (The Enterprise): Providence VA official relieved of duties amid allegations of racism, homophobia (29 September, Paul Edward Parker, 1.2M online visitors/mo; Providence, RI)

A manager at the Veterans Affairs Regional Office in Providence has been relieved of his duties pending disciplinary action, following a complaint from a co-worker that he created a “toxic work atmosphere.”

Stephen V. Pina, the Veterans Services Center manager, who also has been embroiled in controversy after a Facebook post suggesting that New England Patriots players who kneeled during the national anthem on Sunday were dancing monkeys, is “no longer engaged in processing benefits claims,” according to Mark Ramos, a spokesman for the Providence VA office.

Ramos said that disciplinary action against Pina has been proposed and that, to afford due process rights, it can’t be imposed for 15 business days. Ramos said he was not aware of the nature of the proposed discipline. In the interim, Pina has been assigned to other job duties.

Peter Rogers, who was a human resources specialist at the Providence office, said he left for another government job two years ago due to insensitive remarks made at work by Pina.

“The work environment there is awful because of him,” said Rogers, who now works for the U.S. Department of Homeland Security.

Rogers said he is an openly gay veteran who served 23 years in the military, including a tour in Afghanistan as an air traffic controller for the Air Force.

The 44-year-old Virginia native said he recalled one moment when he was driving Pina and other colleagues to an event at a VFW in Warwick. Rogers claimed that Pina made homophobic remarks during the ride.

“He was pounding on the dashboard, yelling all kinds of obscenities and f-bombs,” said Rogers. “I was completely blown away by his behavior.”

Pina, who lives in Brockton, Massachusetts, landed in hot water this week after making a comment under a Facebook story about Patriots players who knelt during the national anthem on Sunday. In the post, Pina called the players “turds” and added, “dance monkey dance.”

Pina has since resigned from his position on the Brockton Parks and Recreation Commission, after Mayor Bill Carpenter called on him to do so. A Pop Warner football team, the Brockton Junior Boxers, said Pina had stepped down as a coach after the youth football league made a statement calling for him to do so.

Pina received a $120,000 salary last year as manager of the Veterans Service Center, overseeing 157 government employees at the downtown office on Westminster Street.

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2.11 - KATV (ABC-7, Video): Troubles at the VA: Nurses speaking out about culture (29 September, Elisabeth Armstrong, 448k online visitors/mo; Little Rock, AR)

Two former nurses who have filed EEO complaints against the CAVHS are speaking out about problems. In July, Channel 7 brought you this report out of the VA. In it, some thirty nurses filed a complaint against the hospital - alleging that under-staffing was impacting patient care.

After that story aired, more than a dozen staffers reached out to the newsroom, saying that poor management, unsafe working conditions, even claims of harassment are behind the issue.

Lyn Gardner and Brandy Ballard: both former nurses at the VA, both saying there's something wrong with the Central Arkansas Veteran's Healthcare System. Lyn is a veteran who served in the military for six years, before pursuing her dream of becoming a nurse in the VA system.

But she says that dream, turned into a nightmare: "It actually upsets me to this day, talking about it, because it was very traumatic."

In her claim she alleges that she was subjected to a hostile work environment - dealing with screaming supervisors, limited equipment, and in one case, an issue where she passed out while assisting during surgery, and never received medical attention.

"I walked out of the unit, pretty much all on my own, receiving no treatment. And that's very upsetting. As a veteran, and as an employee of a facility that's supposed to care for veterans."

Lyn says, it's this culture that creates problems for patient care: "Not having the support from management, not being able to articulate issues, is scary, because you're dealing with people's lives." Adding, changes need to be made.

Brandy Ballard agrees. She has several veterans in her family, and credits the VA with providing her grandfather life-saving cancer treatment. But she says her family members are now expressing fear about the care they're receiving.

"Another family member, more recently, voiced his concerns to me about that very VA because he didn't feel he would get the treatment he deserved with stage 4 cancer," she explains.

She says the culture at the VA has truly taken a toll on her life, alleging that nurses are punished for speaking out about patient care: "It really has affected my family. I mean, a failed marriage as a result of this, just mental anguish, physical ailments as a result of the constant stress."

This is why she says she filed a complaint. And these nurses are not the only ones - two other staffers at the VA provided me with copies of their EEO complaints. None of these have been ruled on yet, as the EEO is currently investigating several of the claims.

So, Channel 7 dug into data out of the national VA Administration. It shows that Central Arkansas Veterans Healthcare System has one of the highest nurse turnover rates in the entire VA System. They're just under the 90th percentile.

But Medical Director Dr. Margie Scott, says this is not due to workplace harassment or discrimination: "Well if you look at our exit interviews, Elisabeth, for nurses who are leaving the workforce, the top number of nurses who are leaving is due to number one taking a higher level position, and advancement in position, or number two retiring... The third most common is actually to go back to school."

Channel 7 requested those numbers and the VA complied 47% of employees said they left for those reasons (along with "relocating with a spouse") during exit interviews. But KATV also took a look at employee satisfaction scores.

When it comes to employee satisfaction, the Little Rock VA comes in at 3.8 out of 5. Dr Scott breaks down this statistic, "Over 60% of our staff think this is not only a good, but a great place to work. There's always a spectrum in any survey of low scores and high scores, but a 3.8 out of 5 is an excellent score. It's not where we want to be - we always want to be higher - so we'll continue to work on that."

But a 3.8 is also around the 50th percentile - that means 50% of other VA facilities have higher employee satisfaction rates.

And when it comes to veterans' experience, in the four categories the VA looks at, Central Arkansas comes in near the bottom of each. When it comes to comprehensiveness of care, the system scores as one of the worst.

Channel 7's Elisabeth Armstrong asked, "I probably spoke to 15 or twenty people. and a number of them said, 'I'm a veteran or I have veterans in my family, and I would not take them to the Little Rock VA. Does that concern you?"

Dr. Scott says, "Absolutely that concerns me, and I would love to talk to those individuals and hear what they have to say as far as ways we can improve our work environment."

Dr. Scott and Acting Deputing Medical Center Director Salena Wright-Brown say the VA is implementing several new ways for employees to make their voices heard: through listening sessions, surveys, a video blog, and being selected as an "Innovation Hub."

"I think that's the key," explains Dr. Wright-Brown. "To open those communication avenues, we reassure people that nothing is going to happen negative, only positive - only improvement for our veterans."

The VA has filled 102 of the 149 open nursing positions since our first piece aired in July. However, we do not have numbers on how many have left since that time.

The system held another job fair last Saturday.

*Correction: An earlier version of this story stated the job fair was this upcoming weekend. However, it was last weekend, and officials say it was successful.

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2.12 - WQAD (ABC-8, Video): Moline man shocked after job training center for veterans shuts down (29 September, Chris Minor, 450k online visitors/mo; Moline, IL)

GARLAND, Texas - A Moline, Illinois man is one of more than 300 veterans left in the dark after a job training school they paid for through the GI bill abruptly shut its doors.

"Three weeks before graduation, we were told goodbye. They sent a senior instructor around to each class and he just came in front of the school and said, 'I need everyone to pack your bags, the schools been officially shut down and everyone needs to vacate the premises' ," said Dallas Wild, who had enrolled in the career center after hitting dead ends looking for a decent paying job in the Quad Cities.

The Retail Ready Career Center catered to veterans interested in a career in heating and air conditioning.

"They called and offered us a $23 dollar an hour job after we got out, guaranteed job placement," said Wild.

Tuition was $21,000 for the six week program, which included food, lodging, and round-trip air-fare. Most tuition bills were paid through the GI bill.

The Department of Veterans Affairs is investigating the job training center for unknown reasons.

The owner John Davis, is seen on video telling the students that the investigation was launched after a former employee who embezzled money from a school fund went to authorities.

Wild says he had hoped to graduate so that he could find a better job in the Quad Cities, and is uncertain what happens next.

"I spent 30 minutes on the phone with the VA. It seems they don't want to hand out information because of the investigation. Everyone is in the dark. I plan on trying to find a local company that supports vets that will give me a shot," he said.

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2.13 - FedSmith: VA to Begin Disclosing Agency Secretary's Official Travel (29 September, Ian Smith, 277k online visitors/mo; Washington, DC)

The Department of Veterans Affairs announced today that it will begin publishing all of the agency secretary's official travel on its website.

The lists include all official travel taken by Dr. David J. Shulkin since January 20, and the site will be updated within five days after the conclusion of each trip.

The webpage (which will be available at http://www.va.gov/opa/secvatravel) will list the use of private and government aircraft by the Secretary, and also itineraries of international and domestic trips. The details on domestic trips will be added to the website by October 15.

The information posted will also include what VA staff and spouses accompany Shulkin on each trip, if any, but for security reasons, members of the Secretary's security detail will not be listed by name or number.

Shulkin notes that the VA is the first agency to make this kind of data public. The agency also recently began posting all disciplinary actions taken against agency employees on its website in an effort to spotlight actions the agency is taking to reform its culture.

"Under this Administration, VA is committed to becoming the most transparent organization in government, and I'm pleased to take another step in that direction with this move," Secretary Shulkin said. "Veterans and taxpayers have a right to know about my official travel as Secretary, and posting this information online for all to see will do just that."

Increased Scrutiny of Agency Officials' Travels

The announcement from the VA comes right after an article appeared in the Washington Post that was critical of a recent trip that Shulkin took to Europe with several individuals, including his wife, that mixed business and pleasure, the latter part including shopping trips and a Wimbledon tennis match.

The investigation conducted by the Post noted that although all aspects of the trip were approved by the agency, the VA paid for the airfare and meal per diems for Shulkin's wife. It noted, however, that Shulkin flew on a commercial aircraft with at least one leg of the trip in coach seating.

VA press secretary Curt Cashour told the Post, "These were important trips with our allies to discuss best practices for taking care of veterans. The secretary has been transparent on his down-time activities that were similar to what he would have done with his family over a weekend in the U.S."

The Post takes at least some credit for the VA now disclosing details about the Secretary's travel. "In response to questions from the Post, VA announced Friday that the agency will begin posting details of the secretary's travel online, including itineraries, and disclosing any use of government or private aircraft. That information had not previously been disclosed publicly," according to the Post article.

The VA's announcement also comes after news that Health and Human Services Secretary Tom Price came under heavy criticism for trips he took using a private charter jet using taxpayer money. Price has said he will repay the Treasury for costs incurred from the trips and also resigned from his position as HHS Secretary over the situation.

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2.14 - Leavenworth Times: Sentencing continued for former VA physician assistant (29 September, 46k online visitors/mo; Leavenworth, KS)

A former physician assistant who was convicted of sexually abusing patients at the Leavenworth veterans hospital will not be sentenced until November.

Mark E. Wisner was scheduled to be sentenced today in Leavenworth County District Court. But the sentencing and arguments for post trial motions have been continued until Nov. 3.

Last month, a jury convicted Wisner of one felony count of aggravated sexual battery, one felony count of aggravated criminal sodomy and three misdemeanor charges of sexual battery. The crimes occurred between 2012 and 2014 while Wisner was working at the Eisenhower VA Medical Center.

The judge in the case had something come up, and he had to reschedule all of the cases that were on his docket for Friday, according to Assistant County Attorney Michael Jones.

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2.15 - Pahrump Valley Times: Plaques at Pahrump VA clinic recognize veterans of U.S. armed forces (29 September, Jeffrey Meehan, 1k online visitors/day; Pahrump, NV)

A group of local veterans of the U.S. armed forces gathered to recognize the installation of several plaques at the Pahrump VA Community Based Outpatient Clinic in September.

Each plaque bore the symbol of one of the five branches of the U.S. armed forces and another was hung for prisoners of war.

The group, led by U.S. Army veteran Bernie Cusimano, gathered at the Pahrump VA clinic at 220 Lola Lane on Sept. 22, 2017 to recognize the plaques being hung. Cusimano was joined by several other veterans who worked to see the plaques hung at the clinic.

“We started it, and I want to acknowledge all the people that started it and thank everybody,” Cusimano said.

The group was also joined by Nye County Commissioner John Koenig, District II, former Nye County Commissioner Frank Carbone and Michelle Leavitt, executive assistant/business license tech for the town of Pahrump.

The symbols were hung behind the check-in area at the Pahrump VA clinic in order of the Army, Navy, Marines and the Air Force, from left to right, which is mandatory. The prisoners of war symbol sits on another wall adjacent to the other symbols.

Cusimano said it was the end of the long process.

It took nearly two years for the group to realize the end goal, he said.

Some of the original veterans involved in the process were Pahrump Veterans of Foreign Wars Commander Tom Vick, Cusimano and Kyler Samuel Escalera, just to mention a few.

The cost of the plaques was funded by the town of Pahrump, which cost roughly $200 each or a total of $1,200.

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3. Access to Healthcare

3.1 - WBBM (CBS-2, Video): 2 Investigators: Disabled Vets Face Tough Parking At VA Hospital (29 September, Dave Savini, 27.5M online visitors/mo; Chicago, IL)

A major problem at Hines VA Medical Center: Some sick and wounded veterans are struggling to get to their medical appointments because of parking violators.

CBS 2's Dave Savini has the story.

James Dahan, a Marine Corps veteran, gets angry when fellow wounded vets struggle to find a parking spot.

"It's clearly a violation. They need to be ticketed," Dahan says of a vehicle illegally parked near the entrance to the VA.

He says seriously injured veterans going to the Edward Hines, Jr. VA Hospital in Maywood are forced to wheel or walk long distances. This is because parking spots for those with disabilities are taken by motorists not permitted to use them.

"That really ticks me off," Dahan says.

The 2 Investigators found plenty of examples of cars, without required placards in windows, snagging the handicapped-designated spots. Even the lot reserved for spinal cord injury victims had problems. Yet CBS 2 never saw a single ticket issued.

"Seeing veterans pushing from the back of the parking lot with a wheelchair or a walker, it's disgusting," Dahan says. "They deserve a lot better than that."

There is valet service, but those lines can be long and cause delays, he says.

"If you're 15 minutes late, they cancel your appointment," Dahan says.

CBS 2 also found numerous fire lane and loading zone violators, too.

Dahan injured his foot while serving in Iraq. He has had three surgeries and suffers from nerve damage. Because of his time using a wheelchair, Dahan says he can understand how difficult it can be when parking.

"Transferring in and out of a wheelchair takes a lot more than people can understand," he says.

The 2 Investigators found a vehicle parked next to a disabled spot, in a loading zone designed to help a person in a wheelchair get in and out of their vehicle.

"They do that all the time," one driver with disabilities says.

Dahan says Hines VA needs to better patrol the lots and ticket illegal parkers. He also said they need more spaces and could use a parking structure, similar to those found at other hospitals.

A spokesperson from Hines says they are now upgrading the spinal cord lot with new signs and new striping. They are also considering hiring more valet workers, along with opening an overflow lot for employees.

The hospital's full statement:

“At Hines VA Hospital we provide outpatient care to about 2,000 Veterans on an average week day and parking is often their first and last experience with the VA. With several construction projects underway, parking is stretched to its capacity, even with more than 250 handicap accessible parking spaces available. We have 76 accessible parking spaces in our dedicated lot for Spinal Cord Injury rehabilitation. We also offer free valet services to all of our patients.

We are monitoring the parking situation and have recently taken additional steps that include:

* Making every attempt to complete clinic visits when patients are delayed because of parking

* Opening an overflow gravel parking lot for employees to help ensure patients and visitors have access to the most convenient spaces

* Adding signage that identifies where patients can find additional parking and promoting the availability of free valet parking for our patients and visitors

* Working with our volunteers to provide more frequent shuttles for patients parking in more distant lots

* Upgrading handicap parking in our Spinal Cord Injury parking lot (additional striping & signage)

We are considering additional valet staff as needed and looking at the possibility of adding another gravel lot on the north end of the campus.

As our construction projects continue to progress, we will continue to inform our patients of any impact on parking areas via on-site signage, direct mail, social media and face-to-face communications.”

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3.2 - The News & Observer: Vietnam vet happy to be back in Durham’s VA hospital, but for how long? (29 September, Thomasi McDonald, 3.9M online visitors/mo; Raleigh, NC)

DURHAM - A Vietnam veteran and double-amputee said things are “perfect” now that he is back in Durham’s Veterans Administration Medical Center, where he has lived for a little more than three years.

But James Donald Francis, 69, said he’s worried because VA officials have not told him or given him any documentation about how long he will be able to stay at the VA’s Community Living Center.

“I haven’t signed anything,” he said. “I could be here for a good night’s sleep and the next morning they could put me out of here. I haven’t seen anything. I’m in limbo. That’s where I am.”

Francis spent two days this week staying in the lobby of the facility. He refused to leave when the VA told him he had to go to an assisted living facilty.

Durham VA officials have not commented about where Francis will be staying in the future, except to say it probably won’t be at their facility.

A statement from the Durham VA on Friday afternoon said, “Prior to release, we provided Mr. Francis several assisted living options within the community, however, over time it became apparent that he did not feel comfortable with those choices and wished only to remain at Durham VA. Medical care and treatment is ever-changing and that transition at times can be very difficult for our patients. We will continue to work side-by-side with Mr. Francis to provide him the proper care he has earned and deserves while we search for a suitable follow-on solution that meets his health and social needs.”

Francis lost his legs after he was stricken with Agent Orange-related diabetes while fighting in Vietnam.

Sharonda Pearson, a Durham VA spokeswoman, said Francis, who undergoes dialysis treatment three times a week at the VA hospital, no longer met the medical criteria for acute in-patient care. He was discharged Monday. Francis said he returned from dialysis that day to find the door to his room locked and his belongings stuffed in several bags.

Francis then camped out in his motorized wheelchair at the patient entrance from Monday until Wednesday. By late Wednesday afternoon, the VA had a change of heart and said he would be allowed to move back into the hospital’s community-based living center, at least momentarily.

The combat veteran is currently living on the second floor of the Community Living Center.

“Everything is going fine right now, for the next five minutes,” he said Thursday. “You know how things can change.”

He said he has been able to assume the daily routine he had before his discharge Monday.

According to the U.S. Department of Veterans Affairs website, the Community Living Center resembles “home” as much as possible. There are activities for veterans of all ages and family friendly places for visiting. Veterans are invited to decorate their rooms, and pets are allowed to visit or live at the facility.

The website said veterans may stay for a short time or, in rare instances, for the rest of their life, while receiving a nursing home-level of care that includes help with activities of daily living such as bathing and getting dressed.

On Thursday, a nurse visited Francis’ room, provided him with a bedpan and rolled him to the side so he could relieve himself. The nurse, after bathing and clothing him, hoisted Francis out of bed and into his wheelchair. He rolled into the bathroom to brush his teeth and shave before going to breakfast. He was given an insulin shot, and his blood sugar level was checked for the first time since Monday.

“I been listening to the blues, but mostly talking to people here who I hadn’t seen. It’s been pretty much a normal day,” he said. “But once I go to the bathroom and come out, I don’t know if my bags are going to be packed up or what.”

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3.3 - Newsday (Video): House vet chair Roe tours Northport VA after maintenance issues
(29 September, Martin C. Evans, 3.2M online visitors/mo; Melville, NY)

The head of the House Committee on Veterans Affairs came to Long Island for an up-close look at the troubled Northport VA Medical Center Thursday, saying the facility should “find the right size” to address maintenance problems straining its budget and impacting patient care.

“That’s the challenge we have, is how to provide the most economic care because money is not infinite, it is finite and budgets are tight,” said Rep. Phil Roe (R-Tenn).

Roe said he decided to visit the medical center because of reports of serious probems with maintenance at the nearly 90-year-old facility.

Roe, a physician himself, said Northport would benefit from centralizing its operations into a few core buildings, as well as pushing more of its clinical operations into satellite facilities scattered across Long Island.

The lawmaker spent about three hours touring the Northport facility, which includes more than 70 buildings, including dozens that are mostly unused. Roe was acccompanied by Reps. Thomas Suozzi, (D-Glen Cove) and Lee Zeldin, (R-Shirley), and Northport director Scott Guermonprez — all of whom said they could support the concept of consolidation.

Thursday’s congressional visit also came on the heels of two internal VA investigations which concluded that repeated lapses in the facility’s engineering department led to a host of problems at Northport.

Among those problems was the failure of an air-conditioning unit at Northport’s main hospital building, which forced a months-long closure of its surgical facility, and meant that veterans requiring emergency surgery had to seek treatment at VA hospitals in Manhattan or the Bronx.

The reports also concluded that the failings of the engineering department at Northport were a financial drain on a facility already struggling against recent budgetary shortfalls.

Northport has long been viewed with near reverential regard among the area’s roughly 140,000 veterans, who typically laud its medical care for its quality and availability.

But in the past two years, veteran leaders have expressed increasing alarm over the physical condition of the medical center.

Hutch DuBosque, president of the PTSD Veterans Association of Northport, whose members use the facility for self-care meetings, said mold caused by leaking roofs and frequently-flooded underground walkways has forced his group to move therapy sessions because of respiratory distress twice in the past three months.

“Our concern is the toxic environment,” said DuBosque. “A lot of us older guys have respiratory problems, and we can’t take this stuff.”

Guermonprez, a retired Air Force officer to came on as Northport’s new director in late June, expressed agreement that some of Northport’s maintenance problems could be mitigatged by consolidating to fewer buildings.

Roe said he was encouraged that Guermonprez had initiated staffing changes in the leadership of Northport's engineering, nursing and medical staff.

"I think he is headed in the right direction," Roe said.

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3.4 - Stars and Stripes: Stage set in Congress for debate on Choice program reform (29 September, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The Department of Veterans Affairs estimated the funds that allow veterans to receive health care in the private sector will last until the end of the year – a projection that establishes a new deadline for when Congress needs to come up with a long-term solution for the Veterans Choice Program.

President Donald Trump signed legislation Aug. 12 immediately providing $2.1 billion for the Choice program to prevent a funding crisis. VA Secretary David Shulkin had told lawmakers in June that the account was quickly and unexpectedly running out of money because of increased demand. Now, the money – originally estimated to last until February 2018 – is again being spent faster than predicted.

Shulkin told reporters Wednesday that he's confident Choice funding will last at least through the end of the year and rebuked a report from The Associated Press that the program would run out of money as early as December. The VA is spending about $280 million each month to send veterans into the private sector for health care, he said.

"It's a very, very hard program to do accurate financial projections," Shulkin said. "We've always said it's important that Congress needs to act this fall, this legislative session so we do not get into a funding crisis."

Sen. John McCain, R-Ariz., sent a letter to Shulkin on Wednesday asking for an accounting of the program, expressing concern about another unexpected shortfall. McCain helped create the Choice program in 2014 in response to the VA wait-time scandal that originated at the Phoenix VA hospital.

Tiffany Haverly, communications director for the House Committee on Veterans' Affairs and the group's chairman, Rep. Phil Roe, R-Tenn., said Roe's office is receiving regular updates on Choice program spending. At the same time, the House committee is working on legislation to reform how the VA balances private-sector care, Haverly said Friday.

"We are continuing to monitor the account and working to move legislation to reform VA's community care programs so veterans can continue accessing care should funding be expended sooner than expected," she said.

House and Senate lawmakers undertook reform efforts following complaints from veterans that the Choice program is complex and bureaucratic. Current rules allow veterans to seek care outside the VA only if they can't receive an appointment within 30 days or they live more than 40 miles from a VA facility.

Shulkin said Wednesday that in order to avoid another funding shortfall, he wants legislation passed before Congress leaves for Thanksgiving break in mid-November.

“I expect we will get this done,” he said. “We are in close communication with Congress and the White House on this. No one wants to see us putting veterans at risk.”

It’s expected the House and Senate will introduce their versions of Choice program reform in the next few weeks.

Shulkin has devised his own proposal, which is under review by the White House Office of Management and Budget. An early discussion draft of Shulkin’s proposal describes a performance-based system in which veterans would be allowed to seek private-sector health care if the quality of VA care in a certain area isn’t up to par with other providers in that community.

The issue is likely to be subject to intense debate about whether the VA is sliding too far into the private sector.

When the legislation was introduced in the summer to provide $2.1 billion to the Choice program, eight major veterans groups railed against it. Then, they successfully pushed for another $1.8 billion to be included in the legislation for VA hiring and infrastructure. The coalition -- comprising AMVETS, Veterans of Foreign Wars, Disabled American Veterans, Iraq and Afghanistan Veterans of America and other groups -- viewed the original plan as prioritizing private-sector health care while neglecting VA services, and as setting a dangerous precedent.

In preparation for the Choice reform debate, groups on each side of the political divide have already started advocacy efforts.

VoteVets, a left-leaning political action committee, ran a $400,000 ad campaign in September pleading with viewers to “Tell Congress, don’t let Trump privatize my VA.” The advertisement aired in Alaska, Florida, Kansas, Louisiana, Maine, Minnesota, Montana, Nevada, Ohio, South Dakota, Tennessee, Texas and West Virginia.

Concerned Veterans for America, a conservative veterans advocacy group in the Koch brothers’ political network, is also speaking out. The group, which gained more influence since the presidential election, has lobbied to transfer VA oversight to a government-chartered nonprofit and expand veterans’ private-sector health care options.

“The Trump Administration and Congress should not be dissuaded from keeping their campaign promises to offer veterans more health care choices by Washington special interests that want to preserve the status quo at the VA,” said Dan Caldwell, the policy director for CVA. “There is no excuse for Congress not to put forward a VA choice reform plan that would give all veterans who use the VA the ability to access care in the private sector.”

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3.5 - WNDU (NBC-16, Video): New VA clinic in Mishawaka will 'quadruple services' (29 September, Mark Peterson, 833k online visitors/mo; South Bend, IN)

Ribbon cutting ceremonies in Mishawaka on Friday marked the completion of a $38 million medical clinic for veterans.

About ten years ago, the Veterans Administration was first asked to study how often local vets had to travel long distances to get needed medical care.

“I'll be able to come here for my eye appointments, I'll be able to come here for my hearing appointments, and those are all things I have to go to Fort Wayne for,” said veteran Chuck Damp.

“So we have most every medical every medical service you could possibly think of,” said Sen. Joseph Donnelly, (D) Indiana. “Mental health services, audiology, cardiology, so many things are here for our veterans.”

“The services that are provided out of here really kind of quadruple what the services were available in Michiana before,” added U.S. Rep. Jackie Walorski, ® Indiana’s Second District.

The hope is, with all those additional medical services available closer to those who served, trips to the doctor will no longer be something local vets dread, and could become something they grow to love.

“They said this is our home, I mean, besides being home with their family, this is their second home, with their brothers and sisters who served together with them, meeting other veterans,” said Sen. Donnelly.

Veteran Chuck Damp agrees: “It's going to be so much better than veterans having to travel, like I said, Fort Wayne, Indianapolis, Marion. It’s right here, right in our neighborhood.”

Sen. Donnelly noted how dramatically things have changed in the past ten years when the local VA clinic was housed on the south side of South Bend in a residential neighborhood, in a building no bigger than a house.

The new facility at 1540 Trinity Place has a coffee and sandwich shop tucked away near the front entrance. A spacious lobby has high ceilings with skylights.

“I talked to so many veterans, outside as we all came rushing in the door and you could hear the ooh's and the ah's and the excitement of something that's been promised for so long, it’s taken years to actually make this happen,” said Rep. Walorski.

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3.6 - WNDU (NBC-16, Video): Sen. Joe Donnelly on tax overhaul, health care and new VA clinic (29 September, Jason Krug, 833k online visitors/mo; South Bend, IN)

President Donald Trump visited Indianapolis on Wednesday, pitching his tax overhaul plan.

Traveling with the president from Washington D.C. that day was Sen. Joe Donnelly.

A question some had is why the Democrat would travel on Air Force One with the Republican president.

"He's the President of the United States and whether the president was President Bush or President Obama or President Trump, I try to show respect to the position," says Donnelly on 16 Morning News. "When I have a chance to come back to my home state and to be with everybody from Indiana and welcome the president, I try to do so."

When it comes to Trump's new tax plan, there is still a lot of details to be filled in according to Donnelly, but there a few things he is working to make sure happens.

"My focus has been on keeping jobs that are here, here, making sure we create more jobs and more opportunity and making sure that middle class families' paychecks get a little bit bigger."

Republicans moved their focus to a tax overhaul after failed attempts to repeal and replace the Affordable Care Act, the latest try falling apart earlier this week. Donnelly says it did not come as a surprise to him.

"It was a terrible bill that would have taken health care away from over 400,000 Hoosiers. But I've been working behind the scenes with about 31 other senators on some bipartisan legislation that we're trying to bring up next week that I think has a great chance of passage that'll stabilize our health care programs."

The Senator also briefly touched on the new VA clinic in Mishawaka, something that he has been working 10 years to help complete. It opened last Monday, but Friday is its grand opening.

"The reason it's such a great thing is because it helps our vets and they deserve everything."

The facility is opening in three phases over the next two months, and is expected to see over 8,500 veterans per year.

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3.7 - WFLA (NBC-8, Video): Veteran suicides, VA corruption focus of rally and protest (29 September, Steve Andrews, 702k online visitors/mo; Tampa, FL)

PINELLAS COUNTY, Fla. — In the United States, 22 veterans take their lives every day.

In front of the Veterans Affairs office at Bay Pines, 22 mannequins stood to serve as a reminder of this American tragedy.

Army veteran Mike Ford admits he’s come close to ending his life.

“Idea was to just go ahead and just kill yourself on V-A property right, maybe if they see, if maybe people like, wow, there’s something really going on here,” he told News Channel 8.

Ford was diagnosed with post-traumatic stress disorder after serving in Grenada and claims he suffered physical and mental pain for years while struggling with the VA for treatment.

After waiting nine months for an appointment, Ford left his ailing father to drive across the state to finally see a doctor at the VA.

“I go there, oh you didn’t get our message, we canceled your appointment,” Ford recalled.

When Ford returned home, his father was gone.

“Wasting my time with the VA when I should’ve been with my father. He was my hero,” he said.

“If I was going to kill myself, it was going to be out here,” another veteran Keith Hansford said as he pointed to the grounds at Bay Pines.

Hansford also struggles with PTSD, and said sometimes he thinks he would welcome death. “My pain, my anxiety, my nightmares all of that will stop,” Keith explained.

According to Hansford, harassment by Bay Pines Police administration while he worked there, pushed him to the brink.

Hansford has organized rallies condemning police corruption and promoting suicide awareness.

In August, we told you VA police removed signs promoting Keith’s rally, which were placed on a state right of way. We helped him get them back.

Hansford believes without his wife, he’d be gone.

“I’m not stronger or weaker than the ones that have killed themselves. I just had the right help at the right time,” said Keith. “The help they needed didn’t come when they needed it.”

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3.8 - Modern Healthcare: VA looks to ease telehealth regulations (29 September, Rachel Z. Arndt, 460k online visitors/mo; Chicago, IL)

The Veterans Affairs Department proposed a rule Friday that would allow VA providers anywhere in the country to conduct telehealth visits with VA patients across state borders, regardless of state licensing.

Giving patients access to providers across state lines is necessary for the VA to grow its telehealth program and increase the number of sites where the VA provides care, wrote Michael Shores, director of regulation policy and management in the VA secretary's office. This rule would amend VA medical regulations to do so. "Eliminating veteran suicide and providing access to mental health care is VA's number one clinical priority, and this proposed rulemaking would improve VA's ability to reach its most vulnerable beneficiaries," Shores wrote.

In fiscal 2016, VA providers saw 702,000 patients via telemedicine in 2.17 million episodes of care. Nearly half of those who received telemedicine care live in rural areas.

"By increasing VA's capabilities to provide telehealth services, VA would be able to expand these services," Shores wrote.

The rule would complement the VA's push to increase the use of technology in veterans' healthcare, an effort VA Secretary Dr. David Shulkin called "anywhere to anywhere VA healthcare" when President Donald Trump announced the initiative in August.

Right now, VA telehealth care is limited by state restrictions. If a physician were to see a patient via telemedicine in a state in which the physician is not licensed to practice, that physician could lose his or her credentials and be fined.

Under the proposed rule, physicians wouldn't be penalized for providing telemedicine outside the states where they're currently allowed to practice.

A federal rule is necessary to relax these restrictions because it would take too long for every state to nix the penalties, according to Shore.

"While the VA's rule is limited, in that it would apply only to VA providers and VA patients, it could be the first step towards a national medical practice licensing concept," said Nathaniel Lacktman, a healthcare lawyer with Foley and Lardner. "Overall, I predict providers will look upon this new rule favorably."

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3.9 - KMVT (FOX-14, Video): As Suicide Prevention Month comes to a close, the search continues for solutions to veteran suicide (29 September, Peter Zampa, 71k online visitors/mo; Twin Falls, ID)

WASHINGTON (Gray DC) -- Suicide prevention month is highlighting how the U.S. Can better address the issue. A specific focus currently in Washington is a push to end veteran suicide. Senators are examining what is being done to help veterans in need, and what other efforts are necessary.

One veteran says it is not easy to solve this tragic problem.

"There's such a stigma with mental health," said Kayda Keleher, Associate Director at Veterans of Foreign Wars.

20 veterans take their own lives every day. As Suicide Prevention Month comes to a close, Keleher says addressing mental health for all Americans is the right approach to getting these veterans the help they need.

"We have to get to a point where we better understand it, and we're definitely working on that," said Keleher.

She served in the Marine Corps for five years. It's an issue dear to her heart. She says great strides are being made in areas like telehealth, but there is much more work to be done, especially helping veterans in rural areas.

"It's important that we don't forget about the basics. The proven, empirically proven, necessities of face-to-face therapy options and just being there for one another as veterans," said Keleher.

The Senate Veterans' Affairs Committee held a hearing to look at what the VA is doing to combat veteran suicide. Senator Dan Sullivan (R-AK) sits on the committee and is currently in the Marine Corps reserves. He says as a country, we need to be able to get help to every veteran in the U.S.

"I lost one of my Marines to suicide, you know, after he reached out to me. It's a very hard issue," said Sullivan.

Sullivan says key parts of the hearing with VA Secretary David Shulkin were the ability to Identify mental health issues and to reach veterans in remote areas who require help. Senator Joe Manchin (D-WV), who also sits on the committee, says the VA has a shortage in qualified mental health specialists.

"We need help. We need professionals. We need psychiatry help, we need to be able to get these people and give them the assistance they're needing," said Manchin.

The senators say implementing these new ideas will be key in saving lives. If you or someone you know is a veteran struggling with suicidal thoughts you can dial 1-800-273-8255 and press one.

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3.10 - mHealth Intelligence: New Rule Would Give VA Doctors National Telehealth Privileges (29 September, Eric Wicklund, 53k online visitors/mo; Danvers, MA)

The Department of Veterans Affairs is moving forward with a plan to enable VA doctors to treat veterans through telehealth no matter where the doctor or patient are located, essentially overriding state laws.

Officials said the 28-page proposed order, unveiled on Sept. 29 under the VA's Anywhere to Anywhere VA Health Care Initiative, aims to boost the number of veterans using telehealth and telemedicine to access needed healthcare services, especially mental health services. It would give VA doctors the authority to use telehealth and telemedicine to treat veterans regardless of state guidelines on originating sites or licensing requirements.

It also could be seen as a veiled criticism of the mishmash of state laws regulating telehealth and telemedicine, which often do more to curb new healthcare services than promote them.

"In an effort to furnish care to all beneficiaries and use its resources most efficiently, VA needs to operate its telehealth program with healthcare providers who will provide services via telehealth to beneficiaries in states in which they are not licensed, registered, certified, or located, or where they are not authorized to furnish care using telehealth," the proposed order states. "Currently, doing so may jeopardize these providers' credentials, including fines and imprisonment for unauthorized practice of medicine, because of conflicts between VA's need to provide telehealth across the VA system and some states' laws or licensure, registration, certification, or other requirements that restrict or limit the practice of telehealth. A number of states have already enacted legislation or regulations that restrict the practice of interstate telehealth, as discussed below in the Administrative Procedure Act section."

As a result, VA officials say, many VA centers aren't expanding their telehealth and telemedicine programs to non-federal locations, such as the patient's home or the doctor's home. And VA doctors are reluctant to take on telehealth for fear of running into conflicts with state laws.

"This proposed rulemaking would clarify that VA healthcare providers may exercise their authority to provide care through the use of telehealth, notwithstanding any state laws, rules, or licensure, registration, or certification requirements to the contrary," the proposed rule states. "In so doing, VA would exercise federal preemption of state licensure, registration, and certification laws, rules, regulations, or requirements to the extent such state laws conflict with the ability of VA healthcare providers to engage in the practice of telehealth while acting within the scope of their VA employment."

"Preemption would be the minimum necessary action for VA to furnish effectively telehealth services because it would be impractical for VA to lobby each state to remove its restrictions that impair VA's ability to furnish telehealth services to beneficiaries and then wait for the state to implement appropriate changes," the rule continues. "That process would delay the growth of telehealth services in VA, thereby delaying delivery of healthcare to beneficiaries. It would be costly and time-consuming for VA and would not guarantee a successful result."

According to the VA, some 702,000 veterans, or 12 percent of the country's veteran population, used telehealth or telemedicine in FY 2016, accounting for 2.17 million telehealth episodes. Of that group, 45 percent were living in rural communities.

"The data collected in FY 2016 demonstrates that telehealth, particularly in the mental health context, improves patient care and improves patient outcomes,' the proposed order points out. "In FY 2016, there was a 31 percent decrease in VA hospital admissions for beneficiaries enrolled in the Home Telehealth monitoring program for non-institutional care needs and chronic care management. Also, beneficiaries who received mental health services through synchronous video telehealth in FY 2016 saw a reduction in the number of acute psychiatric VA bed days of care by 39 percent."

Other benefits, the VA said, include improvements to remote monitoring for veterans with limited mobility or difficulties traveling to a healthcare provider, and its use as an incentive to recruit more VA healthcare providers, thereby reducing a national shortage.

The proposal surfaced when VA Secretary David Shulkin unveiled the Anywhere to Anywhere VA Healthcare Initiative in August, in a ceremony attended by President Donald Trump. At that time he also announced the nationwide roll-out of the Veteran Appointment Request (VAR) app, which allows veterans to use their smartphone, tablet or computer to schedule or modify appointments at VA facilities.

"What we're really doing is, we're removing regulations that have prevented us from doing this," he said. "We're removing geography as a barrier so that we can speed up access to Veterans and really honor our commitment to them."

Shulkin garnered support from, among others, the American Telemedicine Association – which has scheduled him as a keynote speaker at its ATA Edge conference next week in Washington D.C. – and Sen. Joni Ernst (R-Iowa), whose bill, the Veterans E-Health & Telemedicine Support (VETS) Act of 2017, seeks to give VA doctors that same authority.

“The VA’s decision to allow veterans to access care from the comfort of, or closer to, their own homes is necessary to improving quality and timely care for the more than 200,000 veterans in Iowa, particularly those who are disabled or reside in rural communities,” Ernst, a National Guard veteran, said. “It is critical that we continue to create opportunities for veterans to receive the best care out there, including potentially life-saving mental healthcare. Improving the VA’s telehealth program is critical, and I am thrilled to see this common-sense measure will be put into action to benefit Iowans and veterans across the country.”

The industry trade group Health IT Now also supports the measure.

“This proposed rule will be instrumental in breaking down geographic barriers that, for too long, have prevented our nation’s heroes from accessing the care they need where they need it,” Joel White, the group’s executive director, said in a Sept. 29 blog post. “By allowing VA telehealth providers to more easily treat patients across state lines, we can ensure that recent advances in technology-enabled care reach the most deserved among us and spur better outcomes for the 20 million veterans in the VA system today.”

Supporters also say the success of such a program could help spur efforts to create a national licensing framework for healthcare providers, such as the Interstate Medical Licensure Compact for doctors and similar compacts for nurses and physical therapists. It might also spur state medical boards to collaborate more freely on national telehealth and telemedicine standards.

But the proposal may draw complaints from state officials and national physicians’ groups interested in preserving each state’s right to regulate telemedicine and telehealth inside its borders.

During Congressional deliberation last September on the National Defense Authorization Act for FY 2017, the American Medical Association and American Academy of Family Physicians lobbied against a telehealth benefit for the TRICARE program that would have designated the originating location for certain telehealth services to be the physician’s location, instead of the patient’s location. They argued the legislation would enable physicians treating military personnel and veterans to skip state licensing laws when treating patients via telehealth.

In a Sept. 1 letter to Congressional leaders, AAFP Board Chairman Robert L. Wergin, MD, warned that the Senate version of the bill “portends a troubling scenario under which state licensing boards will lack the authority to discipline physicians who are practicing medicine within that state’s borders.”

“While this language would indeed ease barriers that hinder the free flow of telehealth services, it also would undermine the existing system of medical licensure, under which each state governs the practice of medicine within its borders,” Wergin wrote. “Allowing physicians with a single license to treat TRICARE beneficiaries in any state via telemedicine would create episodes of medical care that the state in which the patient resides cannot readily regulate, if at all.”

The Defense bill was eventually passed without the telehealth provision.

The proposed order is scheuled to be published in the National Register on Monday, Oct. 2. The public comment period will last 30 days.

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3.11 - WLTZ (NBC-38, WSB/ABC-2, Video): Hospital Evacuees from Caribbean Arrive in Atlanta (28 September, Nami Dockery, 44k online visitors/mo; Columbus, GA)

Cobb County, GA – Hospital patients evacuated from the Caribbean due to hurricane Maria are finding refuge in Georgia.

Doctors and nurses welcomed the patients after a plane carrying roughly 40 medical evacuees landed Wednesday night.

It comes after the hurricane caused widespread power outages, including a loss of electricity at hospitals.

A VA Medical Center official says medics will triage the patients to ensure proper care.

Some evacuees will travel to Atlanta area hospitals, while others will stay in hotels.

Three flights carrying evacuees have landed so far, and more are expected over the next few days.

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3.12 - Marion Republican: Bost 'not happy' with VA investigation; vows to look further into allegations at Marion VAMC (29 September, Holly Lee, 14k online visitors/mo; Marion, IL)

The conclusion of a Veterans Affairs inquiry into allegations of nepotism, employee intimidation and why some patients died at the VA Medical Center in Marion leaves one southern Illinois congressman "not happy" with the answers and vowing further action.

Rep. Mike Bost (R-Murphysboro), vice chairman of the Oversight and Investigations subcommittee of the House Committee on Veterans Affairs, said he doesn't believe the VA's investigation into complaints at the Marion VA Hospital went far enough.

Bost received the VA's analysis Sept. 22, about two months after his initial inquiry. Neither he nor the VA has made the Sept. 22 report public, citing the privacy of individual veterans mentioned within.

Even so, Bost said, he was "really not happy with the response," especially the VA's explanation for the deaths associated with the 54-bed Community Living Center, the nursing home facility on the VA campus. He characterized the VA's overall answers as "vague," with no real plan for correcting issues going forward, and "almost like they aren't sure these issues are that big of a problem."

Neither the Department of Veterans Affairs nor the Marion VA responded to calls for comment on Bost's criticisms.

Bost said that for the most part, "the Marion VA does a good job and people like them." The Marion VA provides care to nearly 44,000 veterans annually in 27 southern Illinois counties, as well as eight counties in southwest Indiana and 17 in northwest Kentucky. It also operates 10 outpatient clinics around the region.

"We just need more answers than we are getting," Bost added. "The incidents we have been hearing about ... I think they need to be looked into more."

Bost said his first step will be to discuss his concerns with the VA report in a face-to-face meeting with VA Secretary David Shulkin. If he is not satisfied with those answers, he said, he and subcommittee Chairman Jack Bergman (R-Michigan) could proceed with a congressional hearing. There, the committee would call its own witnesses.

In July, Bost and Bergman wrote to Shulkin asking for information on specific allegations related to the Marion VA Hospital. They also questioned why the results of a 2016 employee "culture" survey at Marion, routinely done at all VA facilities every two years, was so dramatically worse than the one taken in 2014, specifically in the areas of patient safety and employee morale.

The allegations Bost and Bergman asked the VA to investigate include:

• Reported staff concerns about patient safety that either "disappeared" or did not make it up the chain to the VAMC director;

• Why the Veterans Integrated Service Network (VISN) did not fully investigate complaints from Marion VA employees, despite calls by the VA National Center for Patient Safety to do so;

• The deaths of 15 veterans since October 2016, either while they were patients in the Community Living Center or shortly after discharge, and whether inadequate care played a role in any of them;

• Reports of "retaliation, unprofessional conduct and bullying" toward employees by Marion leadership;

• That one Marion administrator is alleged to have hired his wife as an administrative officer for the surgery department.

Bost said he and Bergman are hoping to get their meeting with Shulkin within two weeks. If a congressional hearing follows, he said it would include ranking members of both parties.

"This is a huge concern," Bost said, adding the Marion VA is not the only one in the nation undergoing scrutiny at the moment. In May 2016, Bost sponsored a bipartisan House bill addressing the issue of VA medical centers operating without permanent directors -- an instability that makes it more difficult to implement long-term reforms affecting patient care. That bill, which passed the House unanimously, is now in the Senate.

"Continual uncertainty at the top of any organization is destructive, and it certainly makes it tougher to fix problems," he said.

The Marion VA has had three directors in about five years. That's not as big a turnaround as at some VA hospitals, Bost said, but not as consistent as he would like.

"I want to make sure that all of our VAs are operating at a certain level, and taking care of our veterans, our heroes," he said. "With the problems in the VA around the nation, we need a response. This is not the last chapter."

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4. Women Veterans

4.1 - The Mercury: Expo will focus on women entrepreneurs and female veterans (29 September, Donna Rovins, 187k online visitors/mo; Pottstown, PA)

Phoenixville >> A unique expo highlighting women entrepreneurs and female veterans is scheduled for Saturday, Oct. 7, at Phoenixville Area Middle School.

The 2017 Women Entrepreneur & Women Veteran Expo will give women from different business areas the opportunity to connect with each other to educate, share information and inspire other women to become business owners, according to organizer Dolores Winston, founder and CEO of Here to Apparel. The online shop specializes in sports attire and souvenirs that promote positive thinking, according to the company's website.

"We're bringing women entrepreneurs and women veterans together to spend the day connecting with each other and supporting each other," Winston said. "This is about sharing the knowledge to help another woman."

Winston said she had organized an entrepreneur expo in 2011. But this year's event is different because it focuses on women entrepreneurs and women veterans.

The expo will include panel discussions, the opportunity to visit with vendors promoting products and services, the chance to network with potential new customers and entertainment. At the end of the day, the group will name a woman entrepreneur of the year from the Phoenixville area. That award will be presented by state Rep. Warren Kampf, R-157th Dist.

"My dream is to bring women entrepreneurs together. On this day motivated women will share, educate, encourage, inspire, and rejuvenate us to bring out the best in ourselves," Winston said on the website for the event.

A highlight of the event, according to Winston, will be the presentation of two youth entrepreneurs: Jenna Swymelar, a fifth grade student at Renaissance Academy Charter School in Phoenixville and Jessica Meyers, a fifth grade student at Schuylkill Elementary School in Phoenixville.

Winston said the young entrepreneurs will present their businesses to the group. Swymelar has a business called Sweet Dream Pillows by Jenna, while Meyers' business is balloon creations.

Keynote speaker for the event will be Dr. Betty Moseley Brown, associate director, Center for Women Veterans at the Department of Veterans Affairs in Washington, D.C., and 19th president of the Women Marines Association.

“I met her at an event in Indiana, and when she heard what we were doing in bringing women entrepreneurs and women veterans together, she wanted to be part of it,” Winston added.

Another speaker will be Jason Raia, executive vice president of the Freedoms Foundation of Valley Forge, a national educational non-profit that encourages “engaged, responsible citizenship,” according to the organization’s website. Winston said Raia will speak about the organization’s youth outreach.

Two panel discussions will be held during the day. The first will feature six Phoenixville-area businesswomen, who will share stories about starting their own businesses.

The second panel discussion will focus on empowerment. Winston said the group of five women, “come from different areas of experiences and we’ll share what we’re doing and how we’re empowering women,” she said.

In addition to Kampf’s presentation of the Woman Entrepreneur of the Year award, citations will be presented to the winner by state Sen. Andrew Dinniman, D-19th Dist., and U.S. Rep. Ryan Costello, R-6th Dist.

The event will be held from 2-7 p.m. Oct. 7 at the Phoenixville Area Middle School, 1000 Purple Pride Parkway in Phoenixville. Winston said more than 20 vendors have signed up to attend will attend the event. The 2017 Women Entrepreneur & Women Veteran Expo is free, and while registration is not required, people planning to attend can register at https://weexpo.eventbrite.com.

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4.2 - KSFY (ABC-13, Video): Sioux Falls conference puts spotlight on women veterans (29 September, 4k online visitors/day; Sioux Falls, SD)

The annual Women Veteran Conference was held Friday in Sioux Falls.

The event was put on by the Sioux Falls VA.

About 86 women veterans attended this year's event.

Organizers said it is important to recognize women veterans and honor their service and sacrifice.

"They tend to be invisible and under recognized by the general public, by VA staff, by other veterans, and so this is just a way to bring them into the spotlight and say 'thank you,'" Brenda Fredericks, Women Veteran program manager, said.

The event also featured artwork by women veterans. The artwork is traveling around to different VA centers throughout the country.

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5. Appeals Modernization

6. Strategic Partnerships

7. Supply Chain Modernization

7.1 - WFED (AM-1500): VA close to awarding Cerner contract for new EHR (29 September, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

The Veterans Affairs Department is preparing to award its contract with Cerner Corporation for a new electronic health record in the next month or so.

The award comes after the department announced its decision abandon its own, existing Veterans Information Systems and Technology Architecture (VistA) and adopt MHS Genesis, the same EHR system that DoD is deploying. All patient data will reside in one common Cerner Millennium system.

“We released to Congress, to you, a 30-day notice of award of a contract,” VA Secretary David Shulkin said of the EHR during Wednesday’s Senate Veterans Affairs Committee hearing. “We are keeping on the timeline that we talked about. We’re marching forward. We have the principles. I have some updates to share with you on the strategic IT plan, because I think we are making a lot of progress with that.”

Shulkin signed a “determination and findings” (D&F) form back in June, which grants special permission for VA to issue a direct solicitation to Cerner Corporation for the acquisition of MHS Genesis.

Initial discussions with Cerner were expected to take three to six months, Shulkin said when he announced his decision in early June.

Shulkin said part of the department’s IT strategic plan will include a sunset of 80 percent of VA’s current projects under development.

“By concentrating on some specific IT modernization initiatives, like [electronic health record modernization, financial management business transformation], etc., and leveraging cloud and digital platforms, the 80 percent reduction of ongoing development projects is expected to occur within 18 months, which is part of the overall IT modernization roadmap,” VA Press Secretary Curt Cashour wrote in an email.

VA will migrate or stop 240 out of 299 current projects, Cashour added.

A government source familiar with VA said the department is ending development on projects that aren’t going anywhere. The plan is shift those funds to the new EHR, the source said.

It’s still unclear just how much the new electronic health record will cost, but VA’s IT office faced a $215 million budget cut in the president’s fiscal 2018 proposal.

Shulkin told lawmakers in May that he'd likely need to return to Congress to work with appropriators after he decides on the department's direction for a new EHR.

The EHR project is a massive undertaking for VA. The department has more than 100 versions of VistA. Those versions exist because VA hospitals largely had the freedom over the past 40 years to change the software to conform to the standards their leaders and doctors wanted to see, former VA IT executives have said.

The department has also outlined the broad principles it envisions it will need in a new EHR, in addition to the other tools and pieces it may need to complement the Cerner system.

"We haven't gotten to defining which specific tools they are yet, and how we're going to meet those needs," Shulkin said. "We've talked about the days of VA being a software developer are over, and we're going to be looking at off the shelf, current technologies. There's going to be a lot more definition on that."

This all comes as the VA's current chief information officer and acting assistant secretary for information and technology, Rob Thomas, announced his retirement next month.

Thomas, who has 35 years of federal experience, took on the CIO position in January, after Laverne Council left because of the change in administration.

VA has been struggling to fill the position since then. Shulkin said during a June budget hearing that a candidate for the CIO position withdrew his name but did not offer a more detailed expansion.

"I need help," Shulkin told reporters after Wednesday's hearing when asked about the leadership vacancies. "This is a big, complex organization. I need the best team possible. I need my nominees, all my political appointments to clear through the vetting process and then to go through their confirmation if it's required. And I need additional people from the private sector who want to come and serve their country to get in touch, because we need the A team on this."

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8. Other

8.1 - ABC News (AP): The Latest: John Kelly given authority over Cabinet travel (29 September, 24.1M online visitors/mo; New York, NY)

The Latest on Health and Human Services Secretary Tom Price's resignation from the Trump Cabinet (all times local):

7:45 p.m.

The White House is giving chief of staff John Kelly authority to sign off on government travel on government-owned, rented, leased or chartered aircraft.

The change comes after Tom Price resigned Friday as President Donald Trump's health secretary over his costly travel.

White House budget director Mick Mulvaney has issued the new guidance, reminding the heads of executive branch departments and agencies that they are public servants and that every penny they spend comes from taxpayers.

Mulvaney tells Cabinet secretaries and department heads to consider whether commercial travel would be a more appropriate use of public funds even when the guidelines allow for the use of government-owned or chartered aircraft.

Mulvaney says that just because something is legal doesn't make it right.

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5:55 p.m.

The resignation of Tom Price as secretary of Health and Human Services is drawing partisan responses from Republican and Democratic lawmakers.

Price resigned Friday amid investigations into his costly travel on charter flights.

The Republican House speaker, Paul Ryan, is praising Price, saying that the former Georgia congressman and House Budget Committee chairman is a "good man."

The top House Democrat, Minority Leader Nancy Pelosi, says Price should never have become health secretary because the country needs someone in the job "who believes in health care for all Americans."

Pelosi says President Donald Trump should pick a replacement who will stop the administration's sabotage of health care programs.

Price has been a top Democratic target because he's been a point man in Trump administration efforts to scrap and undermine "Obamacare."

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[…]

12:01 p.m.

The secretary of the Department of Veterans Affairs says information about his official travel will be posted on the department's website.

Secretary David Shulkin says he has not used private aircraft for official business, but has taken six trips on military aircraft.

The trip details will include the type of aircraft, members of the traveling party and information about the events he was attending.

His decision to post his travel information comes as Health and Human Services Secretary Tom Price finds his job in jeopardy over his use of costly charters. Price has said he would reimburse the U.S. Treasury nearly $52,000 for the cost of his seat on the charter flights. He has not addressed the overall cost of the flights, which are estimated to cost hundreds of thousands of dollars.

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8.2 - ABC News (AP): A look at questions over Cabinet members' travel (29 September, 24.1M online visitors/mo; New York, NY)

Health and Human Services Secretary Tom Price has resigned amid controversy over his use of costly private charter flights on government business. But other Cabinet members are also facing congressional scrutiny over their travel.

Interior Secretary Ryan Zinke dismissed the controversy over charters as "a little BS over travel," but he acknowledged taxpayers do have the right to know official travel costs.

The Price controversy was a catalyst for the House Oversight and Government Reform Committee to launch a government-wide travel investigation. The panel is seeking detailed records from the White House and 24 departments and agencies on the use of government planes as well as private charters.

Here's a look at what other Cabinet members are saying:

—Interior's Zinke said he's taken three charter flights while in office, including a $12,375 late-night trip from Las Vegas to his home state of Montana in June. Zinke said no commercial flight was available at the time he planned to fly for a speech to Western governors. He also went on a military flight with Agriculture Secretary Sonny Perdue to view wildfires in Montana. All of his travel was approved in advance by Interior's ethics officials "after extensive due diligence," Zinke said.

—Veterans Affairs Secretary David Shulkin said he has not used private aircraft for official business but has taken six trips on military aircraft. Information about his official travel will be posted on the department's website, he said.

—At the Treasury Department, the inspector general is investigating all requests for and use of government aircraft, including those by Secretary Steven Mnuchin, who came under fire for requesting a government aircraft to use on his honeymoon. The request was later withdrawn.

—The EPA said four non-commercial flights taken by Administrator Scott Pruitt were pre-approved by ethics lawyers. The agency's inspector general opened an inquiry last month into Pruitt's frequent taxpayer-funded travel on commercial planes. The Associated Press reported earlier this year that Pruitt often spends weekends at his Tulsa home.

— The Pentagon said Defense Secretary Jim Mattis has never requested or used charter aircraft. Mattis has reimbursed the government for the cost of some unofficial travel, but the Pentagon did not immediately provide the number of trips or the total costs repaid. The secretary of defense is required to travel on military aircraft wherever he goes so he can be in contact with the president and the chairman of the Joint Chiefs of Staff. Military planes carry the secure communications equipment required for classified calls and video teleconferences. In addition, the military flights of top defense leaders often double as training missions for Air Force crew.

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8.3 - The Washington Times (AP): Couple gets jail for keeping veteran's dead body in home (29 September, 10.8M online visitors/mo; Washington, DC)

NEW PHILADELPHIA, Ohio - An Ohio couple criminally charged for keeping a Vietnam veteran's decomposing body in their home for several months to steal his Social Security and veteran benefits have received six months in jail.

The New Philadelphia Times Reporter reports 50-year-old Brian Sorohan and 46-year-old Stacy Sorohan also received two years' probation Thursday in Tuscarawas County.

The Wainwright residents pleaded no contest to gross abuse of a corpse and theft in a plea agreement. The couple must pay $1,300 in restitution to the Veterans Administration and $4,100 to the Social Security Administration.

Seventy-one-year-old Robert Harris' body was found in the couple's home March 22. Authorities searched the home that day after relatives became concerned about Harris' well-being.

Attorneys for the couple said in court the Sorohans regretted what they did.

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Subject: [EXTERNAL] 5 October Veterans Affairs Media Summary and News Clips
Date: Thu Oct 05 2017 04:17:20 CDT
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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

5 October 2017

1. Top Stories

1.1 - U.S. News & World Report (AP): Unclean Floors, Kitchens Found at Colorado Veterans Hospital (4 October, Dan Elliott, 24M online visitors/mo; Washington, DC)
Dirty floors, unclean kitchens and dusty vents were found by inspectors who checked a veterans hospital in Denver and a small veterans clinic in southern Colorado, according to a government report. Made public Wednesday by the Veterans Affairs Department's inspector general, the report did not say whether the conditions caused any health problems for patients.

Hyperlink to Above

1.2 - HuffPost: VA Loan Program May Be Letting Veterans Down, A shortage of home appraisers is gumming up the works. (4 October, Ann Brenoff, 22.9M online visitors/mo; New York, NY)
One of the promises we make members of the military is that in exchange for their service, we promise to ease their transition back into civilian life when the time comes. For over seven decades, a major element of that deal has been the VA loans that veterans can use to buy a home.

Hyperlink to Above

1.3 - The Hill: House Dems boycott VA reform discussion over inclusion of right-leaning group: report (4 October, Ellen Mitchell, 11.8M online visitors/mo; Washington, DC)
House Democrats boycotted a veterans health care reform discussion Tuesday over the inclusion of an advocacy group with ties to Republican Party donors, Military Times reported. House Veterans' Affairs Committee Democrats would not attend the meeting because Concerned Veterans for America (CVA) would be there. Democrats accused the group of being more interested in political attacks than creating new policy.

Hyperlink to Above

1.4 - Military.com: VA Photo ID Cards for All Veterans Coming in November (4 October, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)
All honorably discharged veterans of every era will be able to get a photo identification card from the Department of Veterans Affairs starting in November due to a law passed in 2015. The law, known as the Veterans Identification Card Act 2015, orders the VA to issue a hard-copy photo ID to any honorably discharged veteran who applies. The card must contain the veteran's name, photo and a non-Social Security identification number…

Hyperlink to Above

1.5 - Stars and Stripes: 'Alzheimer's is a veterans' disease:' New group tries to improve support for vets with dementia (4 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
It was part of Taylor's motivation to help create VeteransAgainstAlzheimer's, which officially launched Tuesday. The group is partnering with the Department of Veterans Affairs and Veterans of Foreign Wars to increase funding for Alzheimer's research, boost support for caregivers and enroll more veterans who are affected by dementia into the VA.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - The Hill: The VA's woes cannot be pinned on any singular administration (4 October, Rory E. Riley-Topping, 11.8M online visitors/mo; Washington, DC)
Actions express priorities. Unfortunately, for the nation's veterans, the current priorities of the U.S. Department of Veterans Affairs have not changed much in the Trump era. As much as blaming Trump's populist policies or rousing rhetoric is an easy answer for any problem currently facing the nation, in the interest of fairness, it is important to note that the VA's woes cannot be pinned on any singular administration or political party, including the Trump administration.

Hyperlink to Above

2.2 - Dayton Daily News: Dayton VA gets primary care director; Lima clinic to open at new site (4 October, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)
The Dayton VA Medical Center has appointed a former Air Force medical officer to director of primary care and a larger clinic will open next spring in Lima, the federal health agency said. Edward P. Syron, a medical administrator, will earn the $120,900-a-year overseeing primary and home-based care outpatient services, the VA reported. He replaces Dr. Kavita Peddireddi, who served in the job temporarily until a permanent replacement was found.

Hyperlink to Above

2.3 - Military Times: House Democrats boycott VA health event, complicating reform plans (4 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Plans to overhaul veterans health care this fall could be in jeopardy after House Democrats boycotted a supposedly friendly roundtable discussion on the issue Tuesday over the inclusion of a Republican-linked advocacy group they insist is more interested in political attacks than policy crafting. The controversy comes just a few weeks before House lawmakers are planning to fast-track new legislation surrounding outside care programs at the Department of Veterans Affairs…

Hyperlink to Above

2.4 - The State Journal-Register: 'Unaccompanied' veterans honored at Camp Butler National Cemetery (4 October, 834k online visitors/mo; Springfield, IL)
Ten "unaccompanied" veterans were honored at Camp Butler National Cemetery on Tuesday. The veterans were recently buried at the cemetery but either had no relatives or no relatives who could travel to the cemetery at the time of burial. The twice-annual ceremony includes the presentation of colors, a ceremonial flag folding, rifle volley and the playing of "Taps" presented by the Sangamon County Interveterans Burial Detail.

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2.5 - New Hampshire Union Leader: VAMC volunteers recognized (4 October, 318k online visitors/mo; Manchester, NH)
The Manchester VA Medical Center recently held a volunteer recognition ceremony in honor of its 320 registered volunteers, who serve in more than 28 departments within the facility. The Medical Center's volunteers work directly with veterans as drivers, welcome ambassadors and

recreation aides to behind-the-scenes work in the warehouse, in the research department and in management.

Hyperlink to Above

2.6 - The Augusta Chronicle: Club Car donates new golf cart to help disabled at Charlie Norwood VA Medical Center (4 October, Nefeteria Brewster, 240k online visitors/mo; Augusta, GA)
Club Car dedicated a 2017 golf cart, valued at more than $16,000, to the Charlie Norwood VA Medical Center to help get disabled veterans from the parking lot to the front of the facility. Although the uptown medical center holds two rows of handicapped spaces around the facility, Fred Palmer, a Club Car spokesman, said the new golf cart can further help those who are unable to secure those spots.

Hyperlink to Above

2.7 - WRDW (CBS-12, Video): Solution to VA Uptown Parking Problem (4 October, Celia Palermo, 914k online visitors/mo; North Augusta, SC)
The distance from the parking lot to the hospital doors can be pretty far depending on where you park. Veterans say they're sick of walking the distance. The VA says they know and they're fixing it. "A lot of us have difficulty walking...be it bad hips...bad knees...or bad ankles." He walks with a cane because he has arthritis. It's a price he paid, he says, for serving his country.

Hyperlink to Above

2.8 - WTAJ (CBS-10): New director at Altoona VA Hospital (4 October, Charlotte Ames, 192k online visitors/mo; Altoona, PA)
The new director at Altoona's Van Zandt VA Medical Center says she hopes to increase the number of services available to area veterans. Currently, the facility doesn't provide specialty services such as cardiology and cancer treatment, so veterans must travel to Pittsburgh for treatment. Sigrid Andrew said her goal is to offer those services in Altoona through the use of telemedicine and visiting clinics.

Hyperlink to Above

2.9 - Foster's Daily Democrat: UNH veterans adaptive sports program receives federal grant (4 October, 191k online visitors/mo; Dover, NH)
The University of New Hampshire's Northeast Passage Program will receive a $172,974.49 grant from the Department of Veterans Affairs (VA) to support adaptive sports opportunities for veterans and servicemembers with disabilities, according to Congresswomen Carol Shea-Porter and Annie Kuster.

Hyperlink to Above

2.10 - Altoona Mirror: Van Zandt director makes debut, Andrew said she chose job because veterans seem happy, staff respectful (5 October, William Kibler, 74k online visitors/mo; Altoona, PA)
After Sigrid Andrew applied to become director of the Van Zandt VA Medical Center, but before she was offered the job, she came here and sat in various lobbies and waiting rooms, observing interactions between employees and veterans. She noticed that the veterans seemed happy, that the employees were kind and that they were respectful of each other.

Hyperlink to Above

2.11 - WAND (NBC-17, Video): Camp Butler National Cemetery honors 10 unaccompanied veterans (4 October, Meredith Hackler, 68k online visitors/mo; Decatur, IL)
The gloomy weather matched the somber tone 10 veterans were honored for their sacrifice to our country. "The unaccompanied honors veterans ceremony is a way we show respect to veterans that come to our cemetery without family members or without being accompanied by their loved ones," said Antonio Henderson, assistant director of Camp Butler National Cemetery.

Hyperlink to Above

2.12 - KXRM (FOX-21, Video): Veteran students speak out after Career Center shuts down (3 October, Carly Moore, 58k online visitors/mo; Colorado Springs, CO)
Dozens of veterans are out of luck after a school they were attending for a technical degree has been shut down. The school in North Texas is called Retail Ready Career Center (RRCC) which focuses on giving veterans hands-on training and professional job placement assistance in the HVAC industry. Two Colorado Springs veterans were enrolled in the class and both of their stories are exactly the same.

Hyperlink to Above

2.13 - The Daily News: Staller retires from VA Medical Center (4 October, 54k online visitors/mo; Iron Mountain, MI)
After 24 years of federal service, Patricia Staller of Iron Mountain has retired from the Oscar G. Johnson VA Medical Center. Staller was born and raised in Fort Atkinson, Wis., and is the daughter of Donald and Marie Peterson. She graduated from the University of Wisconsin-Milwaukee with a master's degree in social work.

Hyperlink to Above

2.14 - FEDweek: Improving Policy-Making at VA a Complex Task, GAO Finds (4 October, 51k online visitors/mo; Glen Allen, VA)
The Veterans Health Administration, the largest arm of the VA, is encountering several difficulties as it attempts to improve its policy-making, GAO has said. Under a policy issued last year, directives and notices are now the sole documents for establishing national agency policy; other types of documents, such as program office memos, are considered guidance.

Hyperlink to Above

2.15 - Journal Express: Residents seek answers at VA town hall (4 October, Pat Finan, 9.2k online visitors/mo; Knoxville, IA)
A town hall meeting about the Veterans Administration campus on Thursday, Sept. 28, focused not only on the site's future but on vets themselves. The quality of their health care drew nearly as much attention as the 170-acre site during the two-hour discussion among about 125 people at the Knoxville Performing Arts Center. Many participants sought details of the process by which the government rids itself of the property. Others were frustrated about depressed or suicidal military comrades.

Hyperlink to Above

3. Access to Healthcare

3.1 - WDBJ (CBS-7): VA expanding use of tele-medicine to improve access for veterans (4 October, Joe Dashiell, 833k online visitors/mo; Roanoke, VA)
The VA Medical Center in Salem is expanding the use of tele-medicine, as a way to improve veterans' access to health care. Wednesday, a company that provides the technology to the Department of Veterans Affairs demonstrated some of the newest equipment in Salem. Lindsay Gill is the Facility Telehealth Coordinator at the Salem VA Medical Center.

Hyperlink to Above

3.2 - The National Law Review: Department of Veterans Affairs Aims to Trump State Telemedicine Rules (4 October, 475k online visitors/mo; New York, NY)
The U.S. Department of Veterans Affairs ("VA") is taking a significant step towards expanding needed services to Veterans by proposing a rule to preempt state restrictions on telehealth. Most states currently restrict providers (including VA employees) from treating patients that are located in that state if the provider is not licensed there. As a result, the VA has had difficulty getting a sufficient number of providers to furnish services via telemedicine for fear that they will face discipline from those states for the unlicensed practice of medicine.

Hyperlink to Above

3.3 - WCSH (NBC-6, Video): Lawsuit targets Togus VA for botched operations (4 October, Don Carrigan, 442k online visitors/mo; Portland, ME)
Six Maine military veterans are waiting for a federal judge in Portland to decide if they will be allowed to sue the Veterans Administration. Those veterans all say they had foot or ankle surgery at the Togus VA hospital, and that the doctor botched the operations. That doctor left in 2008, but the veterans say they still suffer pain and other problems.

Hyperlink to Above

3.4 - WHAS (ABC-11, Video): Annual event offers one-stop shop for homeless (4 October, Sara Wagner, 439k online visitors/mo; Louisville, KY)
The latest numbers show more than 6,000 people are struggling with homelessness in Louisville. Wednesday, a group of people put their talents together to help drastically reduce those numbers. Homeless Connect is an annual event aiming to serve hundreds of homeless individuals by offering dozens of free resources.

Hyperlink to Above

3.5 - KRGV (ABC-5, Video): Local Organizations Provide Options for Homeless Valley Veterans (4 October, Cecillia Gutierrez, 275k online visitors/mo; Weslaco, TX)
One homeless veteran is one too many. On any given night, 39,000 veterans in the U.S. find themselves without a permanent roof over their head, according to the U.S. Department of Housing and Urban Development. Clifford Briggs is one of those veterans. From looking at him you would never know he was homeless with his big smile, positive attitude and contagious laughter.

Hyperlink to Above

3.6 - KRGV (ABC-5, Video): Valley Vietnam Veteran Battles Diabetes Linked to Agent Orange Exposure (4 October, Ryan Nelson, 275k online visitors/mo; Weslaco, TX)
Veterans who believe they are suffering from an illness linked to Agent Orange may have health care options through the VA. "One of the most important things that they need to do when they believe that they've been exposed to Agent Orange is to come by either the McAllen outpatient clinic or the Harlingen outpatient clinic," said VA Texas Valley Coastal Bend spokesperson Reynaldo Leal.

Hyperlink to Above

3.7 - KOLO (ABC-8, Video): Reno physician helps Veterans in Puerto Rico (4 October, Terri Russell, 274k online visitors/mo; Reno, NV)
Under normal circumstances, Dr. Ivan Correa is the chief of staff at the Veterans Affairs Sierra Nevada Health Care System. He is also a Puerto Rican native, and decided to fly to the island to check on the status of his parents, after two devastating hurricanes hit the area. ”They tell me they are ok. But ok is a relative term…

Hyperlink to Above

3.8 - KRIS (NBC-6, Video): Mobile veterans services center touring county (4 October, Roland Rodriguez, 197k online visitors/mo; Corpus Christi, TX)
With more than 30,000 veterans in Nueces County, the Veterans Affairs Office has come up with a way to make serving those who served our country a little easier by going mobile. The mobile unit will be traveling throughout the county over three days next week, and it's equipped to provide a variety of services to local veterans. This a great way to help veterans who live out in rural areas.

Hyperlink to Above

3.9 - The Robesonian: Battaglia’s death latest proof of veterans’ neglect (4 October, Editorial Board, 72k online visitors/mo; Lumberton, NC)
It looks as if an SBI investigation will conclude that Kevin Anthony Battaglia, retired Army, just 33 years old, someone’s son, and the father of three young children, died when he was struck by an officer’s bullet during a standoff at his Parkton home on Sunday. But make no mistake: This was suicide by cop, and Battaglia is only the latest veteran of our Middle East wars to pick that poison after returning to this country a shattered self…

Hyperlink to Above

3.10 - KXLH (CBS-25, MTN News, Video): VA Montana hosts Fall Health Festival (4 October, John Riley, 57k online visitors/mo; Helena, MT)
Over 550 Veterans received their Flu immunization today along with community members and V-A staff. VA Montana staff braved the cold temperatures outside to kick off the flu season with the annual Fall Health Festival and Drive Thru Flu Clinic. The shots were free for enrolled veterans and VA employees and the County Health Department were on hand to supply flu shots for a fee for everyone else.

Hyperlink to Above

3.11 - HealthTech: NHIT Week 2017: Technology Improves Care Options for Veterans - Telehealth and predictive analytics are among the tools being deployed more

strategically by the VA, Secretary David Shulkin says. (4 October, Dan Bowman, 20k online visitors/mo; Vernon Hills, IL)
One day after publication of a rule that would let doctors at Department of Veterans Affairs facilities leverage telemedicine to provide care to patients anywhere, VA Secretary David Shulkin discussed his agency's goals for using technology moving forward.

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - WIBW (CBS-13, Video): Visually impaired veterans tour Kansas Statehouse (4 October, Deneysha Richard, 484k online visitors/mo; Topeka, KS)
The VA of Eastern Kansas sponsored an event on Tuesday that left a long lasting impact. The Topeka and Leavenworth VA campuses partnered with The Kansas State Capitol to host a tour for veterans who are visually impaired. Over 40 veterans were in attendance, some of who visited the Capitol for the first time.

Hyperlink to Above

7. Supply Chain Modernization

7.1 - Washington Technology: B3 Group wins $156M VA financial, program management order (4 October, Ross Wilkers, Vienna, VA)
Leesburg, Va.-based small business B3 Group has won a five-year, $156 million task order for financial and program management services to the Veterans Affairs Department. The VA awarded the order under its potential 10-year, $22.3 billion T4NG IT services contract vehicle. Work under this order supports software development lifecycle tasks for the VA's financial services center, B3 Group said Tuesday.

Hyperlink to Above

8. Other

8.1 - CNN: Investigations opened into Zinke's meeting with Golden Knights hockey team (4 October, Miranda Green, 29.7M online visitors/mo; Atlanta, GA)
The OSC probe is the sixth known investigation into travel by the administration's cabinet members. The most recent investigation opened was into Veterans Affairs Secretary David Shulkin's July business trip to London and Denmark, which included meetings with Danish and UK officials as well as a stop at Wimbledon.

Hyperlink to Above

8.2 - ABC News (Video): Top Democrat questions Kellyanne Conway's air travel (4 October, Benjamin Siegel, 24.1M online visitors/mo; New York, NY)
In addition to Price, Interior Secretary Ryan Zinke, Veterans Affairs Secretary David Shulkin and Treasury Secretary Steven Mnuchin have all come under fire for their use of government planes or private aircraft.

Hyperlink to Above

8.3 - WRIC (ABC-8, Video): Virginia taxpayers funding deadly dog experiments at McGuire VA Medical Center (4 October, Kerri O'Brien, 477k online visitors/mo; Richmond, VA)
We've known for months that federal tax dollars have been funding the deadly dog experiments at McGuire VA Medical Center. Now, 8News has learned that Virginia has funded those canine experiments, and it has some lawmakers calling for an end to the contributions. Documents obtained through a Freedom of Information Act request show that the Commonwealth of Virginia contributed to the funding for the McGuire Medica Center's dog experiments.

Hyperlink to Above

8.4 - Fayetteville Observer: Veteran charged in Gray's Creek murder (4 October, Drew Brooks, 439k online visitors/mo; Manchester, NH)
A spokesman for the Fayetteville VA Medical Center confirmed Wednesday that Vann works at the VA. He was hired at around the time he graduated from the Veterans Treatment Court, but the spokesman could not provide any other details. In 2016, he told The Fayetteville Observer that he had turned his life around with the help of the Veterans Treatment Court team…

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8.5 - CBS News Radio (ConnectingVets.com): Mr. Secretary, why is the VA abusing dogs? (4 October, Jonathan Kaupanger, 23k online visitors/mo; New York, NY)
Puppies having holes drilled into their heads, then parts of their brains removed. Latex injected into puppies' coronary arteries before they're forced to run on treadmills until they have a heart attack. Dogs with severed spinal cords, invasive lung experiments… it's all just another day at the Department of Veterans Affairs.

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1. Top Stories

1.1 - U.S. News & World Report (AP): Unclean Floors, Kitchens Found at Colorado Veterans Hospital (4 October, Dan Elliott, 24M online visitors/mo; Washington, DC)

DENVER (AP) — Dirty floors, unclean kitchens and dusty vents were found by inspectors who checked a veterans hospital in Denver and a small veterans clinic in southern Colorado, according to a government report.

Made public Wednesday by the Veterans Affairs Department's inspector general, the report did not say whether the conditions caused any health problems for patients.

The report , dated Sept. 29, said a February inspection found cleanliness problems in eight patient care areas, two areas where instruments are sterilized and in some ice machines and refrigerators in kitchens.

It also said some ventilation grills and horizontal surfaces were dusty.

The report did not specify whether the problems were at the aging Denver hospital or a small outpatient clinic in Salida, Colorado, which inspectors also visited. Kristen Schabert, a spokeswoman for the VA's Denver-based Eastern Colorado Health Care System, said inspectors focused on the Denver hospital.

A new veterans medical center is under construction in suburban Aurora to replace the Denver facility and is expected to open next year. The February inspection did not include that facility.

In a written statement, the VA said plans are in place to address the problems the inspectors found.

The VA nationwide is under scrutiny over spending, long wait times for care and other problems.

Last month, The Associated Press reported the VA program that pays for veterans to get health care in the private sector could run out of money this year, despite getting $2.1 billion in emergency funding in August. Another shortfall could force the VA to limit referrals to outside doctors, causing delays in medical care for hundreds of thousands of veterans.

In Colorado, the cost of the medical center being built outside Denver has nearly tripled to almost $1.7 billion. That so infuriated lawmakers that they stripped the department of the authority to oversee large construction projects and put the Army Corps of Engineers in charge.

Other problems found in the February inspections in Colorado:

-- Two doors in a mental health treatment facility were found unlocked and the alarms were not turned on.

-- Inspectors found no record that some new employees were given required security training.

-- Inspectors found no evidence that security personnel were compiling or analyzing data on violent or disruptive incidents.

-- Staff did not compile adequate reports on some patients who were transferred to other facilities, including whether the patients were stable enough to be moved and whether the new facility was told the patients' history, symptoms and test results.

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1.2 - HuffPost: VA Loan Program May Be Letting Veterans Down, A shortage of home appraisers is gumming up the works. (4 October, Ann Brenoff, 22.9M online visitors/mo; New York, NY)

One of the promises we make members of the military is that in exchange for their service, we promise to ease their transition back into civilian life when the time comes. For over seven decades, a major element of that deal has been the VA loans that veterans can use to buy a home.

These loans require no money down and can be obtained with much lower credit scores than other mortgages. But the much-vaunted program, which began under the GI Bill of 1944, has hit a snag.

The Mortgage Bankers Association recently warned the Department of Veterans Affairs that the program may be hurting the very vets it was designed to help.

Here's The Deal

Under the VA loan program, veterans can borrow up to $417,000 — or $625,000 in designated "high cost areas," like parts of California — without putting any money down for a house that will be their principal residence. That's a good deal considering the median home value in the U.S. is currently $200,700, according to Zillow.

Among the program's other attractions, there is no maximum debt ratio — meaning that the borrower's monthly mortgage payment can exceed the typical lender's restriction of no more than 28 percent of gross monthly income. There is no minimum credit score requirement either, while most other home mortgages require a credit score of at least 620 for conventional loans or 580 for most Federal Housing Administration loans. A VA loan can also be used to refinance an existing loan. And vets can get these loans more than once.

The VA home loan program is one of the key reasons that 79 percent of veterans own their own homes, compared with just 63 percent of the non-veteran population, according to Trulia.com.

But recent vets don't seem to be taking advantage of the program in large numbers. Just 36 percent said they had applied for a VA home loan in a 2014 survey of 2,000 members of Iraq and Afghanistan Veterans of America.

Pressured Not To Use VA Loans

Real estate agents have long complained that the VA's hurry-up-and-wait requirements when it comes to appraisals and inspections, associated red tape and extra hoops to jump through compared with conventional loan programs ultimately hurt veterans' efforts to purchase homes in a competitive market.

Now the Mortgage Bankers Association is highlighting the problem of delays in the appraisals that the VA requires. There is a shortage of available appraisers, which has led to longer wait times and missed contract deadlines.

Add the appraiser shortage to the fact that it's just faster and simpler to work with other buyers, and some home sellers and their agents shy away from dealing with VA loans. As a result, the mortgage bankers group said, veterans are under pressure to bypass the benefits of a VA loan and seek conventional financing instead.

Steve O'Connor, senior vice president of the Mortgage Bankers Association, laid out his group's concerns in a Sept. 5 letter to the executive director of the VA's Loan Guaranty Service, who oversees the loan program. He said that veterans often can't close a VA loan and are forced "to choose other loan programs to meet certain deadlines or face other adverse outcomes."

Finding alternate home funding means having to come up with as much as a 20 percent down payment, meeting tighter credit standards and walking away from a promised benefit they earned when they put their lives on the line for their country. A non-VA loan can also cost the veteran an additional "tens of thousands of dollars of interest payments over the life of the loan," O'Connor wrote.

The VA did not respond to questions emailed by HuffPost or make a spokesperson available for comment by publication time.

Appraisers Are Upset

While the Mortgage Bankers Association letter was sparked by anecdotal evidence provided by its members, the group is not the first to note the impact of changes to the appraisal industry — changes that have not set well with current appraisers and may have discouraged new ones from entering the field.

Almost 75 percent of the 2,248 appraisers surveyed in a 2017 study from the National Association of Realtors said they planned to leave or have already left the business because of greater regulation and an industry shift away from working directly for lenders to working for larger companies that manage groups of appraisers. These appraisal management companies take as much as 50 percent of what home buyers pay in appraisal fees.

The Dodd–Frank Wall Street reform law of 2010 put in place new federal guidelines that required banks to have a "firewall" between lenders and appraisers to avoid conflicts of interest. These appraisal management companies blossomed as the new middlemen, but the actual appraisers — the people who do the hands-on work — saw their pay cut. Appraisers also contend they're unfairly taking the blame when the companies "gouge" buyers with excessive fees, according to housing writer Kenneth R. Harney.

So appraisers are unhappy these days, and the assignments they most don't want to accept are those involving VA loans, according to the National Association of Realtors study. The double whammy of red tape and low compensation was the given reason.

To address the problem, the Mortgage Bankers Association offered a series of recommendations to the VA: use a virtual desktop appraiser to supplement the traditional

process of on-site visits, grant property inspection waivers, and lend its support to a proposal from the Appraisal Qualifications Board to reduce licensing requirements.

“The damaging impact to the veteran community is clear and the VA should act quickly,” the group wrote.

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1.3 - The Hill: House Dems boycott VA reform discussion over inclusion of right-leaning group: report (4 October, Ellen Mitchell, 11.8M online visitors/mo; Washington, DC)

House Democrats boycotted a veterans health care reform discussion Tuesday over the inclusion of an advocacy group with ties to Republican Party donors, Military Times reported.

House Veterans’ Affairs Committee Democrats would not attend the meeting because Concerned Veterans for America (CVA) would be there. Democrats accused the group of being more interested in political attacks than creating new policy.

CVA was one of 18 veterans groups invited to the event, including the American Legion, AMVETS, Iraq and Afghanistan Veterans of America and Wounded Warrior Project.

“The chairman has the right to invite any organization he pleases, but to pretend that CVA is anything other than a partisan organization that invests time and money into discrediting Democratic members of Congress, and specifically the ranking member of this committee, is disingenuous,” Griffin Anderson, press secretary for the committee’s Democrats, told Military Times.

“We will not pretend it is anything else.”

House lawmakers are looking to quickly move new legislation on outside care programs at the Department of Veterans Affairs (VA), including the Veterans Choice Program.

Under the three-year-old Choice program, the VA pays for veterans who live too far away from the nearest Veterans Health Administration (VHA) facility or need a quicker medical appointment to use private doctors and hospitals.

Critics of several proposals to replace the Choice program are afraid that will lead to privatizing the VA. Outsourcing veteran care to the private sector, they fear, will divert billions of dollars from VHA services to medical providers that can’t be as well supervised and that have limited experience caring for veterans.

VA Secretary David Shulkin has promised to replace the Choice program with the Coordinated Access and Rewarding Experiences program (CARE) to be revealed this month.

The closed roundtable discussion which Democrats refused to attend covered broad outlines of the upcoming proposals.

“It is disappointing that the Democrat members of the committee did not want to hear ideas on how to fix the VA from a group of veterans, including many patients of the VA and combat veterans like myself,” said Dan Caldwell, the policy director for CVA.

A spokeswoman for House VA Committee Chairman Phil Roe (R-Tenn.) told Military Times that attendees for the event “were invited to participate because of their interest in and serious study of VA’s community care programs. They were invited for that reason and that reason only.”

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1.4 - Military.com: VA Photo ID Cards for All Veterans Coming in November (4 October, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)

All honorably discharged veterans of every era will be able to get a photo identification card from the Department of Veterans Affairs starting in November due to a law passed in 2015.

The law, known as the Veterans Identification Card Act 2015, orders the VA to issue a hard-copy photo ID to any honorably discharged veteran who applies. The card must contain the veteran's name, photo and a non-Social Security identification number, the law states.

A VA official on Wednesday confirmed the cards are on track to be available nationwide starting in November. Veterans may apply for the card online, but a timeline for how long it will take to receive a card after application has not been finalized, the official said.

Although the law states that the VA may charge a fee for the card, the official said no fee is planned.

The change comes as the military exchange stores prepare to open online shopping to all honorably discharged veterans starting Nov. 11. Veterans who wish to use that new benefit must be verified through VetVerify.org.

Congress passed the ID law as a way to help veterans prove their service without showing a copy of their DD-214.

"Goods, services and promotional activities are often offered by public and private institutions to veterans who demonstrate proof of service in the military, but it is impractical for a veteran to always carry Department of Defense form DD-214 discharge papers to demonstrate such proof," the law states.

Some veterans already carry such proof of service.

Those who receive health care from the VA or have a disability rating can get a photo ID VA health card, also known as a Veteran Identification Card. Military retirees also hold an ID card issued by the Defense Department.

Veterans are also able to get a proof of service letter through the VA's ebenefits website. And some states will include a veteran designation on driver's licenses if requested.

Editor's Note: The fourth and fifth graphs have been updated with additional information from the VA.

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1.5 - Stars and Stripes: 'Alzheimer's is a veterans' disease:' New group tries to improve support for vets with dementia (4 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

WASHINGTON — Shawn Taylor knows the strain that Alzheimer's can put on a family.

Her grandmother developed Alzheimer's in the early 1980s. Then, her grandfather was diagnosed with the disease. Then her mother and father.

At age 21, as an only child and grandchild, the deadly form of dementia forced Taylor to become a caregiver for the next 35 years.

"I understand the intense caregiver needs," she said. "And as I watch my mother slip away -- unable to recognize me, unable to take care of her most basic needs – I realized I needed to do more."

It was part of Taylor's motivation to help create VeteransAgainstAlzheimer's, which officially launched Tuesday. The group is partnering with the Department of Veterans Affairs and Veterans of Foreign Wars to increase funding for Alzheimer's research, boost support for caregivers and enroll more veterans who are affected by dementia into the VA.

Her decision to focus her attention on veterans -- a group disproportionately at risk for dementia – was personal, too. Taylor's grandfather, John Gavin, was an Army colonel and West Point graduate, and her father, Bernard Landau, is a retired lieutenant colonel and Vietnam War veteran.

The veterans-focused group is a new segment of UsAgainstAlzheimer's, which lobbies to increase research for a cure. George Vradenburg, a cofounder of UsAgainstAlzheimer's, described the organization as "small, feisty and fearless."

"We're learning far too often veterans are disproportionately affected by this disease and are at a greater risk for Alzheimer's because of their war-related brain impairments," Vradenburg said. "Alzheimer's is a veterans' disease."

article continues below

Veterans are at higher risk for Alzheimer's for several reasons, explained David Cifu, a researcher and traumatic brain injury specialist at the VA. There's a higher prevalence of mental health disorders in the veterans community, he said, which creates more likelihood of developing dementia. According to a study in the Journal of the American Geriatrics Society, the risk of Alzheimer's doubles for veterans with post-traumatic stress disorder.

Traumatic brain injury also increases the risk of dementia, and of developing it earlier in life, according to a 2014 study published by the American Academy of Neurology. Older veterans

with TBI are 60 percent more likely to develop dementia than other veterans, according to the study.

Iraq and Afghanistan veterans are at higher risk to develop Alzheimer's sometime in their lives because they've sustained more brain injuries, VeteransAgainstAlzheimer's wrote in a report Monday. Of all combat wounds in Iraq and Afghanistan, 22 percent were brain injuries – nearly double the brain injuries sustained during the Vietnam War.

"Now more than ever, we need to redouble our efforts," Cifu said.

One study published by the National Institute of Health estimates 420,000 veterans will have developed Alzheimer's between 2010 and 2020.

About 270,000 veterans with dementia are enrolled in the VA, Cifu said. The number enrolled in the VA represents only about 35 percent of the 774,000 veterans estimated to have dementia.

The VFW got involved in order to improve the numbers, said Ryan Gallucci, a director with the VFW. Some veterans and families don't realize they qualify for VA benefits, such as caregiver support, Gallucci said.

Others are barred from those services because of VA regulations. For instance, some caregiver benefits are available only to family members of veterans wounded post-9/11. There's legislation in Congress, H.R. 1472 and S. 591, that would expand the services to all veterans.

Karen Garner, who was a caregiver to her husband, Senior Master Sgt. Jim Garner, said she didn't qualify for VA assistance because of income restrictions. She said her husband, who died of Alzheimer's last year at age 52, was confused and hurt that the VA wouldn't provide help.

"With the low enrollment numbers in VA… we have to do better than this," Gallucci said. "This is where we can help make a difference."

Increasing funding for Alzheimer's research is also key, said Cifu. In 2016, the VA conducted 157 research projects on Alzheimer's disease across 44 locations, at a cost of $30 million.

"This sounds like a lot, and it is, but we need to do even more," he said.

Cifu is part of a consortium of specialists at the VA and Defense Department starting a new study to find connections between brain injury and dementia, he said. The group is looking to get as many veterans and servicemembers involved as possible.

At age 56, Taylor is still a primary caregiver. Her mother is in the late stages of Alzheimer's, and her father was just diagnosed with the disease last fall.

Taylor is hoping improvements in research and support could help Vietnam War-era veterans such as her father -- who's now 87 and living in a nursing home -- as well as the potential surge of Iraq and Afghanistan veterans who could develop the disease in the next 20 to 30 years.

"What we want to do is start the conversation," Taylor said. "Nobody wants to talk about it, but we have to talk about it. It's happening, and what's ahead of us is going to be devastating."

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2. Veteran and Employee Experience

2.1 - The Hill: The VA's woes cannot be pinned on any singular administration (4 October, Rory E. Riley-Topping, 11.8M online visitors/mo; Washington, DC)

Actions express priorities. Unfortunately, for the nation's veterans, the current priorities of the U.S. Department of Veterans Affairs have not changed much in the Trump era.

As much as blaming Trump's populist policies or rousing rhetoric is an easy answer for any problem currently facing the nation, in the interest of fairness, it is important to note that the VA's woes cannot be pinned on any singular administration or political party, including the Trump administration.

Entrenched accountability issues such as those that are plaguing the VA take time to resolve. But, it appears that, thus far, the Trump administration may have over-promised and under-delivered.

Trump campaigned on a platform of overhauling the VA, and despite a robust legislative agenda aimed at following through on those campaign promises, the VA's priorities over the last several months have included gallivanting through Europe, defending questionable research programs, and delaying the release of a much-needed strategic plan on the future of the Veterans Choice program.

Wasting taxpayer funding seems to be at the route of many of the VA's problems. As explained by Avik Roy, a health care policy advisor and president of the Foundation for Research on Equal Opportunity, "[i]f you look at the budget of the VA and simply divide it by the number of people enrolled . . . there's more than enough money to fund veterans' healthcare. The problem is too much of the money is being spent not on veterans' healthcare, but on other institutional priorities."

The first institutional priority distracting top VA officials from veterans' healthcare relates to splurging on travel. Although VA Secretary David Shulkin's travel indiscretions pale in comparison to other members of the Trump cabinet, such as recently-resigned Health and Human Services Secretary Tom Price who spent over $1 million of taxpayer funds on charter flights, a Washington Post investigation into Shulkin's travel revealed that, while veterans continued to struggle with the improved access to care promised by the Trump administration, he attended Wimbledon, toured Westminster Abbey, and took a cruise along the Thames at taxpayer expense. The VA's Office of the Inspector General is now conducting its own investigation into the propriety of these travel expenses.

The revelations regarding Shulkin's travel were particularly egregious in light of the fact that, less than two weeks prior, Shulkin signed a memo instructing VA staff to curtail travel in order to "generate savings" within the department. Ironically, the memo went on to state that providing clearly documented rationale on the necessity of official travel was required to promote "accountability in determining whether employee travel in their organization is essential."

Assuming that leadership starts from the top, Shulkin has failed to provide the type of leadership necessary to promote the type of accountability and cost savings that are essential to reforming the department he oversees.

The second institutional priority distracting the VA from veterans' healthcare is in regard to the department's controversial canine research program. Many in the veterans community found it bizarre that, during the month of September, which is National Suicide Prevention Awareness Month, the only public opinion authored by Shulkin for a major media outlet was an opinion piece defending this program in USA Today, while he remained relatively silent publicly on internal data released the same week on the high rates of veteran suicide in rural states and among female veterans, until the Senate Committee on Veterans' Affairs scheduled a hearing on the topic at the end of the month.

As noted by Ben Krause, disabled veteran and founder of the website Disabledveters.org in a San Diego Tribune article discussing this topic, "I'm not going to say canine research should or shouldn't be done at all, I just don't think the VA should do it. VA has a hard enough time not withholding healthcare from veterans on a regular basis." If VA could redirect its zealousness in defending this program to providing better access to care, veterans would certainly be better off.

Finally, the third institutional priority distracting VA from veterans' healthcare is its inability to effectively implement the Veterans Choice Program. Although the Choice Program is relatively new, having been first signed in to law in 2014, VA has consistently struggled with the role of private sector care in conjunction with VA-care, with some equating the Choice Program with the demise of the department and full-scale privatization of the VA.

As VA continues to find a balance between its own existence and the role of private sector care, it nonetheless asked Congress for an emergency increase in funding for the program due to increased demand.

Despite legislation in August that provided the program with an additional $2.1 billion in funding, the money continues to be spent faster than expected because of a combination of the popularity of the program and VA's inability to properly account for the money. As a result, VA has slowed down veterans' referrals for medical appointments outside the VA, thus causing additional delays in needed care.

In requesting additional funding, Shulkin acknowledged to a Senate subcommittee in charge of VA funding that "we do not want to see veterans impacted at all because of our inability to manage budgets." However, this is exactly what is continuing to happen.

As Sen. John McCain (R-Ariz.) said in a scolding to Shulkin in a letter dated Sept. 27

"On June 21 of this year, I joined several of my colleagues in writing to you to express our serious concerns about reports of financial mismanagement at the VA. We said at the time that it was essential, given the growing demand for care under the Choice program, that the VA immediately correct the failures that created such a serious shortfall. It appears as if you have not done so."

It should go without saying that VA's top priority should be veterans, but as the current administration's actions have demonstrated to date, this is not always the case. Only when the VA embraces a culture of veterans first, rather than entrenched bureaucracy first, can they

overcome the many institutional detriments distracting them from effectively using its taxpayer funded budget to provide veterans with first class care.

Rory E. Riley-Topping has dedicated her career to ensuring accountability within the Department of Veterans Affairs (VA) to care for our nation's veterans. She is the principal at Riley-Topping Consulting and has served in a legal capacity for the U.S. House of Representatives Committee on Veterans' Affairs, the National Veterans Legal Services Program, the U.S. Court of Appeals for Veterans Claims, and the Department of Veterans Affairs, and can be reached on Twitter @RileyTopping.

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2.2 - Dayton Daily News: Dayton VA gets primary care director; Lima clinic to open at new site (4 October, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)

DAYTON - The Dayton VA Medical Center has appointed a former Air Force medical officer to director of primary care and a larger clinic will open next spring in Lima, the federal health agency said.

Edward P. Syron, a medical administrator, will earn the $120,900-a-year overseeing primary and home-based care outpatient services, the VA reported. He replaces Dr. Kavita Peddireddi, who served in the job temporarily until a permanent replacement was found.

Syron, who joined the VA staff three years ago, was a former chief of non-VA care coordination and a group practice manager at the medical facility.

He's also an assistant adjunct professor in medicine at the Wright State University Boonshoft School of Medicine, according to the VA.

Next spring, a larger VA outpatient clinic is scheduled to open at 750 High St. in Lima. The renovated 9,750-square-foot leased facility will handle a growing patient case load that has risen 10.5 percent over two years, figures show.

The new facility will have about 100 more parking spaces than the current location at 1303 Bellfontaine Ave., the VA said.

The clinic has served about 4,200 veterans and counted more than 22,000 outpatient visits within the past year, the VA reported.

The VA also plans a $1 million expansion of an outpatient clinic in Springfield, officials announced in August. Proposals to expand on site or move to a new location were due this December. The VA has targeted an opening in 2018.

The Dayton VA Medical Center has a more than $425 million budget and employs about 2,100 employees at the medical center and four outpatient clinics in Lima, Middletown and Springfield, Ohio and Richmond, Indiana. The facilities treated about 39,300 patients in the past fiscal year, said spokesman Ted Froats.

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2.3 - Military Times: **House Democrats boycott VA health event, complicating reform plans** (4 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Plans to overhaul veterans health care this fall could be in jeopardy after House Democrats boycotted a supposedly friendly roundtable discussion on the issue Tuesday over the inclusion of a Republican-linked advocacy group they insist is more interested in political attacks than policy crafting.

The controversy comes just a few weeks before House lawmakers are planning to fast-track new legislation surrounding outside care programs at the Department of Veterans Affairs, including the problematic Choice program.

The topic was already sensitive within the veterans community before the boycott, with concerns about shifting funding to private-sector physicians and the possibility of a slow dismantling of VA responsibilities.

But tensions grew this week when Democrats on the House Veterans' Affairs Committee refused to attend Tuesday's event because of the presence of Concerned Veterans for America, an advocacy group with ties to Republican Party donors.

"The chairman has the right to invite any organization he pleases, but to pretend that CVA is anything other than a partisan organization that invests time and money into discrediting Democratic members of Congress, and specifically the ranking member of this committee, is disingenuous," said Griffin Anderson, press secretary for the committee's Democrats.

"We will not pretend it is anything else."

CVA was one of 18 veterans groups invited to the event, a group that included the large legacy organizations such as the American Legion and AMVETS as well as newer organizations like Iraq and Afghanistan Veterans of America and Wounded Warrior Project.

Several VA officials also attended, including soon-to-be acting VA Undersecretary for Health Carolyn Clancy. Committee Chairman Rep. Phil Roe, R-Tenn., moderated the discussion.

Individuals in the closed roundtable characterized the discussion as largely non-eventful, covering broad outlines of the proposals to come. Dan Caldwell, policy director for CVA, criticized the Democratic members for turning it into a political issue.

"It is disappointing that the Democrat members of the committee did not want to hear ideas on how to fix the VA from a group of veterans, including many patients of the VA and combat veterans like myself," he said. "We have worked for years to develop comprehensive and bipartisan solutions to the VA's problems and appreciate that Chairman Roe invited us."

Tiffany Haverly, communications director for Roe, said attendees for the event "were invited to participate because of their interest in and serious study of VA's community care programs. They were invited for that reason and that reason only."

CVA is a controversial force within the veterans community. Earlier this year, the group ran ads in Minnesota blasting committee ranking member Rep. Tim Walz, D-Minn., for blocking VA reform proposals favored by Republicans, saying that he “let veterans down.”

Group officials have declined to release funding sources and trustee information for the group, but numerous news reports have linked the group to the Koch brothers network of conservative activist organizations. They’ve also enjoyed significantly better access to policy talks and events under President Donald Trump than they did under former President Barack Obama.

Unlike most veteran advocacy groups, CVA’s non-profit designation allows them to spend significant amounts on political or lobbying efforts. Haverly said committee precedent has included organizations like CVA in the Capitol Hill discussions.

Groups like IAVA and the Veterans of Foreign Wars have had similar lobbying arms in the past.

CVA’s main focus in recent years has been pushing for an expansion of outside care options for veterans. Officials there insist the current VA system is too overwhelmed and archaic to provide reliable, swift service for veterans’ medical needs, and have advocated for widespread changes to the system to allow more competition between VA hospitals and private-sector medical centers.

Some Democrats have labeled that approach a step toward privatizing the department. The health care reforms this fall are expected to center around the fight, balancing access issues with upgrades to the existing VA infrastructure.

VA Secretary David Shulkin has pushed for significant changes to the Choice program, including changing eligibility criteria to open the program to more veterans. He promised the replacement to the program — the Coordinated Access and Rewarding Experiences program, or Veterans CARE — is expected to be rolled out later this month.

In the meantime, House and Senate lawmakers have been meeting with veterans groups to try and work out potential challenges to those proposals early.

An extension of the Choice program was signed into law in August, but money for tens of thousands of veterans’ medical appointments outside the department is expected to run out by the end of the year, giving lawmakers a tight legislative timeline for reforms.

Whether the Democrats boycott in the House hurts that timeline — or leads to similar fights in the Senate, where Democrats there have voiced similar complaints about CVA — remains to be seen.

Haverly said Roe “remains committed to a bipartisan process for community care reform” despite the brewing fight. Griffin voiced similar optimism.

“The veterans committee is known for its bipartisanship, and while this invitation was a speedbump in that relationship, it is our hope we can get back on track so we can find a long-term solution to VA care in the community in the coming weeks,” he said.

CVA officials said they hope to remain heavily involved in the work as well. Public hearings on the issue are expected by the end of this month.

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2.4 - The State Journal-Register: 'Unaccompanied' veterans honored at Camp Butler National Cemetery (4 October, 834k online visitors/mo; Springfield, IL)

Ten "unaccompanied" veterans were honored at Camp Butler National Cemetery on Tuesday.

The veterans were recently buried at the cemetery but either had no relatives or no relatives who could travel to the cemetery at the time of burial.

The twice-annual ceremony includes the presentation of colors, a ceremonial flag folding, rifle volley and the playing of "Taps" presented by the Sangamon County Interveterans Burial Detail.

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2.5 - New Hampshire Union Leader: VAMC volunteers recognized (4 October, 318k online visitors/mo; Manchester, NH)

The Manchester VA Medical Center recently held a volunteer recognition ceremony in honor of its 320 registered volunteers, who serve in more than 28 departments within the facility.

The Medical Center's volunteers work directly with veterans as drivers, welcome ambassadors and recreation aides to behind-the-scenes work in the warehouse, in the research department and in management.

"Appreciating these volunteers is important to veterans and the staff, (who) are proud to work day in and day out with these selfless servants," said Alfred Montoya, acting Medical Center director at the Manchester VA.

Madeline Dreusicke, a volunteer representing the VFW Auxiliary, was on the 2017 volunteer recognition ceremony planning committee and received an award herself for having worked 1,750 volunteer hours. When asked what drives her to give so much, she said, "Just because it is the right thing to do. They served us and we should serve them. They come home changed, and when they come to the (Manchester VA) they are in a safe zone, and I want to be a part of providing that. These brave men and women are always on my mind. Serving them is an honor."

It is with a heavy heart that the Medical Center says goodbye to Richard Dobbyn, Charles Meservey Sr., Gerard Provencher and Preston Lawrance, who passed away within the past year.

"Richie, Charlie, Gerry and Preston made such a difference at the Medical Center," said Debra Krinsky, chief of voluntary service at the VA. "They truly improved the lives of so many of the veterans we serve. We are better for having shared our lives with these wonderful men. They will forever be remembered as our family, and for their contribution to the wellness of the veterans we serve."

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2.6 - The Augusta Chronicle: Club Car donates new golf cart to help disabled at Charlie Norwood VA Medical Center (4 October, Nefeteria Brewster, 240k online visitors/mo; Augusta, GA)

Club Car dedicated a 2017 golf cart, valued at more than $16,000, to the Charlie Norwood VA Medical Center to help get disabled veterans from the parking lot to the front of the facility.

Although the uptown medical center holds two rows of handicapped spaces around the facility, Fred Palmer, a Club Car spokesman, said the new golf cart can further help those who are unable to secure those spots.

“Transportation on both campuses in downtown and here in uptown is very important to get around,” he said. “They have parking and then they have transportation needs within the campus so I just see this as a fulfillment in partnership with that.”

Bob Frasier, a Voluntary Service Chief for the medical center who received the key to the new cart Wednesday, said the unique valet service is effective immediately.

Phones will also be added to poles in the parking lot by the end of the year for visitors who plan to use the new door-to-door service, he said.

“We’re going to continue to monitor the parking situation here and take steps as needed to make it the best possible experience for our veterans when they get here.” Frasier said. “So what we’re hoping to do eventually is we’re going to add phones and we’re going to have a phone number for veterans and when they park they can actually call and identify their location and then we can have a car clerk meet them at their car and have door-to-door service that way.”

Asked how services will be maintained, Frasier said it would depend significantly on those who are willing to volunteer as drivers for up to four hours each week.

“That would help us out greatly,” he said. “This is a pretty big step for us so of course in order for us to continue to do this we’re going to need people volunteer their hours.”

Those interested in volunteering can visit the Charlie Norwood VA Medical Center website for more information.

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2.7 - WRDW (CBS-12, Video): Solution to VA Uptown Parking Problem (4 October, Celia Palermo, 914k online visitors/mo; North Augusta, SC)

The distance from the parking lot to the hospital doors can be pretty far depending on where you park.

Veterans say they’re sick of walking the distance. The VA says they know and they’re fixing it.

"A lot of us have difficulty walking...be it bad hips...bad knees...or bad ankles."

He walks with a cane because he has arthritis. It's a price he paid, he says, for serving his country.

He's a Vietnam War Veteran and he travels for miles to come here for his medical needs.

"This is the best facility for miles around."

Well, he loves the facility, but he doesn't love having to walk so far from his car just to get seen.

"You gotta struggle across, what? About two football fields?"

The VA and community leaders like Fred Palmer with Club Car are noticing.

"This uptown campus is quite the place...the parking looks like it could be challenging."

It is, but here's how they're helping you. Club Car and the VA teamed up to add another vehicle to their fleet, a golf cart. Except this one is dedicated to the busy and big parking lots at the VA Uptown Division, not the medical district.

"If someone does need a little extra help, our vehicle can provide that comfortably."

It'll take you from wherever you park to the front door of the facility, quite the trek.

"The distance from here to there, this is the short distance. That's about one football field. Then you gotta get inside and then you gotta walk upstairs."

But once the cart hits the streets...

"Anytime I can take pressure off the bone, I'll be riding. The driver won't have to be alone, I'll ride with him."

Officials say they hope to have the cart up and running as soon as possible so they can start helping people. But to do that, they say they need even more volunteers to drive the new cart, and others.

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2.8 - WTAJ (CBS-10): New director at Altoona VA Hospital (4 October, Charlotte Ames, 192k online visitors/mo; Altoona, PA)

Altoona, Blair County, Pa. - The new director at Altoona's Van Zandt VA Medical Center says she hopes to increase the number of services available to area veterans. Currently, the facility doesn't provide specialty services such as cardiology and cancer treatment, so veterans must travel to Pittsburgh for treatment.

Sigrid Andrew said her goal is to offer those services in Altoona through the use of telemedicine and visiting clinics.

"If we can establish clinics whether it be four hours a week, two days a week, bring that provider in from the Pittsburgh VA, we would like to do that as well. But we need to establish what our needs are here in Altoona," she explained.

Andrew said the chief of staff from the Pittsburgh VA Medical Center is in Altoona to assess which specialty services are needed. She said she's already requested iPads for exam rooms, so that telemedicine can be used for consults with specialists in Pittsburgh.

The director said her background as a nurse impacts how she makes decisions as an administrator.

"I think when you're dealing with the costs and the budget and when you have to make choices, being a nurse does allow you to fairly balance and to fairly assess what the needs really are, because, at the end of the day, the patient, the veteran, is at the center of all decisions and you will always weigh on the side of the patient ," Andrew said.

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2.9 - Foster's Daily Democrat: UNH veterans adaptive sports program receives federal grant (4 October, 191k online visitors/mo; Dover, NH)

WASHINGTON, D.C. — The University of New Hampshire's Northeast Passage Program will receive a $172,974.49 grant from the Department of Veterans Affairs (VA) to support adaptive sports opportunities for veterans and servicemembers with disabilities, according to Congresswomen Carol Shea-Porter and Annie Kuster.

"As a leader in the field of recreational therapy, UNH's Northeast Passage Program empowers military men and women who are living with disabilities, and today's grant will help them continue their important work," Shea-Porter said. "I have always been proud to support this excellent program. Congratulations to the staff and volunteers at Northeast Passage on this recognition of the important work they do for our servicemembers, veterans, and so many Granite Staters living with disabilities."

"Recreational therapy holds tremendous potential for our men and women who have served in uniform," said Kuster, a member of the House Committee on Veterans' Affairs. "The University of New Hampshire Northeast Passage Program supports veterans and servicemembers with disabilities who wish to pursue adaptive sports as a means of therapy. I'm proud of the work being done by UNH to support our veterans and servicemembers and will continue to advocate on behalf this important program."

"We are very pleased that the VA has once again recognized Northeast Passage as a leader in providing adaptive sports opportunities for veterans and servicemembers with disabilities," said Northeast Passage Director Jill Gravink. "Our programs enable veterans to come together and share their experiences with people with similar interests, building social networks where veterans and servicemembers can connect with each other and enjoy recreation with the same independence as their non-disabled peers."

Founded in 1990 as a non-profit organization, NEP merged with UNH in 2000 and specializes in recreational therapy (RT) and adaptive sports for children, adults, servicemembers, and veterans with disabilities. RT interventions help people with disabilities cope with the stress of their illness or disability and prepare individuals for managing their disabilities in order to achieve and maintain independence, productivity, health, and well-being.

In March, Shea-Porter and Kuster wrote to the House Appropriations Subcommittee on Military Construction and Veterans Affairs requesting increased funding for the Adaptive Sports Grant program. In their letter to appropriators, the Congresswomen requested that the committee include report language recommending $10,000,000 for adaptive sports programs.

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2.10 - Altoona Mirror: Van Zandt director makes debut, Andrew said she chose job because veterans seem happy, staff respectful (5 October, William Kibler, 74k online visitors/mo; Altoona, PA)

After Sigrid Andrew applied to become director of the Van Zandt VA Medical Center, but before she was offered the job, she came here and sat in various lobbies and waiting rooms, observing interactions between employees and veterans.

She noticed that the veterans seemed happy, that the employees were kind and that they were respectful of each other.

It's a "buyer's market" in the VA for managerial posts, and Andrew had a choice about whether to come to Altoona.

She ended up coming here largely because of those observations, she said Wednesday at an introductory meeting with local media.

"It was the people of Altoona who lured me," she said.

A native of the Newark, Del., area who spent time as a child in Vermont, she also appreciated the region's four distinct seasons. "And you can't discount the mountains," she said.

Van Zandt territory — extending to DuBois, Johnstown, Huntingdon and State College — is also drivable, in contrast to some larger VA hospital territories where airplane flights are necessary, she added.

Andrew is coming to a hospital that hasn't had a permanent director for 20 months, following William Mills' departure for Memphis, and that has been roiled by accusations of whistleblower retaliation examined during recent hearings before the Merit System Protection Board — a quasi-judicial body that ensures federal employees are treated based on performance.

The whistleblowers testified about a poisonous atmosphere created because of their mandated reporting of what they said was the impairment from dementia of a doctor in their department.

Andrew intends to deal with those issues by moving "forward," she said.

“I’m hoping for a healing-type future,” she said.

She hopes to establish good relationships with employees — and with veterans, the overall community and the media, she said.

Two employee meetings have already been held, said Andrew, who hadn’t yet completed her third day on the job.

She plans to be “transparent, direct and open” and to tell the truth, she said.

She has a track record for that, she said — giving as evidence that at a facility where she worked, a union president called a counterpart at another facility — presumably where she was going to work — and said of Andrew, “You may not always like the decisions she makes, but you will always know what she stands for.”

She stands for the veterans, she said.

One recurrent issue raised in Van Zandt town hall meetings in recent times has been what veterans say is a shortage of specialist services.

Some of those veterans remember when there were 200 acute beds at Van Zandt, said hospital spokeswoman Andrea Young. Now there are only 11 acute beds, she said, to go with 40 nursing home beds. Those old ways aren’t coming back, Young said.

But, channeling Regional VA Director Michael Adelman, Andrew said there are modern ways to remedy the problem.

She plans to work with recently appointed Acting Chief of Staff Ali Sonel — who remains Chief of Staff at the Pittsburgh VA — to recruit doctors here and increase the number of telemedicine consultations from Pittsburgh, of visits to Altoona from specialists in Pittsburgh and of “fee-based” visits from private providers in this area to Van Zandt, as well as fee-based visits by veterans to those providers in their community settings.

Thanks to Sonel, it’s already happening, Andrew said.

Sonel’s position in Pittsburgh — his “connections” — can help make it all work, she said.

To make it work well, however, the hospital will do a market analysis to identify how those changes can serve the needs of 26,000 veterans on the hospital’s roster, she said.

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2.11 - WAND (NBC-17, Video): Camp Butler National Cemetery honors 10 unaccompanied veterans (4 October, Meredith Hackler, 68k online visitors/mo; Decatur, IL)

SPRINGFIELD, Ill. (WAND)-The gloomy weather matched the somber tone 10 veterans were honored for their sacrifice to our country.

"The unaccompanied honors veterans ceremony is a way we show respect to veterans that come to our cemetery without family members or without being accompanied by their loved ones," said Antonio Henderson, assistant director of Camp Butler National Cemetery.

A 21-gun salute, and the playing of tap, pays homage to those who were lost.

"We are honoring and respecting the selfless service that the veterans gave to our nation," added Henderson.

"Every veteran should have a ceremony like this and for whatever reason many don't get that opportunity," said Sam Montalbano with the Inter Veterans Burial Detail.

Many of those who took part in the ceremony are veterans themselves.

"I'm a veteran as well," added Henderson. "I feel that it is also my duty and responsibility to give back for those who have laid the ultimate sacrifice,"

"It's giving back for all the things that they do while they are in the service," says Montalbano. "So, it's a good feeling for me personally."

While there's nothing we can do to bring them back, those involved say they hope the lost are always remembered.

"We are their brothers and sisters. It's our responsibility to let them know that they are not alone on their final salute," added Henderson.

The next unaccompanied veteran's ceremony will be held on April 5th, 2018 and Camp Butler National Cemetery.

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2.12 - KXRM (FOX-21, Video): Veteran students speak out after Career Center shuts down
(3 October, Carly Moore, 58k online visitors/mo; Colorado Springs, CO)

Dozens of veterans are out of luck after a school they were attending for a technical degree has been shut down.

The school in North Texas is called Retail Ready Career Center (RRCC) which focuses on giving veterans hands-on training and professional job placement assistance in the HVAC industry.

Two Colorado Springs veterans were enrolled in the class and both of their stories are exactly the same. The Career Center approached them about the HVAC program and just about a week ago, without much notice the school was shut down and now their futures are uncertain.

One of those vets was Steve Pattillo who says two weeks ago his future career looked totally different after signing up for a 6-week certification class at RRCC.

“They convinced everyone to quit their jobs. I had a good paying job, at the time, they promised me something better. So, I moved my family here,” said Pattillo, an Army veteran.

On September 20, students were abruptly told the school was closed for the day and to go home but class would resume the next day.

“I did feel a little bit weird I felt a little uneasy because, it’s my families life basically in that schools hand,” said Pattillo.

Then on that Friday, September 22, students say the school’s president, John Davis, made an announcement to the group saying the Department of Veterans Affairs was investigating the school. This information left another classmate and Colorado Springs veteran, Charles Autry, with even more questions.

“[He] Basically assured us this was nothing more than an administrative review, that the school was in no danger of closing,” said Autry, a Navy veteran.

Davis went on to say an employee had been fired for stealing $20,000 of scholarship funds and the school illegally had too many student veterans.

“Less than a week later, we were in class doing some lecture lessons. In the middle of that, we had some school officials, come in and interrupt the class session and say ‘you had 5 minutes to get your stuff and get off the property’,” said Autry.

With no other answers, these two veterans along with more than 300 other students were sent home without their certificate or money back.

Right now both fathers want the same thing.

“I hope myself and other veterans are restored what they are owed,” said Autry.

“I’d basically like to see every body get back out on their feet and recuperate from what the school’s done to them and I’d like to prevent veterans from going through this again,” said Pattillo.

Autry is reaching out to Congressman Doug Lamborn’s office to see if they could help. They said the following in response:

> *“Congressman Lamborn’s office routinely helps veterans in our community. We have heard from one veteran about this school and are currently awaiting paperwork that will allow us to advocate on his behalf.”*

The school was thought to be violating the 85/15 rule, meaning that only 85 percent of the student body can use their GI bill to pay for tuition; the other 15 percent had to be non-service members or fund the program themselves. Davis said it turns out 98 percent of the people enrolled were former service members.

Pattillo and Autry did use $21,000 and 9 months of their VA benefits. They’re concerned what will happen next.

"Basically what the VA has told us, or told me, is that it's up in the air if we'll have our benefits restored, fully or partially restored, as it stand right now we are out 9 months of our benefits," Autry said.

"They said that's a big maybe and they are not 100 percent sure, so it's basically a big waiting game for all the veterans involved if we get anything back or not," Pattillo said.

FOX21 attempted to reach out to the Career Center, but no one answered the phone or returned the voicemail. The veterans said most of their classmates are also joining in on a class action lawsuit.

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2.13 - The Daily News: Staller retires from VA Medical Center (4 October, 54k online visitors/mo; Iron Mountain, MI)

IRON MOUNTAIN — After 24 years of federal service, Patricia Staller of Iron Mountain has retired from the Oscar G. Johnson VA Medical Center.

Staller was born and raised in Fort Atkinson, Wis., and is the daughter of Donald and Marie Peterson. She graduated from the University of Wisconsin-Milwaukee with a master's degree in social work.

After completing her graduate work at the Milwaukee VA Medical Center, Staller started her career at the Waco VA Medical Center in Texas. She later worked at the Central Texas VA Health Care System in Temple, Texas, and then transferred to the Iron Mountain VA Medical Center in 2001.

During her tenure in Texas, Staller worked in many medical areas and piloted the first Patient Orientation Program to help new veterans and their families coming into the VA. At the Iron Mountain VA, she worked in various clinical social work areas, including acute care, student education, low vision and ethics. Most recently, she served as social worker for geriatric and extended care in the medical center's Community Living Center.

Staller has been involved in many local theater productions, and she is a member of Zonta and the local chapter of Toastmasters of the Northwoods.

She is a widow and has one son, Curtis Staller; a daughter-in-law, Olga; and a granddaughter, Natasha, residing in Round Rock, Texas.

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2.14 - FEDweek: Improving Policy-Making at VA a Complex Task, GAO Finds (4 October, 51k online visitors/mo; Glen Allen, VA)

The Veterans Health Administration, the largest arm of the VA, is encountering several difficulties as it attempts to improve its policy-making, GAO has said.

Under a policy issued last year, directives and notices are now the sole documents for establishing national agency policy; other types of documents, such as program office memos, are considered guidance. VHA is reviewing about 800 existing national policy documents to eliminate those that no longer meet its new definitions, and to rescind or recertify those that are outdated, GAO said.

However, it found that "VHA is not planning to review guidance documents, such as program office memos and standard operating procedures, to assess whether they align with its updated directive, because there is no central repository for these documents and it would be too resource intensive to locate all of them."

"Further, GAO's review found–contrary to VHA's updated directive–that program offices are continuing to use memos to issue policy. The continued use of program office memos to establish national policy undermines VHA's efforts to improve its policy management," it said.

It added that program offices do not track or consistently disseminate the guidance documents they issue. And while the VHA has process for making national policy documents accessible to its medical centers and the veterans integrated service networks that oversee those centers, it lacks a process for making guidance documents accessible at the local level. The result is that "VHA lacks assurance that staff receive and follow the same guidance, as intended."

Nor does the VHA routinely collect information on local challenges in complying with national policies–such as resource constraints and undefined time frames–or on waivers of those requirements that program offices can approve "on an ad hoc basis."

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2.15 - Journal Express: Residents seek answers at VA town hall (4 October, Pat Finan, 9.2k online visitors/mo; Knoxville, IA)

KNOXVILLE - A town hall meeting about the Veterans Administration campus on Thursday, Sept. 28, focused not only on the site's future but on vets themselves. The quality of their health care drew nearly as much attention as the 170-acre site during the two-hour discussion among about 125 people at the Knoxville Performing Arts Center.

Many participants sought details of the process by which the government rids itself of the property. Others were frustrated about depressed or suicidal military comrades. Still more expressed worries about their own health, or about the eyesore they fear the campus will become.

The VA sent three people to the stage, mostly to discuss patient care. Gail Graham, medical director for the VA's Central Iowa Health Care System, touted its new outpatient clinic at 1607 N. Lincoln St. While she accepted accountability for moldy, deteriorating buildings at the old site, she eventually drew the line.

"I'm in the business of delivering health care, not in the business of maintaining buildings," Graham said.

The government won't sink money into the upkeep or the teardown of the buildings, officials said. Its main interest is getting the most money it can from the property and returning it to productive use, they said.

Those jobs fall to the General Services Administration, the real estate arm of the federal government. Jennifer Mollenshott, branch chief of the VA's Fort Worth, Texas, office, is in charge of the process for the next year or so.

Mollenshott said the VA is completing a review of the property and its potential, which she expects to see by the end of 2017. When GSA gets that report, a process of screenings is launched. Government agencies can express interest in the property, though that's not likely, she said. Other screenings include a look at the site's suitability to serve homeless people.

In similar situations, the process usually leads to the land being sold as-is, Mollenshott said. While many in the audience expressed eagerness for action, their waiting will continue as the process plays out through 2018.

"If all goes well, soup to nuts, you're looking at about a year," Mollenshott said.

The government's appraisal process considers what it calls "the highest and best use" for the property as well as local market conditions as it determines fair market value, Mollenshott said. The results of that appraisal will not be available to the public, she added.

Mollenshott tried to dispel concerns that potential buyers won't be interested in land that's dotted with large, dilapidated buildings.

"Trust me, I have seen a lot worse, and we still make a lot of money," she said.

Knoxville resident Park Woodle asked whether the site could be split into smaller parcels, contrary to what Knoxville has been told in the past. He mentioned several parts of the property that hold potential for housing or other uses. Such splits likely will be part of the marketing strategy, Mollenshott responded.

Would the city get a chance to get some parcels? Would it have to pay for them? Those were Knoxville resident Mike Lane's questions. Mollenshott and Mayor Brian Hatch both had answers.

The city and other government entities get dibs earlier in the screening process, Mollenshott said, though it would have to pay fair market price. Hatch said Knoxville might be interested in getting some of the land, while expressing wariness about the burden such a move could bring.

"We's like to have some control of that situation so that we can get something in there that's good for the community," he said.

With five days to reflect on takeaways from the two-hour meeting, Hatch described himself Tuesday as hopeful but cautious, given the history of the campus. The town hall was a good step, he said, and city and federal officials will continue to meet regularly.

"There were no real surprises," Hatch said. "I was hoping we would know what direction GSA was thinking of going. I think that once we have a better direction from GSA on selling the

property, we can then begin to formulate a little better strategy for the community to move forward."

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3. Access to Healthcare

3.1 - WDBJ (CBS-7): VA expanding use of tele-medicine to improve access for veterans (4 October, Joe Dashiell, 833k online visitors/mo; Roanoke, VA)

The VA Medical Center in Salem is expanding the use of tele-medicine, as a way to improve veterans' access to health care.

Wednesday, a company that provides the technology to the Department of Veterans Affairs demonstrated some of the newest equipment in Salem.

Lindsay Gill is the Facility Telehealth Coordinator at the Salem VA Medical Center.

"It means improved access," Gill told WDBJ7. "It allows our veterans to be seen at a distance, so they don't have to travel to the Salem VA. A lot of our veterans live hours away and this will allow them to seek care closer to home, but from the Salem Medical Center so it's really exciting."

A new program that will let veterans consult with health professionals from their homes should be coming on line in the next year.

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3.2 - The National Law Review: Department of Veterans Affairs Aims to Trump State Telemedicine Rules (4 October, 475k online visitors/mo; New York, NY)

The U.S. Department of Veterans Affairs ("VA") is taking a significant step towards expanding needed services to Veterans by proposing a rule to preempt state restrictions on telehealth.

Most states currently restrict providers (including VA employees) from treating patients that are located in that state if the provider is not licensed there. As a result, the VA has had difficulty getting a sufficient number of providers to furnish services via telemedicine for fear that they will face discipline from those states for the unlicensed practice of medicine.

The VA has a real need for expanding its telemedicine capabilities as many of its patients are located in rural and underserved areas. The VA's top clinical priority is mental health, and having more robust telemedicine capabilities could help improve timeliness of treatment (a reputational sore spot for the VA). The VA could also use telemedicine to reach more people in need that may not otherwise seek help. The rule would allow the VA to more evenly distribute care by hiring providers in urban areas where there is larger pool and have them treat in rural areas (via telemedicine).

Not everyone is happy about the proposed rule, however. Organizations such as the American Medical Association oppose the rule as undermining each state's ability to govern the practice of medicine within its borders. The concern is that states would have no ability to regulate their citizens' care under this new framework.

While this rule is limited only to VA patients and providers, the hope is that other federal agencies or even states will follow the VA's lead. Given the importance of increasing access to care and the advances in the delivery of care via telemedicine, it might be time for states to reexamine their restrictive approach to professional licensure.

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3.3 - WCSH (NBC-6, Video): Lawsuit targets Togus VA for botched operations (4 October, Don Carrigan, 442k online visitors/mo; Portland, ME)

AUGUSTA, Maine (NEWS CENTER) — Six Maine military veterans are waiting for a federal judge in Portland to decide if they will be allowed to sure the Veterans Administration.

Those veterans all say they had foot or ankle surgery at the Togus VA hospital, and that the doctor botched the operations. That doctor left in 2008, but the veterans say they still suffer pain and other problems.

Army veteran Steve Turner of Topsham isn't involved in the lawsuit but said Wednesday he also suffered at the hands of the same doctor.

Turner told NEWS CENTER his foot was operated on in early 2008 because of injuries sustained during his 13 years in the Army. He said there were problems soon after the first surgery and the doctor did a second operation. He said the foot then became badly infected and swollen and that only an emergency operation by a different doctor saved his foot.

Turner said it still causes him pain. He said the VA contacted him in 2010 and arranged a meeting, at which time it apologized, and blamed the doctor.

"They were very apologetic about what happened to me," he said, "and went step by step what [the doctor's] discrepancies were during surgery, what he should have done., and not done."

VA officials on Wednesday would not answer questions about the situation, referring all inquiries to the U.S. attorney's office.

In 2014, NEWS CENTER reported on a similar case involving a Hampden man, who said he had also suffered pain and continuing problems because of a failed ankle surgery s by the same doctor. At that time, VA Togus director Ryan Lilly confirmed it had been dealing with a number of foot and ankle surgeries that had turned out badly.

Lilly said the staff had been alerted to the problems by patients, had contacted the doctor's patients to apologize and offer to pay for whatever further care was required.

Lilly was asked how many patients suffered problems. "We're talking less than 100," he replied at that time.

Neither the VA nor the U.S. Attorney would say Thursday how many total patients were affected.

Steve Turner said he does not blame the VA, but blames the doctor, and would “like to sue him personally,” if he could.

Lawyers knowledgeable about the case told NEWS CENTER the doctor cannot be sued personally because he was working for the VA at the time.

That doctor is believed to be living in the New York City area, where an internet search showed he has been working at a medical practice. A receptionist at that practice said Wednesday the doctor no longer worked there.

The lawsuits by the six veterans are aimed at the VA, seeking permission to sue the government even though Maine’s statute of limitations has expired. Lawyers said oral arguments are scheduled for later this month and a ruling could come this fall.

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3.4 - WHAS (ABC-11, Video): Annual event offers one-stop shop for homeless (4 October, Sara Wagner, 439k online visitors/mo; Louisville, KY)

The latest numbers show more than 6,000 people are struggling with homelessness in Louisville. Wednesday, a group of people put their talents together to help drastically reduce those numbers. Homeless Connect is an annual event aiming to serve hundreds of homeless individuals by offering dozens of free resources.

The Salvation Army is no stranger to helping those in need. Inside the building, you'll find many stories of service and success, with plenty of new chapters being added at Wednesday's event.

"It's a lot of work to do, and it can't be done by one agency. It's got to be done by everybody in a group effort. It's got to be done by a community,” Salvation Army Commander Major Roy Williams said.

More than 80 partners came together to help those who need it most.

"There's one thing they need and they come here and they say, oh, I didn't know that was there. They get that and they start lifting themselves up out of poverty,” Williams said.

The organizations offered everything from IDs to eye and ear exams to haircuts and clothes. There were selfless acts at every corner, even feet washing.

"You can tell a lot about a person's health by washing their feet and then they can direct them to the medical center,” Williams said.

Acts like that help to wipe away some of the struggle and stereotypes that come with homelessness.

"It's not all about people who just want to sit outside and lay around all day. There's homeless that want to help themselves every day," Williams said.

Organizers said this event has the ability to reach many who won't seek it otherwise.

"A lot of people don't feel safe in the shelter, particularly veterans who may have had trauma," Healthcare for Homeless Veterans supervisor Jamie Watts said.

Having everything set up in a one-stop shop makes a major difference when you're used to anything but convenience.

"Anybody who has ever been homeless or been at the point where you're almost homeless knows you spend a lot of time waiting in lines, being in waiting rooms, and getting on a waiting list. So, our hope is that today you can get a lot of that done in one place and get moving faster toward getting a place of your own," Coalition for Homeless Executive Director Natalie Harris said.

Veteran Jack Jones knows that all too well.

"I've been homeless off and on for several years, but at this time, I've been homeless for about three months," Jones said.

Thanks to the VA, Jones has housing now and is getting ready to work again.

"I signed up for a library card so I can learn computers. I don't know computers yet, but they're going to teach me," Jones said.

Homelessness can take away so much, but these acts of kindness can help life get back on track.

"It's amazing what they do and so far, I haven't met a negative person yet," Jones said.

Organizers said the number of homeless has consistently dropped every year in Louisville for the last five years. They expect to serve around 600 people at this year's event and hope that number continues to go down each and every year, eventually eliminating the need for the event altogether.

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3.5 - KRGV (ABC-5, Video): Local Organizations Provide Options for Homeless Valley Veterans (4 October, Cecillia Gutierrez, 275k online visitors/mo; Weslaco, TX)

HARLINGEN – One homeless veteran is one too many. On any given night, 39,000 veterans in the U.S. find themselves without a permanent roof over their head, according to the U.S. Department of Housing and Urban Development.

Clifford Briggs is one of those veterans. From looking at him you would never know he was homeless with his big smile, positive attitude and contagious laughter.

Briggs comes from a military family, but now the ex-Navy firefighter goes to work during the day and sleeps at Loaves and Fishes in Harlingen.

"I moved down from Portland and it didn't work out too well, so I ended up at Loaves and Fishes. It's just a place to lay your head, stay out the weather at night to sleep," he said.

Briggs said he doesn't let life's unexpected turns get the best of him.

CHANNEL 5 NEWS spoke to Tommy Martinez, the Loaves and Fishes director of Family Emergency Assistance, to see if homeless veterans in their shelter are seen often.

"It ranges. Sometimes we have one to two homeless veterans in a month during the summer months or maybe even December we might have maybe three to four homeless veterans in our shelter at one point." Felix Rodriguez, a veteran service officer with the Hidalgo County Veterans Service.

He explained to us why veterans are more likely to face homelessness.

"Well, many of these veterans that are having issues with finding a place to stay, a home are coming back with issues that civilians don't have to deal with," he said. "And some of these issues and conditions run the gamut between post-traumatic stress disorder, traumatic brain injury, depressive disorders and other conditions secondary to that."

He said there are several ways you can help a homeless veteran.

"My first advice to them is to call the VA homeless hotline, it's a HUD hotline," he said.

Rodriguez added other ways to help homeless veterans are through Family Endeavors and other organizations.

You can contact the VA Homeless Hotline at 877-424-3838. For a full list of resources click here.

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3.6 - KRGV (ABC-5, Video): Valley Vietnam Veteran Battles Diabetes Linked to Agent Orange Exposure (4 October, Ryan Nelson, 275k online visitors/mo; Weslaco, TX)

PHARR – Vietnam veteran Gabriel Avendano said a part of him will always remain overseas.

"What can I tell you? We never come back," said Avendano, "but I'm here."

Avendano is one of the 2.6 million U.S. military personnel possibly exposed to Agent Orange from January 1965 to April 1970.

"They just flew it through the C-130's and they killed a lot of the jungle," said Avendano.

He was formally diagnosed with diabetes in the year 2000. He said he may have lived with the disease for many years before the discovery was made.

"I have to inject my body twice a day," said Avendano, "in the morning and at night."

Diabetes is one of the many diseases considered a presumptive illness by Veterans Affairs.

These are diseases presumed to be linked to Agent Orange exposure, or a Veteran's qualified military service. Veterans do not have to prove these illnesses were spawned by their military service.

The long list of diseases includes several forms of cancer.

Veterans who believe they are suffering from an illness linked to Agent Orange may have health care options through the VA.

"One of the most important things that they need to do when they believe that they've been exposed to Agent Orange is to come by either the McAllen outpatient clinic or the Harlingen outpatient clinic," said VA Texas Valley Coastal Bend spokesperson Reynaldo Leal.

By taking their DD FORM 214 and driver's license to an outpatient clinic, they can begin to explore these options.

"Once we register them as Agent Orange exposed veterans, they'll be given an assessment. They'll be scheduled for an assessment and they'll be input into the Agent Orange registry," said Leal.

These veterans may also qualify for benefits such as disability compensation.

"They can go to any number of veterans service officers, they can go through the county, the state with the Texas Veterans Commission," said Leal.

"Keep going and they'll help you," said Avendano. "You got to keep on going. You have to keep on going to the centers and they will sooner or later help you."

Avendano also urges veterans to consume a healthy, balanced diet.

A complete list of presumed diseases linked to Agent Orange exposure can be found at the U.S. Department of Veterans Affairs website.

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3.7 - KOLO (ABC-8, Video): Reno physician helps Veterans in Puerto Rico (4 October, Terri Russell, 274k online visitors/mo; Reno, NV)

RENO, (Nev) KOLO Under normal circumstances, Dr. Ivan Correa is the chief of staff at the Veterans Affairs Sierra Nevada Health Care System.

He is also a Puerto Rican native, and decided to fly to the island to check on the status of his parents, after two devastating hurricanes hit the area.

”They tell me they are ok. But ok is a relative term. You know ok is that they are alive, and that they are being able to eat some food, and that they go to bed, they wake up in the morning. It is not that everything is fine,” says Dr. Correa.

But as a physician locally, taking care of vets, Dr. Correa says he couldn't help but answer the call to attend to veterans on the island both at a Veterans home of 100 patients, and other veterans who for now cannot leave their homes because of the massive damage around the island.

“476 Veterans. We have either laid eyes in a vast majority of them we have laid eyes, but almost to 90% of those…. going house to house and seeing individuals that are already set up with the VA and depend upon us to provide primary care at home. It’s called home based primary care,” says Dr. Correa.

Fuel is tough to come by, he says the Veteran's Hospital is running off of generators, but it is in a limited capacity.

While he feels good about the care given to veterans during these tough times, he is also surprisingly optimistic about the civilians on the island as well,

”They are going to be able to get over this, and being able to see that there is a bright future for Puerto Rico,” says Dr. Correa.

He'll be headed home early next week.

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3.8 - KRIS (NBC-6, Video): Mobile veterans services center touring county (4 October, Roland Rodriguez, 197k online visitors/mo; Corpus Christi, TX)

With more than 30,000 veterans in Nueces County, the Veterans Affairs Office has come up with a way to make serving those who served our country a little easier by going mobile.

The mobile unit will be traveling throughout the county over three days next week, and it's equipped to provide a variety of services to local veterans.

This a great way to help veterans who live out in rural areas.

The Nueces County Veterans Services will have mobile centers in rural areas three times in the month of October.

Mobile veteran centers will be at:

October 11: VFW Post 3837, 12030 Leopard Street in Corpus Christi, TX

October 12: Driscoll Community Center, 200 East 6th Street in Driscoll, TX

October 13: VFW Post 8932, 702 Jester in Flour Bluff

Representatives will be available 10 a.m. to 2 p.m.

If you're a veteran, and you're going to school or working, this is an opportunity where the Nueces County Veterans Services comes to your area, and you don't have to drive all the way to Corpus Christi office to get help.

The VA Texas Valley Coastal Bend Health Care system, along with the Nueces County Veterans Services will reach out and provide counseling for individual readjustment, bereavement, marital and family issues, employment and career guidance and military sexual trauma (not all locations).

There will be representatives on hand for benefits assistance and referral, substance abuse assistance and referral and community education.

Specific health care, disability, pension, burial and survivors benefit information will be given by the U.S. Department of Veterans Affairs.

For more information, call county veteran services at 361-888-0820.

Many Veterans who rely on VA for their health care live in remote areas. Our nation's rural and highly rural Veteran population is large and dispersed. It is also racially, ethnically, and culturally diverse. Providing comprehensive, high-quality health care to these Veterans is a challenge.

VA's Office of Rural Health (ORH), created in 2007, strives to eliminate the barriers between rural Veterans and the services they have earned and deserve, thus improving Veterans' health and well-being by increasing access to care.

According to ORH, 5.2 million Veterans live in rural communities across the United States, and more than 32.9 million rural Veterans rely on VA for their health care. Veterans are more likely to live in rural areas than Americans who did not serve in the military. While 18 percent of Americans live in rural areas, 23 percent a quarter of Veterans do.

More than half (57 percent) of rural Veterans enrolled in VA health care are 65 years old or older. In addition, 6 percent are women; 9 percent report being members of racial and ethnic minorities; and nearly 435,000 are Veterans of our recent conflicts in Iraq and Afghanistan. About 44 percent of rural Veterans have one or more service-related disabilities.

Rural Veterans have lower than average household incomes than other Veterans; they often face long driving distances to access quality health care; and there are fewer health care providers and nurses per capita in rural areas.

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3.9 - The Robesonian: Battaglia's death latest proof of veterans' neglect (4 October, Editorial Board, 72k online visitors/mo; Lumberton, NC)

It looks as if an SBI investigation will conclude that Kevin Anthony Battaglia, retired Army, just 33 years old, someone's son, and the father of three young children, died when he was struck by an officer's bullet during a standoff at his Parkton home on Sunday.

But make no mistake: This was suicide by cop, and Battaglia is only the latest veteran of our Middle East wars to pick that poison after returning to this country a shattered self, unable to deny his demons. In a very real sense, it was all of us who pulled the trigger that sent the bullet hurtling that would take Battaglia's life, ending his suffering, but robbing him of so much that life could have offered.

A mix of family, neighbors and Army buddies portrayed Battaglia as a respectful guy who was struggling to assimilate back into society after seeing duty overseas. He had multiple brushes with the law, some minor, but also a serious brawl in a bar that sent him to prison. He was facing two DWI charges in Cumberland County, so it's clear that alcohol was his medication of choice.

Battaglia was medically retired, presumably for a bad back, and he claimed to have been suffering from post traumatic stress disorder, PTSD, that is so prevalent among veterans who experience first hand the horror of war. PTSD was first ascribed to Vietnam War veterans, and now the word is universally recognized.

We were told that Battaglia was frustrated by the Department of Veterans Affairs, believing he wasn't receiving the kind of care he needed and deserved. The VA's problems have been well-documented in recent years, so it's easy to believe Battaglia's gripe was legitimate.

Those who knew him saw his behavior deteriorating in recent weeks, and it could be seen on Facebook where his religious leanings were becoming cult-like. The American flag, Bible and weapons were prominent there — and in recent days he took to wearing camouflage.

There have been many studies concerning the number of veterans with PTSD, and one by RAND in 2014 found at least 20 percent of the 2.7 million Americans who served in Iraq or Afghanistan suffered with it or depression — and half never seek any treatment. That many more were suffering with traumatic brain injury, and about 7 percent both PTSD and TBI.

Those numbers are most likely low.

Last year a study for the Department of Veteran Affairs found that about 20 veterans commit suicide a day in this country. pushing the number to almost 7,500 a year.

So the evidence is overwhelming that this country continues to send its young people to war, and when they return we are ill-equipped to provide the care they deserve.

Often, as with Battaglia, the problems are apparent. But no one could stop this train wreck no matter how leisurely its pace. Friends, especially fellow military, apparently tried — and that included trying to talk him out of the house on the day he died.

Somehow, someway, this country has to do better for those who step forward and put themselves in harm's way to preserve the ways of life and liberties that the rest of us enjoy.

It's too late for Battaglia, but his death, which was explosive and public, can be given greater meaning should it move the needle at all in the direction of better care for our veterans.

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3.10 - KXLH (CBS-25, MTN News, Video): VA Montana hosts Fall Health Festival (4 October, John Riley, 57k online visitors/mo; Helena, MT)

Over 550 Veterans received their Flu immunization today along with community members and V-A staff.

VA Montana staff braved the cold temperatures outside to kick off the flu season with the annual Fall Health Festival and Drive Thru Flu Clinic.

The shots were free for enrolled veterans and VA employees and the County Health Department were on hand to supply flu shots for a fee for everyone else.

People 65 years and older, young children, and people with certain health conditions are at higher risk for serious flu complications.

Each year around 200,000 people are hospitalized and around 32,000 people die from Influenza.
The best way to prevent the flu is by getting vaccinated each year.

Veterans attending the event said that they love the ease of the clinic considering they didn't even have to leave their vehicles.

"I've never had to wait long," said veteran Louie Stiles, "When I was doing it privately getting these private shots they'd just take a lot of time, this doesn't. "

If you are an enrolled veteran and missed the clinic you can still get your shot at the VA medical Center.

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3.11 - HealthTech: NHIT Week 2017: Technology Improves Care Options for Veterans - Telehealth and predictive analytics are among the tools being deployed more strategically by the VA, Secretary David Shulkin says. (4 October, Dan Bowman, 20k online visitors/mo; Vernon Hills, IL)

One day after publication of a rule that would let doctors at Department of Veterans Affairs facilities leverage telemedicine to provide care to patients anywhere, VA Secretary David Shulkin discussed his agency's goals for using technology moving forward.

Speaking Tuesday at the American Telemedicine Association's Edge 2017 Fall Forum in Washington, D.C., Shulkin outlined five priorities for "fixing" the VA: greater patient choice, systems modernization, improved service timeliness, world-class foundational service and suicide prevention.

"Our mission is to take care of those who serve the country," Shulkin said.

Expanding Telehealth to Improve Access

Telehealth is a big part of the agency's plans for remedying its timeliness and access issues, Shulkin said.

"This is a strategy that VA is growing and investing in and believes is essential to solving this priority of timeliness of services," Shulkin said.

Its new initiative centers on allowing veterans to receive care wherever they are, as long as they have access to an internet connection. Individuals can access provider services on any device in any location, Shulkin said. However, he also noted that moving ahead was less of a technology challenge and more of a legal and regulatory issue.

"Very conservative interpretations interpreted current law as saying that we needed to provide telehealth services from one VA facility to another, which just didn't make a lot of sense to me," Shulkin said. "I was making my patients drive 80 miles from their home to a VA facility waiting room so they could get into an exam room to see me using telehealth; it just didn't make any sense."

The rule change will allow innovators within the agency to do a lot more with its technology now that all VA doctors will be able to take advantage, Shulkin said. To aid in the expansion, in August, the agency announced it would start a nationwide rollout of its VA Video Connect app, which allows providers and patients to connect via live video on a computer, smartphone or tablet.

The American Medical Association offered early praise for the rule, with Dr. Jack Resneck Jr., chairman-elect of the AMA's Board of Trustees, saying in a statement that the VA "has a unique federally controlled healthcare system with essential safeguards" that can ensure high care quality for patients.

Using Analytics for Suicide Prevention

Shulkin also noted that the VA is deploying Big Data and predictive analytics technology to try to proactively identify veterans who may be at risk for suicide.

"This is an American public health crisis, not just a VA crisis," he said. "The number of Americans committing suicide each year is growing, but among veterans it's growing even more."

Access to care through the VA stems such rates, Shulkin said. Over the last 15 years, the rate of veterans committing suicide has gone up 5.4 percent for those accessing VA care; for veterans who don't use the VA, the suicide rate has gone up 38.4 percent. In particular, for female veterans who accessed the VA for care over the last 15 years, the suicide rate decreased 2.6 percent, but increased 81.6 percent for those not using the VA.

"We are really trying to outreach to veterans to let them know that they have options and that treatment works," Shulkin said.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - WIBW (CBS-13, Video): Visually impaired veterans tour Kansas Statehouse (4 October, Deneysha Richard, 484k online visitors/mo; Topeka, KS)

The VA of Eastern Kansas sponsored an event on Tuesday that left a long lasting impact.

The Topeka and Leavenworth VA campuses partnered with The Kansas State Capitol to host a tour for veterans who are visually impaired.

Over 40 veterans were in attendance, some of who visited the Capitol for the first time.

"I'm glad to be here," veteran Keith Sesek said, "It's the first time I've been at the Capitol, and I have been here since 1982."

The event aimed towards promoting the inclusion of individuals of all abilities in recreational activities.

"With the support of the staff that is here today and their family members, we're going to be able to get them through the tour and to be able to be a part of it, even if they don't have much sight, at least they are here with everybody and just take part in something in the community," said VA Visual Impairment Services Team Coordinator, Dawn Clouse.

Veterans who attended the event also learned about the Kansas Commission for Veteran Affairs, as well as the state and federal benefits available to veterans who are visually impaired.

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7. Supply Chain Modernization

7.1 - Washington Technology: B3 Group wins $156M VA financial, program management order (4 October, Ross Wilkers, Vienna, VA)

Leesburg, Va.-based small business B3 Group has won a five-year, $156 million task order for financial and program management services to the Veterans Affairs Department.

The VA awarded the order under its potential 10-year, $22.3 billion T4NG IT services contract vehicle. Work under this order supports software development lifecycle tasks for the VA's financial services center, B3 Group said Tuesday.

Only service-disabled, veteran-owned small businesses were eligible for this order and the VA received four offers, according to Deltek.

B3 Group's teammates for the order include AdapctiveStack Consulting, First-Tek, Grant Thornton, ISC, Longview International Technology Solutions, Rios Partners and Vets Inc.

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8. Other

8.1 - CNN: Investigations opened into Zinke's meeting with Golden Knights hockey team
(4 October, Miranda Green, 29.7M online visitors/mo; Atlanta, GA)

Washington (CNN)A summer visit that Interior Secretary Ryan Zinke made to the Vegas Golden Knights hockey team is now under two investigations by federal watchdogs.

The Interior Department's inspector general has added concerns about Zinke's meeting with the new NHL team and use of a private jet from Las Vegas to an investigation it opened Friday looking into the secretary's travel, an IG spokesperson confirmed to CNN Wednesday.

The Office of Special Counsel has also opened a Hatch Act investigation into Zinke's meeting with the hockey team.

Zinke met with players on the hockey team at a hotel across the street from their practice facility June 26, a Golden Knights spokesman said.

The meeting was added to the IG probe at the behest of Democratic Reps. Raul Grijalva and Donald McEachin. Grijalva criticized Zinke's need to hire a chartered plane to return home to Montana following the Nevada meeting as well as the purpose of the meeting itself.

"Claims that the secretary's full schedule required the use of chartered aircraft deserve scrutiny. It appears as though Secretary Zinke and his staff could have taken a commercial flight from Las Vegas to Montana if he did not attend the motivational speech to the hockey team owned by his friend and campaign donor, Bill Foley," read Grijalva's letter.

The OSC probe came after a complaint filed by the government watchdog group, Campaign for Accountability and was first reported by Reuters.

An OSC spokesperson told the watchdog group that the Hatch complaint had been "received" and they will "open a case file to address this matter."

An Interior Department spokesperson told CNN that Zinke's late night private flight to Montana from the Nevada meeting cost taxpayers $12,375. The spokesperson maintained that the flight was booked after no suitable commercial alternative was available and was approved by the Interior's ethics office.

Zinke's meeting with the Vegas Golden Knights is also being scrutinized since it is owned by someone Zinke called "a major donor" when he was running for Congress in 2014.

Bill Foley, a billionaire businessman and owner of the Golden Knights, is also board chairman of Fidelity National Financial Inc. FEC filings show that Foley was responsible for heavily bankrolling Zinke's first congressional campaign in Montana. He personally donated $2,600 in 2013 and again 2014 -- the maximum contribution amount.

Fidelity donated $154,823 to Zinke between the years of 2013 and 2018. Fidelity also owns Chicago Title Services, which donated 23,900 to Zinke.

The OSC probe is the sixth known investigation into travel by the administration's cabinet members.

The most recent investigation opened was into Veterans Affairs Secretary David Shulkin's July business trip to London and Denmark, which included meetings with Danish and UK officials as well as a stop at Wimbledon.

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8.2 - ABC News (Video): Top Democrat questions Kellyanne Conway's air travel (4 October, Benjamin Siegel, 24.1M online visitors/mo; New York, NY)

The top Democrat on the House Oversight Committee is raising questions about White House counselor Kellyanne Conway's air travel, and asking for proof that former Health and Human Services Secretary Tom Price has paid for his seats on controversial private flights.

In a letter to Conway obtained by ABC News, Rep. Elijah Cummings, D-Maryland, has asked Conway for information on all private, non-commercial and military flights she has taken.

Conway, who is the first White House official to be questioned regarding air travel, is coming under scrutiny after Price resigned Friday, and after reporting from Politico revealed that she joined Price on several chartered flights for events across the country.

“Despite the fact that you joined Secretary Price on several of these flights, you have not made any similar public statements indicating whether your own actions were appropriate, whether you will continue to take such flights at taxpayer expense in the future, or whether you plan to personally repay the taxpayers for the cost of your seats on these flights,” Cummings wrote.

A White House official told ABC News in response to questions about Conway's travel: "Agencies are responsible for arranging appropriate transportation for their own events. Members of the President’s Cabinet occasionally invite relevant White House staff for official travel for events promoting the President’s agenda. When White House staff are invited, their travel plans are planned and secured by the inviting agency."

In addition to Price, Interior Secretary Ryan Zinke, Veterans Affairs Secretary David Shulkin and Treasury Secretary Steven Mnuchin have all come under fire for their use of government planes or private aircraft.

The White House is taking steps to crack down on travel and use of private charters in the administration instead of commercial air travel. John Kelly, the White House chief of staff, will

now sign off on all government and chartered air travel by agency leaders, according to a memo released by White House budget director Mick Mulvaney Friday.

“Every penny we spend comes from the taxpayer. We thus owe it to the taxpayer to work as hard managing that money wisely as the taxpayer must do to earn it in the first place,” he wrote.

On Friday, Price said in a statement that he plans to write a personal check to the Treasury for the expense of his travel.

According to a person familiar with the former secretary’s travel, Price’s seats on all the flights cost $51,877.31. But Price’s total travel has cost the government an estimated $400,000 in chartered aircraft expenses, according to Politico.

ABC News has reached out repeatedly to the Treasury Department and HHS asking if Price has actually written the promised check. A Treasury Department spokesman declined to reveal that information, citing privacy concerns, while HHS has declined to comment.

On Wednesday Cummings also sent a letter to Mnuchin and acting HHS Secretary Don Wright asking for proof of Price's pledge: a copy of his check reimbursing the government.

ABC's Justin Fishel and Katherine Faulders contributed to this report.

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8.3 - WRIC (ABC-8, Video): Virginia taxpayers funding deadly dog experiments at McGuire VA Medical Center (4 October, Kerri O’Brien, 477k online visitors/mo; Richmond, VA)

We’ve known for months that federal tax dollars have been funding the deadly dog experiments at McGuire VA Medical Center. Now, 8News has learned that Virginia has funded those canine experiments, and it has some lawmakers calling for an end to the contributions.

Documents obtained through a Freedom of Information Act request show that the Commonwealth of Virginia contributed to the funding for the McGuire Medica Center’s dog experiments.

The information had been originally redacted but was recently disclosed after watchdog group White Coat Project sued to have the information disclosed.

“We cannot do this, we just can’t,” Virginia State Senator Bill Stanley said.

Sen. Stanley said he was appalled by the experiments, which have involved at least 39 dogs having pacemakers surgically implanted as part of a heart disease study. All of the dogs involved are eventually euthanized.

“I was truly shocked when I learned state funds, state taxpayer money is going to the cruel and inhumane treatment of dogs all in the name of science,” Stanley said.

8News dug further and confirmed that lawmakers allocate money from Virginia’s General Fund each year to the Center for Innovative Technology.

CIT then decides what research projects to fund.

In 2016, CIT awarded McGuire and Dr. Alex Tan nearly $100,000 for dog research. Dr. Tan is the same doctor that a review committee called “reckless” and responsible for several botched surgeries resulting in dog’s deaths.

We shared what we found with lawmakers.

Stanley said he had no idea that this block grant was being used to conduct deadly tests on dogs.

“We can find better ways in 2017 to find the information that they need to make the lives of our veterans and other people better,” Sen. Stanley said.

The VA argues that dogs are only used in studies when rodents cannot provide the information needed. Other supporters say canine research has and can lead to future medical breakthroughs.

8News spoke with Sherman Gillums, Jr., the Executive Director of Paralyzed Veterans of America. He said the sacrifices involved in animal research are worth it.

“The chance we are taking though, by stopping animal research is you will in effect impact our ability to find new treatments for not just human beings, but animals,” Gillums said.

Still, Sen. Stanley and Sen. Glen Sturtevant have fired off a letter to the governor expressing “opposition to the commonwealth’s role in the funding.” They describe it as “abusive and wasteful.”

They demand to know how much total taxpayer money has been provided for the research, and what action the Commonwealth has taken to address violations at McGuire, including those botched surgeries.

Sen. Stanley tells 8News he has already drafted legislation that would ban the use of Virginia taxpayer money for any research projects that harm dogs.

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8.4 - Fayetteville Observer: Veteran charged in Gray’s Creek murder (4 October, Drew Brooks, 439k online visitors/mo; Manchester, NH)

Air Force veteran, once praised for turning life around, is charged with first-degree murder after fatal shooting in Gray’s Creek

When Garrett Jordan Vann was last in a Cumberland County courtroom, the Air Force veteran was being celebrated for turning his life around.

Once homeless, estranged from his family, battling substance abuse and facing several felony charges, Vann appeared to have excelled under the strict regimen of the county's Veterans Treatment Court.

He was the court's first graduate during a ceremony in April 2016, earning praise from local judges, Veterans Affairs officials and others.

But a little more than a year later, Vann, 32, of the 300 block of Southern Comfort Drive in Parkton, was led into a courtroom under very different circumstances.

At the Cumberland County Detention Center, Vann made his first appearance on charges related to the killing of a Fayetteville man Tuesday night. Vann is charged with first-degree murder and shooting into an occupied vehicle, according to the Cumberland County Sheriff's Office.

He is accused of firing a 12-gauge shotgun into a Chevrolet Impala. Jason Ray Tyner, 40, of Fayetteville, was struck in the head and killed, an arrest warrant said.

Vann was initially charged with second-degree murder, but that charge was dismissed during his first appearance hearing Wednesday afternoon. Vann reportedly was served with the warrants for the newer charges just before appearing in court.

The Sheriff's Office has not issued any details about the incident that happened about 8 p.m. on the 3400 block of Nash Road, off Butler Nursery Road in the Gray's Creek community.

On Wednesday, family members of both Vann and Tyner filled one side of the small courtroom in the detention center. When Assistant District Attorney Robby Hicks announced that the second-degree murder charge was being dropped, there were gasps from some.

"Oh my God," one person said softly while another spoke a bit louder saying, "Thank you."

However, that was before they were told that Vann was being charged with first-degree murder.

Vann is being held without bail.

A 2004 graduate of Gray's Creek High, Vann enlisted in the Air Force in 2007 and served for about three years.

A spokesman for the Fayetteville VA Medical Center confirmed Wednesday that Vann works at the VA. He was hired at around the time he graduated from the Veterans Treatment Court, but the spokesman could not provide any other details.

In 2016, he told The Fayetteville Observer that he had turned his life around with the help of the Veterans Treatment Court team, which includes a judge, lawyers, law enforcement, substance abuse and mental health providers and a team of volunteer mentors.

A year earlier, the veteran who spent two tours in Afghanistan said he was at a low point in his life. But he said he regained control with the help of the court, which holds veterans charged with nonviolent crimes to strict standards, with regular court dates and drug tests.

In exchange, those who graduate can see their cases dismissed.

The Cumberland County veterans court was the second of its kind in North Carolina, following a similar court in Harnett County. Today, there are at least four such courts in the state.

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8.5 - CBS News Radio (ConnectingVets.com): Mr. Secretary, why is the VA abusing dogs?
(4 October, Jonathan Kaupanger, 23k online visitors/mo; New York, NY)

Puppies having holes drilled into their heads, then parts of their brains removed. Latex injected into puppies' coronary arteries before they're forced to run on treadmills until they have a heart attack. Dogs with severed spinal cords, invasive lung experiments… it's all just another day at the Department of Veterans Affairs.

Each year taxpayers fund between $15 to $20 billion worth of animal experiments. What part of that number belongs to the VA is hard to say because Veterans Affairs refuses to report the amount it spends on these type of tests. With over 9,000 projects listed in the Federal Register database, not one has the costs associated with the project listed.

ConnectingVets reached out to the VA with our questions, but as of publishing this article, they have refused to respond. Even with the agency's new "transparency," catchphrase, it's almost impossible to find out what exactly is going on with dog tests at the VA. The only thing coming from the VA on the subject is that they will look into how these tests are being done.

"It's unclear to me," said Justin Goodman, White Coat Waste Project's Vice President for Advocacy and Public Policy. "They say they're going to improve the oversight process for dogs in particular. I know they haven't communicated to Congress what that looks like."

It's not clear that Veterans Affairs even knows what this looks like either. At every turn, VA obfuscates reality and even makes outright lies about this subject.

"It is important to note that almost 100 percent of the animals involved in VA research are mice or rats,' said Dr. Michael Fallon, VA's Chief Veterinary Medical Officer, said in a statement recently. "Studies involving larger animals such as canines are rare exceptions; canines accounted for fewer than 0.05 percent of animals used in VA research in 2016."

He went on to say, "At VA we have a duty to do everything in our power to develop new treatments to help restore some of what veterans have lost on the battlefield. One of the most effective ways for VA to discover new treatments for diseases that affect veterans and non-veterans alike is the continuation of responsible animal research."

Fallon also said that VA's animal research program "sets the standard for accountability and transparency both inside and outside the government." I'm going to come back to this point in a minute, but first, you need to understand how animal tests – specifically testing on dogs – are categorized.

Dogs that are kept in a lab, maybe used for breeding but not used for tests, these are category B experiments. Category C would be anything that is non-invasive, a pinprick maybe, but nothing painful. Experiments with category D testing are painful, but relief is given to the dogs.

Category E tests are where dogs are under maximum pain and distress but are given nothing to reduce the pain.

Dr. Fallon's comment about accountability and transparency are just simply ridiculous. The VA doesn't publish anything at all on this, so if this is the "standard for accountability and transparency," it's not a good one. Now, his comment that dogs make up "fewer than 0.05 percent of animals used in VA" is technically true.

Last year there were about 60,000 dogs used in US labs, 0.05 percent of that is around 300, but what the VA doesn't tell us is that it's the ONLY government agency conducting category E tests on dogs.

One of the places conducting these painful tests is the Louis Stokes VA Medical Center in Cleveland, Ohio. Earlier this year, Cleveland announced that five of the dogs they were using in tests had been adopted out after the experiments were complete. Two of these dogs were able to find a home, but the VA gets real shady at this point. These two dogs were only marked for adoption the day a Freedom of Information request was made about the projects. Then, the same day reporters were told about the five adoptions, three of these dogs, it was later found out, had been killed.

This was admitted by the VA only after the facts were made public.

The burden is on the VA to prove veterans are getting something out of these tests, but they are simply quiet on the subject. Take for example the latex injected into puppies experiment. This has been going on for an estimated 20 years. Papers published on this don't even use the word veteran.

"If there's something that is truly valuable and might be promising, let the private sector fund it," said Goodman. "A private company isn't going to run dogs on treadmills for 20 years and not get anything to show for it."

Last month, VA Secretary Dr. David Shulkin wrote an opinion piece about the VA's dog testing programs. In it he discussed many life-changing medical advancements that are due to canine research. He also explains why dogs are used in biomedical research as well. These excuses worked before, but now that we're in the 21st Century, the excuses might explain why the VA is the least advanced federal agency when it comes to biomedical research.

To this, I have four words: Organ on a Chip.

Using this technology, tests can be simulated on the lung, heart, kidney, and arteries. Besides the cruelty factor of animal testing, using dogs often adds to the length of tests and can be expensive. The National Institute of Health estimates that 95 percent of drugs and treatments that pass animal tests fail when done on humans. This makes me wonder if this is the reason why VA refuses to follow the Federal Funding Accountability and Transparency Act.

New legislation has been introduced this year to stop Government funds from being spent on painful dog experiments. The Preventing Unkind and Painful Procedures and Experiments on Respected Species or PUPPERS Act, if signed into law, would only apply to D and E type animal experiments and would essentially stop the U.S. Government from paying to abuse animals.

Secretary Shulkin ends his opinion piece by saying, “The Senate should take a stand and preserve humane and carefully supervised canine research at VA.” Please, Mr. Secretary, can you first explain to your country what’s exactly going on with this research and how much it’s costing us?

And to paraphrase Janet Jackson, what exactly has this done for veterans, lately?

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Veterans Affairs Media Summary and News Clips

5 October 2017

1. Top Stories

1.1 - U.S. News & World Report (AP): Unclean Floors, Kitchens Found at Colorado Veterans Hospital (4 October, Dan Elliott, 24M online visitors/mo; Washington, DC)
Dirty floors, unclean kitchens and dusty vents were found by inspectors who checked a veterans hospital in Denver and a small veterans clinic in southern Colorado, according to a government report. Made public Wednesday by the Veterans Affairs Department's inspector general, the report did not say whether the conditions caused any health problems for patients.

Hyperlink to Above

1.2 - HuffPost: VA Loan Program May Be Letting Veterans Down, A shortage of home appraisers is gumming up the works. (4 October, Ann Brenoff, 22.9M online visitors/mo; New York, NY)
One of the promises we make members of the military is that in exchange for their service, we promise to ease their transition back into civilian life when the time comes. For over seven decades, a major element of that deal has been the VA loans that veterans can use to buy a home.

Hyperlink to Above

1.3 - The Hill: House Dems boycott VA reform discussion over inclusion of right-leaning group: report (4 October, Ellen Mitchell, 11.8M online visitors/mo; Washington, DC)
House Democrats boycotted a veterans health care reform discussion Tuesday over the inclusion of an advocacy group with ties to Republican Party donors, Military Times reported. House Veterans' Affairs Committee Democrats would not attend the meeting because Concerned Veterans for America (CVA) would be there. Democrats accused the group of being more interested in political attacks than creating new policy.

Hyperlink to Above

1.4 - Military.com: VA Photo ID Cards for All Veterans Coming in November (4 October, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)
All honorably discharged veterans of every era will be able to get a photo identification card from the Department of Veterans Affairs starting in November due to a law passed in 2015. The law, known as the Veterans Identification Card Act 2015, orders the VA to issue a hard-copy photo ID to any honorably discharged veteran who applies. The card must contain the veteran's name, photo and a non-Social Security identification number…

Hyperlink to Above

1.5 - Stars and Stripes: 'Alzheimer's is a veterans' disease:' New group tries to improve support for vets with dementia (4 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
It was part of Taylor's motivation to help create VeteransAgainstAlzheimer's, which officially launched Tuesday. The group is partnering with the Department of Veterans Affairs and Veterans of Foreign Wars to increase funding for Alzheimer's research, boost support for caregivers and enroll more veterans who are affected by dementia into the VA.

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2. Veteran and Employee Experience

2.1 - The Hill: The VA's woes cannot be pinned on any singular administration (4 October, Rory E. Riley-Topping, 11.8M online visitors/mo; Washington, DC)
Actions express priorities. Unfortunately, for the nation's veterans, the current priorities of the U.S. Department of Veterans Affairs have not changed much in the Trump era. As much as blaming Trump's populist policies or rousing rhetoric is an easy answer for any problem currently facing the nation, in the interest of fairness, it is important to note that the VA's woes cannot be pinned on any singular administration or political party, including the Trump administration.

Hyperlink to Above

2.2 - Dayton Daily News: Dayton VA gets primary care director; Lima clinic to open at new site (4 October, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)
The Dayton VA Medical Center has appointed a former Air Force medical officer to director of primary care and a larger clinic will open next spring in Lima, the federal health agency said. Edward P. Syron, a medical administrator, will earn the $120,900-a-year overseeing primary and home-based care outpatient services, the VA reported. He replaces Dr. Kavita Peddireddi, who served in the job temporarily until a permanent replacement was found.

Hyperlink to Above

2.3 - Military Times: House Democrats boycott VA health event, complicating reform plans (4 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Plans to overhaul veterans health care this fall could be in jeopardy after House Democrats boycotted a supposedly friendly roundtable discussion on the issue Tuesday over the inclusion of a Republican-linked advocacy group they insist is more interested in political attacks than policy crafting. The controversy comes just a few weeks before House lawmakers are planning to fast-track new legislation surrounding outside care programs at the Department of Veterans Affairs…

Hyperlink to Above

2.4 - The State Journal-Register: 'Unaccompanied' veterans honored at Camp Butler National Cemetery (4 October, 834k online visitors/mo; Springfield, IL)
Ten "unaccompanied" veterans were honored at Camp Butler National Cemetery on Tuesday. The veterans were recently buried at the cemetery but either had no relatives or no relatives who could travel to the cemetery at the time of burial. The twice-annual ceremony includes the presentation of colors, a ceremonial flag folding, rifle volley and the playing of "Taps" presented by the Sangamon County Interveterans Burial Detail.

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2.5 - New Hampshire Union Leader: VAMC volunteers recognized (4 October, 318k online visitors/mo; Manchester, NH)
The Manchester VA Medical Center recently held a volunteer recognition ceremony in honor of its 320 registered volunteers, who serve in more than 28 departments within the facility. The Medical Center's volunteers work directly with veterans as drivers, welcome ambassadors and

recreation aides to behind-the-scenes work in the warehouse, in the research department and in management.

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2.6 - The Augusta Chronicle: Club Car donates new golf cart to help disabled at Charlie Norwood VA Medical Center (4 October, Nefeteria Brewster, 240k online visitors/mo; Augusta, GA)
Club Car dedicated a 2017 golf cart, valued at more than $16,000, to the Charlie Norwood VA Medical Center to help get disabled veterans from the parking lot to the front of the facility. Although the uptown medical center holds two rows of handicapped spaces around the facility, Fred Palmer, a Club Car spokesman, said the new golf cart can further help those who are unable to secure those spots.

Hyperlink to Above

2.7 - WRDW (CBS-12, Video): Solution to VA Uptown Parking Problem (4 October, Celia Palermo, 914k online visitors/mo; North Augusta, SC)
The distance from the parking lot to the hospital doors can be pretty far depending on where you park. Veterans say they're sick of walking the distance. The VA says they know and they're fixing it. "A lot of us have difficulty walking...be it bad hips...bad knees...or bad ankles." He walks with a cane because he has arthritis. It's a price he paid, he says, for serving his country.

Hyperlink to Above

2.8 - WTAJ (CBS-10): New director at Altoona VA Hospital (4 October, Charlotte Ames, 192k online visitors/mo; Altoona, PA)
The new director at Altoona's Van Zandt VA Medical Center says she hopes to increase the number of services available to area veterans. Currently, the facility doesn't provide specialty services such as cardiology and cancer treatment, so veterans must travel to Pittsburgh for treatment. Sigrid Andrew said her goal is to offer those services in Altoona through the use of telemedicine and visiting clinics.

Hyperlink to Above

2.9 - Foster's Daily Democrat: UNH veterans adaptive sports program receives federal grant (4 October, 191k online visitors/mo; Dover, NH)
The University of New Hampshire's Northeast Passage Program will receive a $172,974.49 grant from the Department of Veterans Affairs (VA) to support adaptive sports opportunities for veterans and servicemembers with disabilities, according to Congresswomen Carol Shea-Porter and Annie Kuster.

Hyperlink to Above

2.10 - Altoona Mirror: Van Zandt director makes debut, Andrew said she chose job because veterans seem happy, staff respectful (5 October, William Kibler, 74k online visitors/mo; Altoona, PA)
After Sigrid Andrew applied to become director of the Van Zandt VA Medical Center, but before she was offered the job, she came here and sat in various lobbies and waiting rooms, observing interactions between employees and veterans. She noticed that the veterans seemed happy, that the employees were kind and that they were respectful of each other.

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2.11 - WAND (NBC-17, Video): Camp Butler National Cemetery honors 10 unaccompanied veterans (4 October, Meredith Hackler, 68k online visitors/mo; Decatur, IL)
The gloomy weather matched the somber tone 10 veterans were honored for their sacrifice to our country. "The unaccompanied honors veterans ceremony is a way we show respect to veterans that come to our cemetery without family members or without being accompanied by their loved ones," said Antonio Henderson, assistant director of Camp Butler National Cemetery.

Hyperlink to Above

2.12 - KXRM (FOX-21, Video): Veteran students speak out after Career Center shuts down (3 October, Carly Moore, 58k online visitors/mo; Colorado Springs, CO)
Dozens of veterans are out of luck after a school they were attending for a technical degree has been shut down. The school in North Texas is called Retail Ready Career Center (RRCC) which focuses on giving veterans hands-on training and professional job placement assistance in the HVAC industry. Two Colorado Springs veterans were enrolled in the class and both of their stories are exactly the same.

Hyperlink to Above

2.13 - The Daily News: Staller retires from VA Medical Center (4 October, 54k online visitors/mo; Iron Mountain, MI)
After 24 years of federal service, Patricia Staller of Iron Mountain has retired from the Oscar G. Johnson VA Medical Center. Staller was born and raised in Fort Atkinson, Wis., and is the daughter of Donald and Marie Peterson. She graduated from the University of Wisconsin-Milwaukee with a master's degree in social work.

Hyperlink to Above

2.14 - FEDweek: Improving Policy-Making at VA a Complex Task, GAO Finds (4 October, 51k online visitors/mo; Glen Allen, VA)
The Veterans Health Administration, the largest arm of the VA, is encountering several difficulties as it attempts to improve its policy-making, GAO has said. Under a policy issued last year, directives and notices are now the sole documents for establishing national agency policy; other types of documents, such as program office memos, are considered guidance.

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2.15 - Journal Express: Residents seek answers at VA town hall (4 October, Pat Finan, 9.2k online visitors/mo; Knoxville, IA)
A town hall meeting about the Veterans Administration campus on Thursday, Sept. 28, focused not only on the site's future but on vets themselves. The quality of their health care drew nearly as much attention as the 170-acre site during the two-hour discussion among about 125 people at the Knoxville Performing Arts Center. Many participants sought details of the process by which the government rids itself of the property. Others were frustrated about depressed or suicidal military comrades.

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3. Access to Healthcare

3.1 - WDBJ (CBS-7): VA expanding use of tele-medicine to improve access for veterans (4 October, Joe Dashiell, 833k online visitors/mo; Roanoke, VA)
The VA Medical Center in Salem is expanding the use of tele-medicine, as a way to improve veterans' access to health care. Wednesday, a company that provides the technology to the Department of Veterans Affairs demonstrated some of the newest equipment in Salem. Lindsay Gill is the Facility Telehealth Coordinator at the Salem VA Medical Center.

Hyperlink to Above

3.2 - The National Law Review: Department of Veterans Affairs Aims to Trump State Telemedicine Rules (4 October, 475k online visitors/mo; New York, NY)
The U.S. Department of Veterans Affairs ("VA") is taking a significant step towards expanding needed services to Veterans by proposing a rule to preempt state restrictions on telehealth. Most states currently restrict providers (including VA employees) from treating patients that are located in that state if the provider is not licensed there. As a result, the VA has had difficulty getting a sufficient number of providers to furnish services via telemedicine for fear that they will face discipline from those states for the unlicensed practice of medicine.

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3.3 - WCSH (NBC-6, Video): Lawsuit targets Togus VA for botched operations (4 October, Don Carrigan, 442k online visitors/mo; Portland, ME)
Six Maine military veterans are waiting for a federal judge in Portland to decide if they will be allowed to sue the Veterans Administration. Those veterans all say they had foot or ankle surgery at the Togus VA hospital, and that the doctor botched the operations. That doctor left in 2008, but the veterans say they still suffer pain and other problems.

Hyperlink to Above

3.4 - WHAS (ABC-11, Video): Annual event offers one-stop shop for homeless (4 October, Sara Wagner, 439k online visitors/mo; Louisville, KY)
The latest numbers show more than 6,000 people are struggling with homelessness in Louisville. Wednesday, a group of people put their talents together to help drastically reduce those numbers. Homeless Connect is an annual event aiming to serve hundreds of homeless individuals by offering dozens of free resources.

Hyperlink to Above

3.5 - KRGV (ABC-5, Video): Local Organizations Provide Options for Homeless Valley Veterans (4 October, Cecillia Gutierrez, 275k online visitors/mo; Weslaco, TX)
One homeless veteran is one too many. On any given night, 39,000 veterans in the U.S. find themselves without a permanent roof over their head, according to the U.S. Department of Housing and Urban Development. Clifford Briggs is one of those veterans. From looking at him you would never know he was homeless with his big smile, positive attitude and contagious laughter.

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3.6 - KRGV (ABC-5, Video): Valley Vietnam Veteran Battles Diabetes Linked to Agent Orange Exposure (4 October, Ryan Nelson, 275k online visitors/mo; Weslaco, TX)
Veterans who believe they are suffering from an illness linked to Agent Orange may have health care options through the VA. "One of the most important things that they need to do when they believe that they've been exposed to Agent Orange is to come by either the McAllen outpatient clinic or the Harlingen outpatient clinic," said VA Texas Valley Coastal Bend spokesperson Reynaldo Leal.

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3.7 - KOLO (ABC-8, Video): Reno physician helps Veterans in Puerto Rico (4 October, Terri Russell, 274k online visitors/mo; Reno, NV)
Under normal circumstances, Dr. Ivan Correa is the chief of staff at the Veterans Affairs Sierra Nevada Health Care System. He is also a Puerto Rican native, and decided to fly to the island to check on the status of his parents, after two devastating hurricanes hit the area. ”They tell me they are ok. But ok is a relative term…

Hyperlink to Above

3.8 - KRIS (NBC-6, Video): Mobile veterans services center touring county (4 October, Roland Rodriguez, 197k online visitors/mo; Corpus Christi, TX)
With more than 30,000 veterans in Nueces County, the Veterans Affairs Office has come up with a way to make serving those who served our country a little easier by going mobile. The mobile unit will be traveling throughout the county over three days next week, and it's equipped to provide a variety of services to local veterans. This a great way to help veterans who live out in rural areas.

Hyperlink to Above

3.9 - The Robesonian: Battaglia’s death latest proof of veterans’ neglect (4 October, Editorial Board, 72k online visitors/mo; Lumberton, NC)
It looks as if an SBI investigation will conclude that Kevin Anthony Battaglia, retired Army, just 33 years old, someone’s son, and the father of three young children, died when he was struck by an officer’s bullet during a standoff at his Parkton home on Sunday. But make no mistake: This was suicide by cop, and Battaglia is only the latest veteran of our Middle East wars to pick that poison after returning to this country a shattered self…

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3.10 - KXLH (CBS-25, MTN News, Video): VA Montana hosts Fall Health Festival (4 October, John Riley, 57k online visitors/mo; Helena, MT)
Over 550 Veterans received their Flu immunization today along with community members and V-A staff. VA Montana staff braved the cold temperatures outside to kick off the flu season with the annual Fall Health Festival and Drive Thru Flu Clinic. The shots were free for enrolled veterans and VA employees and the County Health Department were on hand to supply flu shots for a fee for everyone else.

Hyperlink to Above

3.11 - HealthTech: NHIT Week 2017: Technology Improves Care Options for Veterans - Telehealth and predictive analytics are among the tools being deployed more

strategically by the VA, Secretary David Shulkin says. (4 October, Dan Bowman, 20k online visitors/mo; Vernon Hills, IL)
One day after publication of a rule that would let doctors at Department of Veterans Affairs facilities leverage telemedicine to provide care to patients anywhere, VA Secretary David Shulkin discussed his agency's goals for using technology moving forward.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - WIBW (CBS-13, Video): Visually impaired veterans tour Kansas Statehouse (4 October, Deneysha Richard, 484k online visitors/mo; Topeka, KS)
The VA of Eastern Kansas sponsored an event on Tuesday that left a long lasting impact. The Topeka and Leavenworth VA campuses partnered with The Kansas State Capitol to host a tour for veterans who are visually impaired. Over 40 veterans were in attendance, some of who visited the Capitol for the first time.

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7. Supply Chain Modernization

7.1 - Washington Technology: B3 Group wins $156M VA financial, program management order (4 October, Ross Wilkers, Vienna, VA)
Leesburg, Va.-based small business B3 Group has won a five-year, $156 million task order for financial and program management services to the Veterans Affairs Department. The VA awarded the order under its potential 10-year, $22.3 billion T4NG IT services contract vehicle. Work under this order supports software development lifecycle tasks for the VA's financial services center, B3 Group said Tuesday.

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8. Other

8.1 - CNN: Investigations opened into Zinke's meeting with Golden Knights hockey team (4 October, Miranda Green, 29.7M online visitors/mo; Atlanta, GA)
The OSC probe is the sixth known investigation into travel by the administration's cabinet members. The most recent investigation opened was into Veterans Affairs Secretary David Shulkin's July business trip to London and Denmark, which included meetings with Danish and UK officials as well as a stop at Wimbledon.

Hyperlink to Above

8.2 - ABC News (Video): Top Democrat questions Kellyanne Conway's air travel (4 October, Benjamin Siegel, 24.1M online visitors/mo; New York, NY)
In addition to Price, Interior Secretary Ryan Zinke, Veterans Affairs Secretary David Shulkin and Treasury Secretary Steven Mnuchin have all come under fire for their use of government planes or private aircraft.

Hyperlink to Above

8.3 - WRIC (ABC-8, Video): Virginia taxpayers funding deadly dog experiments at McGuire VA Medical Center (4 October, Kerri O'Brien, 477k online visitors/mo; Richmond, VA)
We've known for months that federal tax dollars have been funding the deadly dog experiments at McGuire VA Medical Center. Now, 8News has learned that Virginia has funded those canine experiments, and it has some lawmakers calling for an end to the contributions. Documents obtained through a Freedom of Information Act request show that the Commonwealth of Virginia contributed to the funding for the McGuire Medica Center's dog experiments.

Hyperlink to Above

8.4 - Fayetteville Observer: Veteran charged in Gray's Creek murder (4 October, Drew Brooks, 439k online visitors/mo; Manchester, NH)
A spokesman for the Fayetteville VA Medical Center confirmed Wednesday that Vann works at the VA. He was hired at around the time he graduated from the Veterans Treatment Court, but the spokesman could not provide any other details. In 2016, he told The Fayetteville Observer that he had turned his life around with the help of the Veterans Treatment Court team…

Hyperlink to Above

8.5 - CBS News Radio (ConnectingVets.com): Mr. Secretary, why is the VA abusing dogs? (4 October, Jonathan Kaupanger, 23k online visitors/mo; New York, NY)
Puppies having holes drilled into their heads, then parts of their brains removed. Latex injected into puppies' coronary arteries before they're forced to run on treadmills until they have a heart attack. Dogs with severed spinal cords, invasive lung experiments… it's all just another day at the Department of Veterans Affairs.

Hyperlink to Above

1. Top Stories

1.1 - U.S. News & World Report (AP): Unclean Floors, Kitchens Found at Colorado Veterans Hospital (4 October, Dan Elliott, 24M online visitors/mo; Washington, DC)

DENVER (AP) — Dirty floors, unclean kitchens and dusty vents were found by inspectors who checked a veterans hospital in Denver and a small veterans clinic in southern Colorado, according to a government report.

Made public Wednesday by the Veterans Affairs Department's inspector general, the report did not say whether the conditions caused any health problems for patients.

The report , dated Sept. 29, said a February inspection found cleanliness problems in eight patient care areas, two areas where instruments are sterilized and in some ice machines and refrigerators in kitchens.

It also said some ventilation grills and horizontal surfaces were dusty.

The report did not specify whether the problems were at the aging Denver hospital or a small outpatient clinic in Salida, Colorado, which inspectors also visited. Kristen Schabert, a spokeswoman for the VA's Denver-based Eastern Colorado Health Care System, said inspectors focused on the Denver hospital.

A new veterans medical center is under construction in suburban Aurora to replace the Denver facility and is expected to open next year. The February inspection did not include that facility.

In a written statement, the VA said plans are in place to address the problems the inspectors found.

The VA nationwide is under scrutiny over spending, long wait times for care and other problems.

Last month, The Associated Press reported the VA program that pays for veterans to get health care in the private sector could run out of money this year, despite getting $2.1 billion in emergency funding in August. Another shortfall could force the VA to limit referrals to outside doctors, causing delays in medical care for hundreds of thousands of veterans.

In Colorado, the cost of the medical center being built outside Denver has nearly tripled to almost $1.7 billion. That so infuriated lawmakers that they stripped the department of the authority to oversee large construction projects and put the Army Corps of Engineers in charge.

Other problems found in the February inspections in Colorado:

-- Two doors in a mental health treatment facility were found unlocked and the alarms were not turned on.

-- Inspectors found no record that some new employees were given required security training.

-- Inspectors found no evidence that security personnel were compiling or analyzing data on violent or disruptive incidents.

-- Staff did not compile adequate reports on some patients who were transferred to other facilities, including whether the patients were stable enough to be moved and whether the new facility was told the patients' history, symptoms and test results.

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1.2 - HuffPost: VA Loan Program May Be Letting Veterans Down, A shortage of home appraisers is gumming up the works. (4 October, Ann Brenoff, 22.9M online visitors/mo; New York, NY)

One of the promises we make members of the military is that in exchange for their service, we promise to ease their transition back into civilian life when the time comes. For over seven decades, a major element of that deal has been the VA loans that veterans can use to buy a home.

These loans require no money down and can be obtained with much lower credit scores than other mortgages. But the much-vaunted program, which began under the GI Bill of 1944, has hit a snag.

The Mortgage Bankers Association recently warned the Department of Veterans Affairs that the program may be hurting the very vets it was designed to help.

Here's The Deal

Under the VA loan program, veterans can borrow up to $417,000 — or $625,000 in designated "high cost areas," like parts of California — without putting any money down for a house that will be their principal residence. That's a good deal considering the median home value in the U.S. is currently $200,700, according to Zillow.

Among the program's other attractions, there is no maximum debt ratio — meaning that the borrower's monthly mortgage payment can exceed the typical lender's restriction of no more than 28 percent of gross monthly income. There is no minimum credit score requirement either, while most other home mortgages require a credit score of at least 620 for conventional loans or 580 for most Federal Housing Administration loans. A VA loan can also be used to refinance an existing loan. And vets can get these loans more than once.

The VA home loan program is one of the key reasons that 79 percent of veterans own their own homes, compared with just 63 percent of the non-veteran population, according to Trulia.com.

But recent vets don't seem to be taking advantage of the program in large numbers. Just 36 percent said they had applied for a VA home loan in a 2014 survey of 2,000 members of Iraq and Afghanistan Veterans of America.

Pressured Not To Use VA Loans

Real estate agents have long complained that the VA's hurry-up-and-wait requirements when it comes to appraisals and inspections, associated red tape and extra hoops to jump through compared with conventional loan programs ultimately hurt veterans' efforts to purchase homes in a competitive market.

Now the Mortgage Bankers Association is highlighting the problem of delays in the appraisals that the VA requires. There is a shortage of available appraisers, which has led to longer wait times and missed contract deadlines.

Add the appraiser shortage to the fact that it's just faster and simpler to work with other buyers, and some home sellers and their agents shy away from dealing with VA loans. As a result, the mortgage bankers group said, veterans are under pressure to bypass the benefits of a VA loan and seek conventional financing instead.

Steve O'Connor, senior vice president of the Mortgage Bankers Association, laid out his group's concerns in a Sept. 5 letter to the executive director of the VA's Loan Guaranty Service, who oversees the loan program. He said that veterans often can't close a VA loan and are forced "to choose other loan programs to meet certain deadlines or face other adverse outcomes."

Finding alternate home funding means having to come up with as much as a 20 percent down payment, meeting tighter credit standards and walking away from a promised benefit they earned when they put their lives on the line for their country. A non-VA loan can also cost the veteran an additional "tens of thousands of dollars of interest payments over the life of the loan," O'Connor wrote.

The VA did not respond to questions emailed by HuffPost or make a spokesperson available for comment by publication time.

Appraisers Are Upset

While the Mortgage Bankers Association letter was sparked by anecdotal evidence provided by its members, the group is not the first to note the impact of changes to the appraisal industry — changes that have not set well with current appraisers and may have discouraged new ones from entering the field.

Almost 75 percent of the 2,248 appraisers surveyed in a 2017 study from the National Association of Realtors said they planned to leave or have already left the business because of greater regulation and an industry shift away from working directly for lenders to working for larger companies that manage groups of appraisers. These appraisal management companies take as much as 50 percent of what home buyers pay in appraisal fees.

The Dodd–Frank Wall Street reform law of 2010 put in place new federal guidelines that required banks to have a "firewall" between lenders and appraisers to avoid conflicts of interest. These appraisal management companies blossomed as the new middlemen, but the actual appraisers — the people who do the hands-on work — saw their pay cut. Appraisers also contend they're unfairly taking the blame when the companies "gouge" buyers with excessive fees, according to housing writer Kenneth R. Harney.

So appraisers are unhappy these days, and the assignments they most don't want to accept are those involving VA loans, according to the National Association of Realtors study. The double whammy of red tape and low compensation was the given reason.

To address the problem, the Mortgage Bankers Association offered a series of recommendations to the VA: use a virtual desktop appraiser to supplement the traditional

process of on-site visits, grant property inspection waivers, and lend its support to a proposal from the Appraisal Qualifications Board to reduce licensing requirements.

“The damaging impact to the veteran community is clear and the VA should act quickly,” the group wrote.

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1.3 - The Hill: House Dems boycott VA reform discussion over inclusion of right-leaning group: report (4 October, Ellen Mitchell, 11.8M online visitors/mo; Washington, DC)

House Democrats boycotted a veterans health care reform discussion Tuesday over the inclusion of an advocacy group with ties to Republican Party donors, Military Times reported.

House Veterans’ Affairs Committee Democrats would not attend the meeting because Concerned Veterans for America (CVA) would be there. Democrats accused the group of being more interested in political attacks than creating new policy.

CVA was one of 18 veterans groups invited to the event, including the American Legion, AMVETS, Iraq and Afghanistan Veterans of America and Wounded Warrior Project.

“The chairman has the right to invite any organization he pleases, but to pretend that CVA is anything other than a partisan organization that invests time and money into discrediting Democratic members of Congress, and specifically the ranking member of this committee, is disingenuous,” Griffin Anderson, press secretary for the committee’s Democrats, told Military Times.

“We will not pretend it is anything else.”

House lawmakers are looking to quickly move new legislation on outside care programs at the Department of Veterans Affairs (VA), including the Veterans Choice Program.

Under the three-year-old Choice program, the VA pays for veterans who live too far away from the nearest Veterans Health Administration (VHA) facility or need a quicker medical appointment to use private doctors and hospitals.

Critics of several proposals to replace the Choice program are afraid that will lead to privatizing the VA. Outsourcing veteran care to the private sector, they fear, will divert billions of dollars from VHA services to medical providers that can’t be as well supervised and that have limited experience caring for veterans.

VA Secretary David Shulkin has promised to replace the Choice program with the Coordinated Access and Rewarding Experiences program (CARE) to be revealed this month.

The closed roundtable discussion which Democrats refused to attend covered broad outlines of the upcoming proposals.

“It is disappointing that the Democrat members of the committee did not want to hear ideas on how to fix the VA from a group of veterans, including many patients of the VA and combat veterans like myself,” said Dan Caldwell, the policy director for CVA.

A spokeswoman for House VA Committee Chairman Phil Roe (R-Tenn.) told Military Times that attendees for the event “were invited to participate because of their interest in and serious study of VA’s community care programs. They were invited for that reason and that reason only.”

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1.4 - Military.com: VA Photo ID Cards for All Veterans Coming in November (4 October, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)

All honorably discharged veterans of every era will be able to get a photo identification card from the Department of Veterans Affairs starting in November due to a law passed in 2015.

The law, known as the Veterans Identification Card Act 2015, orders the VA to issue a hard-copy photo ID to any honorably discharged veteran who applies. The card must contain the veteran's name, photo and a non-Social Security identification number, the law states.

A VA official on Wednesday confirmed the cards are on track to be available nationwide starting in November. Veterans may apply for the card online, but a timeline for how long it will take to receive a card after application has not been finalized, the official said.

Although the law states that the VA may charge a fee for the card, the official said no fee is planned.

The change comes as the military exchange stores prepare to open online shopping to all honorably discharged veterans starting Nov. 11. Veterans who wish to use that new benefit must be verified through VetVerify.org.

Congress passed the ID law as a way to help veterans prove their service without showing a copy of their DD-214.

"Goods, services and promotional activities are often offered by public and private institutions to veterans who demonstrate proof of service in the military, but it is impractical for a veteran to always carry Department of Defense form DD-214 discharge papers to demonstrate such proof," the law states.

Some veterans already carry such proof of service.

Those who receive health care from the VA or have a disability rating can get a photo ID VA health card, also known as a Veteran Identification Card. Military retirees also hold an ID card issued by the Defense Department.

Veterans are also able to get a proof of service letter through the VA's ebenefits website. And some states will include a veteran designation on driver's licenses if requested.

Editor's Note: The fourth and fifth graphs have been updated with additional information from the VA.

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1.5 - Stars and Stripes: 'Alzheimer's is a veterans' disease:' New group tries to improve support for vets with dementia (4 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

WASHINGTON — Shawn Taylor knows the strain that Alzheimer's can put on a family.

Her grandmother developed Alzheimer's in the early 1980s. Then, her grandfather was diagnosed with the disease. Then her mother and father.

At age 21, as an only child and grandchild, the deadly form of dementia forced Taylor to become a caregiver for the next 35 years.

"I understand the intense caregiver needs," she said. "And as I watch my mother slip away -- unable to recognize me, unable to take care of her most basic needs – I realized I needed to do more."

It was part of Taylor's motivation to help create VeteransAgainstAlzheimer's, which officially launched Tuesday. The group is partnering with the Department of Veterans Affairs and Veterans of Foreign Wars to increase funding for Alzheimer's research, boost support for caregivers and enroll more veterans who are affected by dementia into the VA.

Her decision to focus her attention on veterans -- a group disproportionately at risk for dementia – was personal, too. Taylor's grandfather, John Gavin, was an Army colonel and West Point graduate, and her father, Bernard Landau, is a retired lieutenant colonel and Vietnam War veteran.

The veterans-focused group is a new segment of UsAgainstAlzheimer's, which lobbies to increase research for a cure. George Vradenburg, a cofounder of UsAgainstAlzheimer's, described the organization as "small, feisty and fearless."

"We're learning far too often veterans are disproportionately affected by this disease and are at a greater risk for Alzheimer's because of their war-related brain impairments," Vradenburg said. "Alzheimer's is a veterans' disease."

article continues below

Veterans are at higher risk for Alzheimer's for several reasons, explained David Cifu, a researcher and traumatic brain injury specialist at the VA. There's a higher prevalence of mental health disorders in the veterans community, he said, which creates more likelihood of developing dementia. According to a study in the Journal of the American Geriatrics Society, the risk of Alzheimer's doubles for veterans with post-traumatic stress disorder.

Traumatic brain injury also increases the risk of dementia, and of developing it earlier in life, according to a 2014 study published by the American Academy of Neurology. Older veterans

with TBI are 60 percent more likely to develop dementia than other veterans, according to the study.

Iraq and Afghanistan veterans are at higher risk to develop Alzheimer's sometime in their lives because they've sustained more brain injuries, VeteransAgainstAlzheimer's wrote in a report Monday. Of all combat wounds in Iraq and Afghanistan, 22 percent were brain injuries – nearly double the brain injuries sustained during the Vietnam War.

"Now more than ever, we need to redouble our efforts," Cifu said.

One study published by the National Institute of Health estimates 420,000 veterans will have developed Alzheimer's between 2010 and 2020.

About 270,000 veterans with dementia are enrolled in the VA, Cifu said. The number enrolled in the VA represents only about 35 percent of the 774,000 veterans estimated to have dementia.

The VFW got involved in order to improve the numbers, said Ryan Gallucci, a director with the VFW. Some veterans and families don't realize they qualify for VA benefits, such as caregiver support, Gallucci said.

Others are barred from those services because of VA regulations. For instance, some caregiver benefits are available only to family members of veterans wounded post-9/11. There's legislation in Congress, H.R. 1472 and S. 591, that would expand the services to all veterans.

Karen Garner, who was a caregiver to her husband, Senior Master Sgt. Jim Garner, said she didn't qualify for VA assistance because of income restrictions. She said her husband, who died of Alzheimer's last year at age 52, was confused and hurt that the VA wouldn't provide help.

"With the low enrollment numbers in VA… we have to do better than this," Gallucci said. "This is where we can help make a difference."

Increasing funding for Alzheimer's research is also key, said Cifu. In 2016, the VA conducted 157 research projects on Alzheimer's disease across 44 locations, at a cost of $30 million.

"This sounds like a lot, and it is, but we need to do even more," he said.

Cifu is part of a consortium of specialists at the VA and Defense Department starting a new study to find connections between brain injury and dementia, he said. The group is looking to get as many veterans and servicemembers involved as possible.

At age 56, Taylor is still a primary caregiver. Her mother is in the late stages of Alzheimer's, and her father was just diagnosed with the disease last fall.

Taylor is hoping improvements in research and support could help Vietnam War-era veterans such as her father -- who's now 87 and living in a nursing home -- as well as the potential surge of Iraq and Afghanistan veterans who could develop the disease in the next 20 to 30 years.

"What we want to do is start the conversation," Taylor said. "Nobody wants to talk about it, but we have to talk about it. It's happening, and what's ahead of us is going to be devastating."

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2. Veteran and Employee Experience

2.1 - The Hill: The VA's woes cannot be pinned on any singular administration (4 October, Rory E. Riley-Topping, 11.8M online visitors/mo; Washington, DC)

Actions express priorities. Unfortunately, for the nation's veterans, the current priorities of the U.S. Department of Veterans Affairs have not changed much in the Trump era.

As much as blaming Trump's populist policies or rousing rhetoric is an easy answer for any problem currently facing the nation, in the interest of fairness, it is important to note that the VA's woes cannot be pinned on any singular administration or political party, including the Trump administration.

Entrenched accountability issues such as those that are plaguing the VA take time to resolve. But, it appears that, thus far, the Trump administration may have over-promised and under-delivered.

Trump campaigned on a platform of overhauling the VA, and despite a robust legislative agenda aimed at following through on those campaign promises, the VA's priorities over the last several months have included gallivanting through Europe, defending questionable research programs, and delaying the release of a much-needed strategic plan on the future of the Veterans Choice program.

Wasting taxpayer funding seems to be at the route of many of the VA's problems. As explained by Avik Roy, a health care policy advisor and president of the Foundation for Research on Equal Opportunity, "[i]f you look at the budget of the VA and simply divide it by the number of people enrolled . . . there's more than enough money to fund veterans' healthcare. The problem is too much of the money is being spent not on veterans' healthcare, but on other institutional priorities."

The first institutional priority distracting top VA officials from veterans' healthcare relates to splurging on travel. Although VA Secretary David Shulkin's travel indiscretions pale in comparison to other members of the Trump cabinet, such as recently-resigned Health and Human Services Secretary Tom Price who spent over $1 million of taxpayer funds on charter flights, a Washington Post investigation into Shulkin's travel revealed that, while veterans continued to struggle with the improved access to care promised by the Trump administration, he attended Wimbledon, toured Westminster Abbey, and took a cruise along the Thames at taxpayer expense. The VA's Office of the Inspector General is now conducting its own investigation into the propriety of these travel expenses.

The revelations regarding Shulkin's travel were particularly egregious in light of the fact that, less than two weeks prior, Shulkin signed a memo instructing VA staff to curtail travel in order to "generate savings" within the department. Ironically, the memo went on to state that providing clearly documented rationale on the necessity of official travel was required to promote "accountability in determining whether employee travel in their organization is essential."

Assuming that leadership starts from the top, Shulkin has failed to provide the type of leadership necessary to promote the type of accountability and cost savings that are essential to reforming the department he oversees.

The second institutional priority distracting the VA from veterans' healthcare is in regard to the department's controversial canine research program. Many in the veterans community found it bizarre that, during the month of September, which is National Suicide Prevention Awareness Month, the only public opinion authored by Shulkin for a major media outlet was an opinion piece defending this program in USA Today, while he remained relatively silent publicly on internal data released the same week on the high rates of veteran suicide in rural states and among female veterans, until the Senate Committee on Veterans' Affairs scheduled a hearing on the topic at the end of the month.

As noted by Ben Krause, disabled veteran and founder of the website Disabledveters.org in a San Diego Tribune article discussing this topic, "I'm not going to say canine research should or shouldn't be done at all, I just don't think the VA should do it. VA has a hard enough time not withholding healthcare from veterans on a regular basis." If VA could redirect its zealousness in defending this program to providing better access to care, veterans would certainly be better off.

Finally, the third institutional priority distracting VA from veterans' healthcare is its inability to effectively implement the Veterans Choice Program. Although the Choice Program is relatively new, having been first signed in to law in 2014, VA has consistently struggled with the role of private sector care in conjunction with VA-care, with some equating the Choice Program with the demise of the department and full-scale privatization of the VA.

As VA continues to find a balance between its own existence and the role of private sector care, it nonetheless asked Congress for an emergency increase in funding for the program due to increased demand.

Despite legislation in August that provided the program with an additional $2.1 billion in funding, the money continues to be spent faster than expected because of a combination of the popularity of the program and VA's inability to properly account for the money. As a result, VA has slowed down veterans' referrals for medical appointments outside the VA, thus causing additional delays in needed care.

In requesting additional funding, Shulkin acknowledged to a Senate subcommittee in charge of VA funding that "we do not want to see veterans impacted at all because of our inability to manage budgets." However, this is exactly what is continuing to happen.

As Sen. John McCain (R-Ariz.) said in a scolding to Shulkin in a letter dated Sept. 27

"On June 21 of this year, I joined several of my colleagues in writing to you to express our serious concerns about reports of financial mismanagement at the VA. We said at the time that it was essential, given the growing demand for care under the Choice program, that the VA immediately correct the failures that created such a serious shortfall. It appears as if you have not done so."

It should go without saying that VA's top priority should be veterans, but as the current administration's actions have demonstrated to date, this is not always the case. Only when the VA embraces a culture of veterans first, rather than entrenched bureaucracy first, can they

overcome the many institutional detriments distracting them from effectively using its taxpayer funded budget to provide veterans with first class care.

Rory E. Riley-Topping has dedicated her career to ensuring accountability within the Department of Veterans Affairs (VA) to care for our nation's veterans. She is the principal at Riley-Topping Consulting and has served in a legal capacity for the U.S. House of Representatives Committee on Veterans' Affairs, the National Veterans Legal Services Program, the U.S. Court of Appeals for Veterans Claims, and the Department of Veterans Affairs, and can be reached on Twitter @RileyTopping.

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2.2 - Dayton Daily News: Dayton VA gets primary care director; Lima clinic to open at new site (4 October, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)

DAYTON - The Dayton VA Medical Center has appointed a former Air Force medical officer to director of primary care and a larger clinic will open next spring in Lima, the federal health agency said.

Edward P. Syron, a medical administrator, will earn the $120,900-a-year overseeing primary and home-based care outpatient services, the VA reported. He replaces Dr. Kavita Peddireddi, who served in the job temporarily until a permanent replacement was found.

Syron, who joined the VA staff three years ago, was a former chief of non-VA care coordination and a group practice manager at the medical facility.

He's also an assistant adjunct professor in medicine at the Wright State University Boonshoft School of Medicine, according to the VA.

Next spring, a larger VA outpatient clinic is scheduled to open at 750 High St. in Lima. The renovated 9,750-square-foot leased facility will handle a growing patient case load that has risen 10.5 percent over two years, figures show.

The new facility will have about 100 more parking spaces than the current location at 1303 Bellfontaine Ave., the VA said.

The clinic has served about 4,200 veterans and counted more than 22,000 outpatient visits within the past year, the VA reported.

The VA also plans a $1 million expansion of an outpatient clinic in Springfield, officials announced in August. Proposals to expand on site or move to a new location were due this December. The VA has targeted an opening in 2018.

The Dayton VA Medical Center has a more than $425 million budget and employs about 2,100 employees at the medical center and four outpatient clinics in Lima, Middletown and Springfield, Ohio and Richmond, Indiana. The facilities treated about 39,300 patients in the past fiscal year, said spokesman Ted Froats.

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2.3 - Military Times: **House Democrats boycott VA health event, complicating reform plans** (4 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Plans to overhaul veterans health care this fall could be in jeopardy after House Democrats boycotted a supposedly friendly roundtable discussion on the issue Tuesday over the inclusion of a Republican-linked advocacy group they insist is more interested in political attacks than policy crafting.

The controversy comes just a few weeks before House lawmakers are planning to fast-track new legislation surrounding outside care programs at the Department of Veterans Affairs, including the problematic Choice program.

The topic was already sensitive within the veterans community before the boycott, with concerns about shifting funding to private-sector physicians and the possibility of a slow dismantling of VA responsibilities.

But tensions grew this week when Democrats on the House Veterans' Affairs Committee refused to attend Tuesday's event because of the presence of Concerned Veterans for America, an advocacy group with ties to Republican Party donors.

"The chairman has the right to invite any organization he pleases, but to pretend that CVA is anything other than a partisan organization that invests time and money into discrediting Democratic members of Congress, and specifically the ranking member of this committee, is disingenuous," said Griffin Anderson, press secretary for the committee's Democrats.

"We will not pretend it is anything else."

CVA was one of 18 veterans groups invited to the event, a group that included the large legacy organizations such as the American Legion and AMVETS as well as newer organizations like Iraq and Afghanistan Veterans of America and Wounded Warrior Project.

Several VA officials also attended, including soon-to-be acting VA Undersecretary for Health Carolyn Clancy. Committee Chairman Rep. Phil Roe, R-Tenn., moderated the discussion.

Individuals in the closed roundtable characterized the discussion as largely non-eventful, covering broad outlines of the proposals to come. Dan Caldwell, policy director for CVA, criticized the Democratic members for turning it into a political issue.

"It is disappointing that the Democrat members of the committee did not want to hear ideas on how to fix the VA from a group of veterans, including many patients of the VA and combat veterans like myself," he said. "We have worked for years to develop comprehensive and bipartisan solutions to the VA's problems and appreciate that Chairman Roe invited us."

Tiffany Haverly, communications director for Roe, said attendees for the event "were invited to participate because of their interest in and serious study of VA's community care programs. They were invited for that reason and that reason only."

CVA is a controversial force within the veterans community. Earlier this year, the group ran ads in Minnesota blasting committee ranking member Rep. Tim Walz, D-Minn., for blocking VA reform proposals favored by Republicans, saying that he “let veterans down.”

Group officials have declined to release funding sources and trustee information for the group, but numerous news reports have linked the group to the Koch brothers network of conservative activist organizations. They’ve also enjoyed significantly better access to policy talks and events under President Donald Trump than they did under former President Barack Obama.

Unlike most veteran advocacy groups, CVA’s non-profit designation allows them to spend significant amounts on political or lobbying efforts. Haverly said committee precedent has included organizations like CVA in the Capitol Hill discussions.

Groups like IAVA and the Veterans of Foreign Wars have had similar lobbying arms in the past.

CVA’s main focus in recent years has been pushing for an expansion of outside care options for veterans. Officials there insist the current VA system is too overwhelmed and archaic to provide reliable, swift service for veterans’ medical needs, and have advocated for widespread changes to the system to allow more competition between VA hospitals and private-sector medical centers.

Some Democrats have labeled that approach a step toward privatizing the department. The health care reforms this fall are expected to center around the fight, balancing access issues with upgrades to the existing VA infrastructure.

VA Secretary David Shulkin has pushed for significant changes to the Choice program, including changing eligibility criteria to open the program to more veterans. He promised the replacement to the program — the Coordinated Access and Rewarding Experiences program, or Veterans CARE — is expected to be rolled out later this month.

In the meantime, House and Senate lawmakers have been meeting with veterans groups to try and work out potential challenges to those proposals early.

An extension of the Choice program was signed into law in August, but money for tens of thousands of veterans’ medical appointments outside the department is expected to run out by the end of the year, giving lawmakers a tight legislative timeline for reforms.

Whether the Democrats boycott in the House hurts that timeline — or leads to similar fights in the Senate, where Democrats there have voiced similar complaints about CVA — remains to be seen.

Haverly said Roe “remains committed to a bipartisan process for community care reform” despite the brewing fight. Griffin voiced similar optimism.

“The veterans committee is known for its bipartisanship, and while this invitation was a speedbump in that relationship, it is our hope we can get back on track so we can find a long-term solution to VA care in the community in the coming weeks,” he said.

CVA officials said they hope to remain heavily involved in the work as well. Public hearings on the issue are expected by the end of this month.

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2.4 - The State Journal-Register: 'Unaccompanied' veterans honored at Camp Butler National Cemetery (4 October, 834k online visitors/mo; Springfield, IL)

Ten "unaccompanied" veterans were honored at Camp Butler National Cemetery on Tuesday.

The veterans were recently buried at the cemetery but either had no relatives or no relatives who could travel to the cemetery at the time of burial.

The twice-annual ceremony includes the presentation of colors, a ceremonial flag folding, rifle volley and the playing of "Taps" presented by the Sangamon County Interveterans Burial Detail.

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2.5 - New Hampshire Union Leader: VAMC volunteers recognized (4 October, 318k online visitors/mo; Manchester, NH)

The Manchester VA Medical Center recently held a volunteer recognition ceremony in honor of its 320 registered volunteers, who serve in more than 28 departments within the facility.

The Medical Center's volunteers work directly with veterans as drivers, welcome ambassadors and recreation aides to behind-the-scenes work in the warehouse, in the research department and in management.

"Appreciating these volunteers is important to veterans and the staff, (who) are proud to work day in and day out with these selfless servants," said Alfred Montoya, acting Medical Center director at the Manchester VA.

Madeline Dreusicke, a volunteer representing the VFW Auxiliary, was on the 2017 volunteer recognition ceremony planning committee and received an award herself for having worked 1,750 volunteer hours. When asked what drives her to give so much, she said, "Just because it is the right thing to do. They served us and we should serve them. They come home changed, and when they come to the (Manchester VA) they are in a safe zone, and I want to be a part of providing that. These brave men and women are always on my mind. Serving them is an honor."

It is with a heavy heart that the Medical Center says goodbye to Richard Dobbyn, Charles Meservey Sr., Gerard Provencher and Preston Lawrance, who passed away within the past year.

"Richie, Charlie, Gerry and Preston made such a difference at the Medical Center," said Debra Krinsky, chief of voluntary service at the VA. "They truly improved the lives of so many of the veterans we serve. We are better for having shared our lives with these wonderful men. They will forever be remembered as our family, and for their contribution to the wellness of the veterans we serve."

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2.6 - The Augusta Chronicle: Club Car donates new golf cart to help disabled at Charlie Norwood VA Medical Center (4 October, Nefeteria Brewster, 240k online visitors/mo; Augusta, GA)

Club Car dedicated a 2017 golf cart, valued at more than $16,000, to the Charlie Norwood VA Medical Center to help get disabled veterans from the parking lot to the front of the facility.

Although the uptown medical center holds two rows of handicapped spaces around the facility, Fred Palmer, a Club Car spokesman, said the new golf cart can further help those who are unable to secure those spots.

“Transportation on both campuses in downtown and here in uptown is very important to get around,” he said. “They have parking and then they have transportation needs within the campus so I just see this as a fulfillment in partnership with that.”

Bob Frasier, a Voluntary Service Chief for the medical center who received the key to the new cart Wednesday, said the unique valet service is effective immediately.

Phones will also be added to poles in the parking lot by the end of the year for visitors who plan to use the new door-to-door service, he said.

“We’re going to continue to monitor the parking situation here and take steps as needed to make it the best possible experience for our veterans when they get here.” Frasier said. “So what we’re hoping to do eventually is we’re going to add phones and we’re going to have a phone number for veterans and when they park they can actually call and identify their location and then we can have a car clerk meet them at their car and have door-to-door service that way.”

Asked how services will be maintained, Frasier said it would depend significantly on those who are willing to volunteer as drivers for up to four hours each week.

“That would help us out greatly,” he said. “This is a pretty big step for us so of course in order for us to continue to do this we’re going to need people volunteer their hours.”

Those interested in volunteering can visit the Charlie Norwood VA Medical Center website for more information.

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2.7 - WRDW (CBS-12, Video): Solution to VA Uptown Parking Problem (4 October, Celia Palermo, 914k online visitors/mo; North Augusta, SC)

The distance from the parking lot to the hospital doors can be pretty far depending on where you park.

Veterans say they're sick of walking the distance. The VA says they know and they're fixing it.

"A lot of us have difficulty walking...be it bad hips...bad knees...or bad ankles."

He walks with a cane because he has arthritis. It's a price he paid, he says, for serving his country.

He's a Vietnam War Veteran and he travels for miles to come here for his medical needs.

"This is the best facility for miles around."

Well, he loves the facility, but he doesn't love having to walk so far from his car just to get seen.

"You gotta struggle across, what? About two football fields?"

The VA and community leaders like Fred Palmer with Club Car are noticing.

"This uptown campus is quite the place...the parking looks like it could be challenging."

It is, but here's how they're helping you. Club Car and the VA teamed up to add another vehicle to their fleet, a golf cart. Except this one is dedicated to the busy and big parking lots at the VA Uptown Division, not the medical district.

"If someone does need a little extra help, our vehicle can provide that comfortably."

It'll take you from wherever you park to the front door of the facility, quite the trek.

"The distance from here to there, this is the short distance. That's about one football field. Then you gotta get inside and then you gotta walk upstairs."

But once the cart hits the streets...

"Anytime I can take pressure off the bone, I'll be riding. The driver won't have to be alone, I'll ride with him."

Officials say they hope to have the cart up and running as soon as possible so they can start helping people. But to do that, they say they need even more volunteers to drive the new cart, and others.

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2.8 - WTAJ (CBS-10): New director at Altoona VA Hospital (4 October, Charlotte Ames, 192k online visitors/mo; Altoona, PA)

Altoona, Blair County, Pa. - The new director at Altoona's Van Zandt VA Medical Center says she hopes to increase the number of services available to area veterans. Currently, the facility doesn't provide specialty services such as cardiology and cancer treatment, so veterans must travel to Pittsburgh for treatment.

Sigrid Andrew said her goal is to offer those services in Altoona through the use of telemedicine and visiting clinics.

"If we can establish clinics whether it be four hours a week, two days a week, bring that provider in from the Pittsburgh VA, we would like to do that as well. But we need to establish what our needs are here in Altoona," she explained.

Andrew said the chief of staff from the Pittsburgh VA Medical Center is in Altoona to assess which specialty services are needed. She said she's already requested iPads for exam rooms, so that telemedicine can be used for consults with specialists in Pittsburgh.

The director said her background as a nurse impacts how she makes decisions as an administrator.

"I think when you're dealing with the costs and the budget and when you have to make choices, being a nurse does allow you to fairly balance and to fairly assess what the needs really are, because, at the end of the day, the patient, the veteran, is at the center of all decisions and you will always weigh on the side of the patient ," Andrew said.

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2.9 - Foster's Daily Democrat: UNH veterans adaptive sports program receives federal grant (4 October, 191k online visitors/mo; Dover, NH)

WASHINGTON, D.C. — The University of New Hampshire's Northeast Passage Program will receive a $172,974.49 grant from the Department of Veterans Affairs (VA) to support adaptive sports opportunities for veterans and servicemembers with disabilities, according to Congresswomen Carol Shea-Porter and Annie Kuster.

"As a leader in the field of recreational therapy, UNH's Northeast Passage Program empowers military men and women who are living with disabilities, and today's grant will help them continue their important work," Shea-Porter said. "I have always been proud to support this excellent program. Congratulations to the staff and volunteers at Northeast Passage on this recognition of the important work they do for our servicemembers, veterans, and so many Granite Staters living with disabilities."

"Recreational therapy holds tremendous potential for our men and women who have served in uniform," said Kuster, a member of the House Committee on Veterans' Affairs. "The University of New Hampshire Northeast Passage Program supports veterans and servicemembers with disabilities who wish to pursue adaptive sports as a means of therapy. I'm proud of the work being done by UNH to support our veterans and servicemembers and will continue to advocate on behalf this important program."

"We are very pleased that the VA has once again recognized Northeast Passage as a leader in providing adaptive sports opportunities for veterans and servicemembers with disabilities," said Northeast Passage Director Jill Gravink. "Our programs enable veterans to come together and share their experiences with people with similar interests, building social networks where veterans and servicemembers can connect with each other and enjoy recreation with the same independence as their non-disabled peers."

Founded in 1990 as a non-profit organization, NEP merged with UNH in 2000 and specializes in recreational therapy (RT) and adaptive sports for children, adults, servicemembers, and veterans with disabilities. RT interventions help people with disabilities cope with the stress of their illness or disability and prepare individuals for managing their disabilities in order to achieve and maintain independence, productivity, health, and well-being.

In March, Shea-Porter and Kuster wrote to the House Appropriations Subcommittee on Military Construction and Veterans Affairs requesting increased funding for the Adaptive Sports Grant program. In their letter to appropriators, the Congresswomen requested that the committee include report language recommending $10,000,000 for adaptive sports programs.

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2.10 - Altoona Mirror: Van Zandt director makes debut, Andrew said she chose job because veterans seem happy, staff respectful (5 October, William Kibler, 74k online visitors/mo; Altoona, PA)

After Sigrid Andrew applied to become director of the Van Zandt VA Medical Center, but before she was offered the job, she came here and sat in various lobbies and waiting rooms, observing interactions between employees and veterans.

She noticed that the veterans seemed happy, that the employees were kind and that they were respectful of each other.

It's a "buyer's market" in the VA for managerial posts, and Andrew had a choice about whether to come to Altoona.

She ended up coming here largely because of those observations, she said Wednesday at an introductory meeting with local media.

"It was the people of Altoona who lured me," she said.

A native of the Newark, Del., area who spent time as a child in Vermont, she also appreciated the region's four distinct seasons. "And you can't discount the mountains," she said.

Van Zandt territory — extending to DuBois, Johnstown, Huntingdon and State College — is also drivable, in contrast to some larger VA hospital territories where airplane flights are necessary, she added.

Andrew is coming to a hospital that hasn't had a permanent director for 20 months, following William Mills' departure for Memphis, and that has been roiled by accusations of whistleblower retaliation examined during recent hearings before the Merit System Protection Board — a quasi-judicial body that ensures federal employees are treated based on performance.

The whistleblowers testified about a poisonous atmosphere created because of their mandated reporting of what they said was the impairment from dementia of a doctor in their department.

Andrew intends to deal with those issues by moving "forward," she said.

“I’m hoping for a healing-type future,” she said.

She hopes to establish good relationships with employees — and with veterans, the overall community and the media, she said.

Two employee meetings have already been held, said Andrew, who hadn’t yet completed her third day on the job.

She plans to be “transparent, direct and open” and to tell the truth, she said.

She has a track record for that, she said — giving as evidence that at a facility where she worked, a union president called a counterpart at another facility — presumably where she was going to work — and said of Andrew, “You may not always like the decisions she makes, but you will always know what she stands for.”

She stands for the veterans, she said.

One recurrent issue raised in Van Zandt town hall meetings in recent times has been what veterans say is a shortage of specialist services.

Some of those veterans remember when there were 200 acute beds at Van Zandt, said hospital spokeswoman Andrea Young. Now there are only 11 acute beds, she said, to go with 40 nursing home beds. Those old ways aren’t coming back, Young said.

But, channeling Regional VA Director Michael Adelman, Andrew said there are modern ways to remedy the problem.

She plans to work with recently appointed Acting Chief of Staff Ali Sonel — who remains Chief of Staff at the Pittsburgh VA — to recruit doctors here and increase the number of telemedicine consultations from Pittsburgh, of visits to Altoona from specialists in Pittsburgh and of “fee-based” visits from private providers in this area to Van Zandt, as well as fee-based visits by veterans to those providers in their community settings.

Thanks to Sonel, it’s already happening, Andrew said.

Sonel’s position in Pittsburgh — his “connections” — can help make it all work, she said.

To make it work well, however, the hospital will do a market analysis to identify how those changes can serve the needs of 26,000 veterans on the hospital’s roster, she said.

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2.11 - WAND (NBC-17, Video): Camp Butler National Cemetery honors 10 unaccompanied veterans (4 October, Meredith Hackler, 68k online visitors/mo; Decatur, IL)

SPRINGFIELD, Ill. (WAND)-The gloomy weather matched the somber tone 10 veterans were honored for their sacrifice to our country.

"The unaccompanied honors veterans ceremony is a way we show respect to veterans that come to our cemetery without family members or without being accompanied by their loved ones," said Antonio Henderson, assistant director of Camp Butler National Cemetery.

A 21-gun salute, and the playing of tap, pays homage to those who were lost.

"We are honoring and respecting the selfless service that the veterans gave to our nation," added Henderson.

"Every veteran should have a ceremony like this and for whatever reason many don't get that opportunity," said Sam Montalbano with the Inter Veterans Burial Detail.

Many of those who took part in the ceremony are veterans themselves.

"I'm a veteran as well," added Henderson. "I feel that it is also my duty and responsibility to give back for those who have laid the ultimate sacrifice,"

"It's giving back for all the things that they do while they are in the service," says Montalbano. "So, it's a good feeling for me personally."

While there's nothing we can do to bring them back, those involved say they hope the lost are always remembered.

"We are their brothers and sisters. It's our responsibility to let them know that they are not alone on their final salute," added Henderson.

The next unaccompanied veteran's ceremony will be held on April 5th, 2018 and Camp Butler National Cemetery.

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2.12 - KXRM (FOX-21, Video): Veteran students speak out after Career Center shuts down
(3 October, Carly Moore, 58k online visitors/mo; Colorado Springs, CO)

Dozens of veterans are out of luck after a school they were attending for a technical degree has been shut down.

The school in North Texas is called Retail Ready Career Center (RRCC) which focuses on giving veterans hands-on training and professional job placement assistance in the HVAC industry.

Two Colorado Springs veterans were enrolled in the class and both of their stories are exactly the same. The Career Center approached them about the HVAC program and just about a week ago, without much notice the school was shut down and now their futures are uncertain.

One of those vets was Steve Pattillo who says two weeks ago his future career looked totally different after signing up for a 6-week certification class at RRCC.

“They convinced everyone to quit their jobs. I had a good paying job, at the time, they promised me something better. So, I moved my family here,” said Pattillo, an Army veteran.

On September 20, students were abruptly told the school was closed for the day and to go home but class would resume the next day.

“I did feel a little bit weird I felt a little uneasy because, it’s my families life basically in that schools hand,” said Pattillo.

Then on that Friday, September 22, students say the school’s president, John Davis, made an announcement to the group saying the Department of Veterans Affairs was investigating the school. This information left another classmate and Colorado Springs veteran, Charles Autry, with even more questions.

“[He] Basically assured us this was nothing more than an administrative review, that the school was in no danger of closing,” said Autry, a Navy veteran.

Davis went on to say an employee had been fired for stealing $20,000 of scholarship funds and the school illegally had too many student veterans.

“Less than a week later, we were in class doing some lecture lessons. In the middle of that, we had some school officials, come in and interrupt the class session and say ‘you had 5 minutes to get your stuff and get off the property’,” said Autry.

With no other answers, these two veterans along with more than 300 other students were sent home without their certificate or money back.

Right now both fathers want the same thing.

“I hope myself and other veterans are restored what they are owed,” said Autry.

“I’d basically like to see every body get back out on their feet and recuperate from what the school’s done to them and I’d like to prevent veterans from going through this again,” said Pattillo.

Autry is reaching out to Congressman Doug Lamborn’s office to see if they could help. They said the following in response:

> *“Congressman Lamborn’s office routinely helps veterans in our community. We have heard from one veteran about this school and are currently awaiting paperwork that will allow us to advocate on his behalf.”*

The school was thought to be violating the 85/15 rule, meaning that only 85 percent of the student body can use their GI bill to pay for tuition; the other 15 percent had to be non-service members or fund the program themselves. Davis said it turns out 98 percent of the people enrolled were former service members.

Pattillo and Autry did use $21,000 and 9 months of their VA benefits. They’re concerned what will happen next.

"Basically what the VA has told us, or told me, is that it's up in the air if we'll have our benefits restored, fully or partially restored, as it stand right now we are out 9 months of our benefits," Autry said.

"They said that's a big maybe and they are not 100 percent sure, so it's basically a big waiting game for all the veterans involved if we get anything back or not," Pattillo said.

FOX21 attempted to reach out to the Career Center, but no one answered the phone or returned the voicemail. The veterans said most of their classmates are also joining in on a class action lawsuit.

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2.13 - The Daily News: Staller retires from VA Medical Center (4 October, 54k online visitors/mo; Iron Mountain, MI)

IRON MOUNTAIN — After 24 years of federal service, Patricia Staller of Iron Mountain has retired from the Oscar G. Johnson VA Medical Center.

Staller was born and raised in Fort Atkinson, Wis., and is the daughter of Donald and Marie Peterson. She graduated from the University of Wisconsin-Milwaukee with a master's degree in social work.

After completing her graduate work at the Milwaukee VA Medical Center, Staller started her career at the Waco VA Medical Center in Texas. She later worked at the Central Texas VA Health Care System in Temple, Texas, and then transferred to the Iron Mountain VA Medical Center in 2001.

During her tenure in Texas, Staller worked in many medical areas and piloted the first Patient Orientation Program to help new veterans and their families coming into the VA. At the Iron Mountain VA, she worked in various clinical social work areas, including acute care, student education, low vision and ethics. Most recently, she served as social worker for geriatric and extended care in the medical center's Community Living Center.

Staller has been involved in many local theater productions, and she is a member of Zonta and the local chapter of Toastmasters of the Northwoods.

She is a widow and has one son, Curtis Staller; a daughter-in-law, Olga; and a granddaughter, Natasha, residing in Round Rock, Texas.

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2.14 - FEDweek: Improving Policy-Making at VA a Complex Task, GAO Finds (4 October, 51k online visitors/mo; Glen Allen, VA)

The Veterans Health Administration, the largest arm of the VA, is encountering several difficulties as it attempts to improve its policy-making, GAO has said.

Under a policy issued last year, directives and notices are now the sole documents for establishing national agency policy; other types of documents, such as program office memos, are considered guidance. VHA is reviewing about 800 existing national policy documents to eliminate those that no longer meet its new definitions, and to rescind or recertify those that are outdated, GAO said.

However, it found that "VHA is not planning to review guidance documents, such as program office memos and standard operating procedures, to assess whether they align with its updated directive, because there is no central repository for these documents and it would be too resource intensive to locate all of them."

"Further, GAO's review found–contrary to VHA's updated directive–that program offices are continuing to use memos to issue policy. The continued use of program office memos to establish national policy undermines VHA's efforts to improve its policy management," it said.

It added that program offices do not track or consistently disseminate the guidance documents they issue. And while the VHA has process for making national policy documents accessible to its medical centers and the veterans integrated service networks that oversee those centers, it lacks a process for making guidance documents accessible at the local level. The result is that "VHA lacks assurance that staff receive and follow the same guidance, as intended."

Nor does the VHA routinely collect information on local challenges in complying with national policies–such as resource constraints and undefined time frames–or on waivers of those requirements that program offices can approve "on an ad hoc basis."

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2.15 - Journal Express: Residents seek answers at VA town hall (4 October, Pat Finan, 9.2k online visitors/mo; Knoxville, IA)

KNOXVILLE - A town hall meeting about the Veterans Administration campus on Thursday, Sept. 28, focused not only on the site's future but on vets themselves. The quality of their health care drew nearly as much attention as the 170-acre site during the two-hour discussion among about 125 people at the Knoxville Performing Arts Center.

Many participants sought details of the process by which the government rids itself of the property. Others were frustrated about depressed or suicidal military comrades. Still more expressed worries about their own health, or about the eyesore they fear the campus will become.

The VA sent three people to the stage, mostly to discuss patient care. Gail Graham, medical director for the VA's Central Iowa Health Care System, touted its new outpatient clinic at 1607 N. Lincoln St. While she accepted accountability for moldy, deteriorating buildings at the old site, she eventually drew the line.

"I'm in the business of delivering health care, not in the business of maintaining buildings," Graham said.

The government won't sink money into the upkeep or the teardown of the buildings, officials said. Its main interest is getting the most money it can from the property and returning it to productive use, they said.

Those jobs fall to the General Services Administration, the real estate arm of the federal government. Jennifer Mollenshott, branch chief of the VA's Fort Worth, Texas, office, is in charge of the process for the next year or so.

Mollenshott said the VA is completing a review of the property and its potential, which she expects to see by the end of 2017. When GSA gets that report, a process of screenings is launched. Government agencies can express interest in the property, though that's not likely, she said. Other screenings include a look at the site's suitability to serve homeless people.

In similar situations, the process usually leads to the land being sold as-is, Mollenshott said. While many in the audience expressed eagerness for action, their waiting will continue as the process plays out through 2018.

"If all goes well, soup to nuts, you're looking at about a year," Mollenshott said.

The government's appraisal process considers what it calls "the highest and best use" for the property as well as local market conditions as it determines fair market value, Mollenshott said. The results of that appraisal will not be available to the public, she added.

Mollenshott tried to dispel concerns that potential buyers won't be interested in land that's dotted with large, dilapidated buildings.

"Trust me, I have seen a lot worse, and we still make a lot of money," she said.

Knoxville resident Park Woodle asked whether the site could be split into smaller parcels, contrary to what Knoxville has been told in the past. He mentioned several parts of the property that hold potential for housing or other uses. Such splits likely will be part of the marketing strategy, Mollenshott responded.

Would the city get a chance to get some parcels? Would it have to pay for them? Those were Knoxville resident Mike Lane's questions. Mollenshott and Mayor Brian Hatch both had answers.

The city and other government entities get dibs earlier in the screening process, Mollenshott said, though it would have to pay fair market price. Hatch said Knoxville might be interested in getting some of the land, while expressing wariness about the burden such a move could bring.

"We's like to have some control of that situation so that we can get something in there that's good for the community," he said.

With five days to reflect on takeaways from the two-hour meeting, Hatch described himself Tuesday as hopeful but cautious, given the history of the campus. The town hall was a good step, he said, and city and federal officials will continue to meet regularly.

"There were no real surprises," Hatch said. "I was hoping we would know what direction GSA was thinking of going. I think that once we have a better direction from GSA on selling the

property, we can then begin to formulate a little better strategy for the community to move forward."

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3. Access to Healthcare

3.1 - WDBJ (CBS-7): VA expanding use of tele-medicine to improve access for veterans (4 October, Joe Dashiell, 833k online visitors/mo; Roanoke, VA)

The VA Medical Center in Salem is expanding the use of tele-medicine, as a way to improve veterans' access to health care.

Wednesday, a company that provides the technology to the Department of Veterans Affairs demonstrated some of the newest equipment in Salem.

Lindsay Gill is the Facility Telehealth Coordinator at the Salem VA Medical Center.

"It means improved access," Gill told WDBJ7. "It allows our veterans to be seen at a distance, so they don't have to travel to the Salem VA. A lot of our veterans live hours away and this will allow them to seek care closer to home, but from the Salem Medical Center so it's really exciting."

A new program that will let veterans consult with health professionals from their homes should be coming on line in the next year.

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3.2 - The National Law Review: Department of Veterans Affairs Aims to Trump State Telemedicine Rules (4 October, 475k online visitors/mo; New York, NY)

The U.S. Department of Veterans Affairs ("VA") is taking a significant step towards expanding needed services to Veterans by proposing a rule to preempt state restrictions on telehealth.

Most states currently restrict providers (including VA employees) from treating patients that are located in that state if the provider is not licensed there. As a result, the VA has had difficulty getting a sufficient number of providers to furnish services via telemedicine for fear that they will face discipline from those states for the unlicensed practice of medicine.

The VA has a real need for expanding its telemedicine capabilities as many of its patients are located in rural and underserved areas. The VA's top clinical priority is mental health, and having more robust telemedicine capabilities could help improve timeliness of treatment (a reputational sore spot for the VA). The VA could also use telemedicine to reach more people in need that may not otherwise seek help. The rule would allow the VA to more evenly distribute care by hiring providers in urban areas where there is larger pool and have them treat in rural areas (via telemedicine).

Not everyone is happy about the proposed rule, however. Organizations such as the American Medical Association oppose the rule as undermining each state's ability to govern the practice of medicine within its borders. The concern is that states would have no ability to regulate their citizens' care under this new framework.

While this rule is limited only to VA patients and providers, the hope is that other federal agencies or even states will follow the VA's lead. Given the importance of increasing access to care and the advances in the delivery of care via telemedicine, it might be time for states to reexamine their restrictive approach to professional licensure.

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3.3 - WCSH (NBC-6, Video): Lawsuit targets Togus VA for botched operations (4 October, Don Carrigan, 442k online visitors/mo; Portland, ME)

AUGUSTA, Maine (NEWS CENTER) — Six Maine military veterans are waiting for a federal judge in Portland to decide if they will be allowed to sure the Veterans Administration.

Those veterans all say they had foot or ankle surgery at the Togus VA hospital, and that the doctor botched the operations. That doctor left in 2008, but the veterans say they still suffer pain and other problems.

Army veteran Steve Turner of Topsham isn't involved in the lawsuit but said Wednesday he also suffered at the hands of the same doctor.

Turner told NEWS CENTER his foot was operated on in early 2008 because of injuries sustained during his 13 years in the Army. He said there were problems soon after the first surgery and the doctor did a second operation. He said the foot then became badly infected and swollen and that only an emergency operation by a different doctor saved his foot.

Turner said it still causes him pain. He said the VA contacted him in 2010 and arranged a meeting, at which time it apologized, and blamed the doctor.

"They were very apologetic about what happened to me," he said, "and went step by step what [the doctor's] discrepancies were during surgery, what he should have done., and not done."

VA officials on Wednesday would not answer questions about the situation, referring all inquiries to the U.S. attorney's office.

In 2014, NEWS CENTER reported on a similar case involving a Hampden man, who said he had also suffered pain and continuing problems because of a failed ankle surgery s by the same doctor. At that time, VA Togus director Ryan Lilly confirmed it had been dealing with a number of foot and ankle surgeries that had turned out badly.

Lilly said the staff had been alerted to the problems by patients, had contacted the doctor's patients to apologize and offer to pay for whatever further care was required.

Lilly was asked how many patients suffered problems. "We're talking less than 100," he replied at that time.

Neither the VA nor the U.S. Attorney would say Thursday how many total patients were affected.

Steve Turner said he does not blame the VA, but blames the doctor, and would “like to sue him personally,” if he could.

Lawyers knowledgeable about the case told NEWS CENTER the doctor cannot be sued personally because he was working for the VA at the time.

That doctor is believed to be living in the New York City area, where an internet search showed he has been working at a medical practice. A receptionist at that practice said Wednesday the doctor no longer worked there.

The lawsuits by the six veterans are aimed at the VA, seeking permission to sue the government even though Maine’s statute of limitations has expired. Lawyers said oral arguments are scheduled for later this month and a ruling could come this fall.

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3.4 - WHAS (ABC-11, Video): Annual event offers one-stop shop for homeless (4 October, Sara Wagner, 439k online visitors/mo; Louisville, KY)

The latest numbers show more than 6,000 people are struggling with homelessness in Louisville. Wednesday, a group of people put their talents together to help drastically reduce those numbers. Homeless Connect is an annual event aiming to serve hundreds of homeless individuals by offering dozens of free resources.

The Salvation Army is no stranger to helping those in need. Inside the building, you'll find many stories of service and success, with plenty of new chapters being added at Wednesday's event.

"It's a lot of work to do, and it can't be done by one agency. It's got to be done by everybody in a group effort. It's got to be done by a community,” Salvation Army Commander Major Roy Williams said.

More than 80 partners came together to help those who need it most.

"There's one thing they need and they come here and they say, oh, I didn't know that was there. They get that and they start lifting themselves up out of poverty,” Williams said.

The organizations offered everything from IDs to eye and ear exams to haircuts and clothes. There were selfless acts at every corner, even feet washing.

"You can tell a lot about a person's health by washing their feet and then they can direct them to the medical center,” Williams said.

Acts like that help to wipe away some of the struggle and stereotypes that come with homelessness.

"It's not all about people who just want to sit outside and lay around all day. There's homeless that want to help themselves every day," Williams said.

Organizers said this event has the ability to reach many who won't seek it otherwise.

"A lot of people don't feel safe in the shelter, particularly veterans who may have had trauma," Healthcare for Homeless Veterans supervisor Jamie Watts said.

Having everything set up in a one-stop shop makes a major difference when you're used to anything but convenience.

"Anybody who has ever been homeless or been at the point where you're almost homeless knows you spend a lot of time waiting in lines, being in waiting rooms, and getting on a waiting list. So, our hope is that today you can get a lot of that done in one place and get moving faster toward getting a place of your own," Coalition for Homeless Executive Director Natalie Harris said.

Veteran Jack Jones knows that all too well.

"I've been homeless off and on for several years, but at this time, I've been homeless for about three months," Jones said.

Thanks to the VA, Jones has housing now and is getting ready to work again.

"I signed up for a library card so I can learn computers. I don't know computers yet, but they're going to teach me," Jones said.

Homelessness can take away so much, but these acts of kindness can help life get back on track.

"It's amazing what they do and so far, I haven't met a negative person yet," Jones said.

Organizers said the number of homeless has consistently dropped every year in Louisville for the last five years. They expect to serve around 600 people at this year's event and hope that number continues to go down each and every year, eventually eliminating the need for the event altogether.

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3.5 - KRGV (ABC-5, Video): Local Organizations Provide Options for Homeless Valley Veterans (4 October, Cecillia Gutierrez, 275k online visitors/mo; Weslaco, TX)

HARLINGEN – One homeless veteran is one too many. On any given night, 39,000 veterans in the U.S. find themselves without a permanent roof over their head, according to the U.S. Department of Housing and Urban Development.

Clifford Briggs is one of those veterans. From looking at him you would never know he was homeless with his big smile, positive attitude and contagious laughter.

Briggs comes from a military family, but now the ex-Navy firefighter goes to work during the day and sleeps at Loaves and Fishes in Harlingen.

"I moved down from Portland and it didn't work out too well, so I ended up at Loaves and Fishes. It's just a place to lay your head, stay out the weather at night to sleep," he said.

Briggs said he doesn't let life's unexpected turns get the best of him.

CHANNEL 5 NEWS spoke to Tommy Martinez, the Loaves and Fishes director of Family Emergency Assistance, to see if homeless veterans in their shelter are seen often.

"It ranges. Sometimes we have one to two homeless veterans in a month during the summer months or maybe even December we might have maybe three to four homeless veterans in our shelter at one point." Felix Rodriguez, a veteran service officer with the Hidalgo County Veterans Service.

He explained to us why veterans are more likely to face homelessness.

"Well, many of these veterans that are having issues with finding a place to stay, a home are coming back with issues that civilians don't have to deal with," he said. "And some of these issues and conditions run the gamut between post-traumatic stress disorder, traumatic brain injury, depressive disorders and other conditions secondary to that."

He said there are several ways you can help a homeless veteran.

"My first advice to them is to call the VA homeless hotline, it's a HUD hotline," he said.

Rodriguez added other ways to help homeless veterans are through Family Endeavors and other organizations.

You can contact the VA Homeless Hotline at 877-424-3838. For a full list of resources click here.

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3.6 - KRGV (ABC-5, Video): Valley Vietnam Veteran Battles Diabetes Linked to Agent Orange Exposure (4 October, Ryan Nelson, 275k online visitors/mo; Weslaco, TX)

PHARR – Vietnam veteran Gabriel Avendano said a part of him will always remain overseas.

"What can I tell you? We never come back," said Avendano, "but I'm here."

Avendano is one of the 2.6 million U.S. military personnel possibly exposed to Agent Orange from January 1965 to April 1970.

"They just flew it through the C-130's and they killed a lot of the jungle," said Avendano.

He was formally diagnosed with diabetes in the year 2000. He said he may have lived with the disease for many years before the discovery was made.

"I have to inject my body twice a day," said Avendano, "in the morning and at night."

Diabetes is one of the many diseases considered a presumptive illness by Veterans Affairs.

These are diseases presumed to be linked to Agent Orange exposure, or a Veteran's qualified military service. Veterans do not have to prove these illnesses were spawned by their military service.

The long list of diseases includes several forms of cancer.

Veterans who believe they are suffering from an illness linked to Agent Orange may have health care options through the VA.

"One of the most important things that they need to do when they believe that they've been exposed to Agent Orange is to come by either the McAllen outpatient clinic or the Harlingen outpatient clinic," said VA Texas Valley Coastal Bend spokesperson Reynaldo Leal.

By taking their DD FORM 214 and driver's license to an outpatient clinic, they can begin to explore these options.

"Once we register them as Agent Orange exposed veterans, they'll be given an assessment. They'll be scheduled for an assessment and they'll be input into the Agent Orange registry," said Leal.

These veterans may also qualify for benefits such as disability compensation.

"They can go to any number of veterans service officers, they can go through the county, the state with the Texas Veterans Commission," said Leal.

"Keep going and they'll help you," said Avendano. "You got to keep on going. You have to keep on going to the centers and they will sooner or later help you."

Avendano also urges veterans to consume a healthy, balanced diet.

A complete list of presumed diseases linked to Agent Orange exposure can be found at the U.S. Department of Veterans Affairs website.

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3.7 - KOLO (ABC-8, Video): Reno physician helps Veterans in Puerto Rico (4 October, Terri Russell, 274k online visitors/mo; Reno, NV)

RENO, (Nev) KOLO Under normal circumstances, Dr. Ivan Correa is the chief of staff at the Veterans Affairs Sierra Nevada Health Care System.

He is also a Puerto Rican native, and decided to fly to the island to check on the status of his parents, after two devastating hurricanes hit the area.

”They tell me they are ok. But ok is a relative term. You know ok is that they are alive, and that they are being able to eat some food, and that they go to bed, they wake up in the morning. It is not that everything is fine,” says Dr. Correa.

But as a physician locally, taking care of vets, Dr. Correa says he couldn't help but answer the call to attend to veterans on the island both at a Veterans home of 100 patients, and other veterans who for now cannot leave their homes because of the massive damage around the island.

“476 Veterans. We have either laid eyes in a vast majority of them we have laid eyes, but almost to 90% of those…. going house to house and seeing individuals that are already set up with the VA and depend upon us to provide primary care at home. It’s called home based primary care,” says Dr. Correa.

Fuel is tough to come by, he says the Veteran's Hospital is running off of generators, but it is in a limited capacity.

While he feels good about the care given to veterans during these tough times, he is also surprisingly optimistic about the civilians on the island as well,

”They are going to be able to get over this, and being able to see that there is a bright future for Puerto Rico,” says Dr. Correa.

He'll be headed home early next week.

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3.8 - KRIS (NBC-6, Video): Mobile veterans services center touring county (4 October, Roland Rodriguez, 197k online visitors/mo; Corpus Christi, TX)

With more than 30,000 veterans in Nueces County, the Veterans Affairs Office has come up with a way to make serving those who served our country a little easier by going mobile.

The mobile unit will be traveling throughout the county over three days next week, and it's equipped to provide a variety of services to local veterans.

This a great way to help veterans who live out in rural areas.

The Nueces County Veterans Services will have mobile centers in rural areas three times in the month of October.

Mobile veteran centers will be at:

October 11: VFW Post 3837, 12030 Leopard Street in Corpus Christi, TX

October 12: Driscoll Community Center, 200 East 6th Street in Driscoll, TX

October 13: VFW Post 8932, 702 Jester in Flour Bluff

Representatives will be available 10 a.m. to 2 p.m.

If you're a veteran, and you're going to school or working, this is an opportunity where the Nueces County Veterans Services comes to your area, and you don't have to drive all the way to Corpus Christi office to get help.

The VA Texas Valley Coastal Bend Health Care system, along with the Nueces County Veterans Services will reach out and provide counseling for individual readjustment, bereavement, marital and family issues, employment and career guidance and military sexual trauma (not all locations).

There will be representatives on hand for benefits assistance and referral, substance abuse assistance and referral and community education.

Specific health care, disability, pension, burial and survivors benefit information will be given by the U.S. Department of Veterans Affairs.

For more information, call county veteran services at 361-888-0820.

Many Veterans who rely on VA for their health care live in remote areas. Our nation's rural and highly rural Veteran population is large and dispersed. It is also racially, ethnically, and culturally diverse. Providing comprehensive, high-quality health care to these Veterans is a challenge.

VA's Office of Rural Health (ORH), created in 2007, strives to eliminate the barriers between rural Veterans and the services they have earned and deserve, thus improving Veterans' health and well-being by increasing access to care.

According to ORH, 5.2 million Veterans live in rural communities across the United States, and more than 32.9 million rural Veterans rely on VA for their health care. Veterans are more likely to live in rural areas than Americans who did not serve in the military. While 18 percent of Americans live in rural areas, 23 percent a quarter of Veterans do.

More than half (57 percent) of rural Veterans enrolled in VA health care are 65 years old or older. In addition, 6 percent are women; 9 percent report being members of racial and ethnic minorities; and nearly 435,000 are Veterans of our recent conflicts in Iraq and Afghanistan. About 44 percent of rural Veterans have one or more service-related disabilities.

Rural Veterans have lower than average household incomes than other Veterans; they often face long driving distances to access quality health care; and there are fewer health care providers and nurses per capita in rural areas.

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3.9 - The Robesonian: Battaglia's death latest proof of veterans' neglect (4 October, Editorial Board, 72k online visitors/mo; Lumberton, NC)

It looks as if an SBI investigation will conclude that Kevin Anthony Battaglia, retired Army, just 33 years old, someone's son, and the father of three young children, died when he was struck by an officer's bullet during a standoff at his Parkton home on Sunday.

But make no mistake: This was suicide by cop, and Battaglia is only the latest veteran of our Middle East wars to pick that poison after returning to this country a shattered self, unable to deny his demons. In a very real sense, it was all of us who pulled the trigger that sent the bullet hurtling that would take Battaglia's life, ending his suffering, but robbing him of so much that life could have offered.

A mix of family, neighbors and Army buddies portrayed Battaglia as a respectful guy who was struggling to assimilate back into society after seeing duty overseas. He had multiple brushes with the law, some minor, but also a serious brawl in a bar that sent him to prison. He was facing two DWI charges in Cumberland County, so it's clear that alcohol was his medication of choice.

Battaglia was medically retired, presumably for a bad back, and he claimed to have been suffering from post traumatic stress disorder, PTSD, that is so prevalent among veterans who experience first hand the horror of war. PTSD was first ascribed to Vietnam War veterans, and now the word is universally recognized.

We were told that Battaglia was frustrated by the Department of Veterans Affairs, believing he wasn't receiving the kind of care he needed and deserved. The VA's problems have been well-documented in recent years, so it's easy to believe Battaglia's gripe was legitimate.

Those who knew him saw his behavior deteriorating in recent weeks, and it could be seen on Facebook where his religious leanings were becoming cult-like. The American flag, Bible and weapons were prominent there — and in recent days he took to wearing camouflage.

There have been many studies concerning the number of veterans with PTSD, and one by RAND in 2014 found at least 20 percent of the 2.7 million Americans who served in Iraq or Afghanistan suffered with it or depression — and half never seek any treatment. That many more were suffering with traumatic brain injury, and about 7 percent both PTSD and TBI.

Those numbers are most likely low.

Last year a study for the Department of Veteran Affairs found that about 20 veterans commit suicide a day in this country. pushing the number to almost 7,500 a year.

So the evidence is overwhelming that this country continues to send its young people to war, and when they return we are ill-equipped to provide the care they deserve.

Often, as with Battaglia, the problems are apparent. But no one could stop this train wreck no matter how leisurely its pace. Friends, especially fellow military, apparently tried — and that included trying to talk him out of the house on the day he died.

Somehow, someway, this country has to do better for those who step forward and put themselves in harm's way to preserve the ways of life and liberties that the rest of us enjoy.

It's too late for Battaglia, but his death, which was explosive and public, can be given greater meaning should it move the needle at all in the direction of better care for our veterans.

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3.10 - KXLH (CBS-25, MTN News, Video): VA Montana hosts Fall Health Festival (4 October, John Riley, 57k online visitors/mo; Helena, MT)

Over 550 Veterans received their Flu immunization today along with community members and V-A staff.

VA Montana staff braved the cold temperatures outside to kick off the flu season with the annual Fall Health Festival and Drive Thru Flu Clinic.

The shots were free for enrolled veterans and VA employees and the County Health Department were on hand to supply flu shots for a fee for everyone else.

People 65 years and older, young children, and people with certain health conditions are at higher risk for serious flu complications.

Each year around 200,000 people are hospitalized and around 32,000 people die from Influenza.
The best way to prevent the flu is by getting vaccinated each year.

Veterans attending the event said that they love the ease of the clinic considering they didn't even have to leave their vehicles.

"I've never had to wait long," said veteran Louie Stiles, "When I was doing it privately getting these private shots they'd just take a lot of time, this doesn't. "

If you are an enrolled veteran and missed the clinic you can still get your shot at the VA medical Center.

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3.11 - HealthTech: NHIT Week 2017: Technology Improves Care Options for Veterans - Telehealth and predictive analytics are among the tools being deployed more strategically by the VA, Secretary David Shulkin says. (4 October, Dan Bowman, 20k online visitors/mo; Vernon Hills, IL)

One day after publication of a rule that would let doctors at Department of Veterans Affairs facilities leverage telemedicine to provide care to patients anywhere, VA Secretary David Shulkin discussed his agency's goals for using technology moving forward.

Speaking Tuesday at the American Telemedicine Association's Edge 2017 Fall Forum in Washington, D.C., Shulkin outlined five priorities for "fixing" the VA: greater patient choice, systems modernization, improved service timeliness, world-class foundational service and suicide prevention.

"Our mission is to take care of those who serve the country," Shulkin said.

Expanding Telehealth to Improve Access

Telehealth is a big part of the agency's plans for remedying its timeliness and access issues, Shulkin said.

"This is a strategy that VA is growing and investing in and believes is essential to solving this priority of timeliness of services," Shulkin said.

Its new initiative centers on allowing veterans to receive care wherever they are, as long as they have access to an internet connection. Individuals can access provider services on any device in any location, Shulkin said. However, he also noted that moving ahead was less of a technology challenge and more of a legal and regulatory issue.

"Very conservative interpretations interpreted current law as saying that we needed to provide telehealth services from one VA facility to another, which just didn't make a lot of sense to me," Shulkin said. "I was making my patients drive 80 miles from their home to a VA facility waiting room so they could get into an exam room to see me using telehealth; it just didn't make any sense."

The rule change will allow innovators within the agency to do a lot more with its technology now that all VA doctors will be able to take advantage, Shulkin said. To aid in the expansion, in August, the agency announced it would start a nationwide rollout of its VA Video Connect app, which allows providers and patients to connect via live video on a computer, smartphone or tablet.

The American Medical Association offered early praise for the rule, with Dr. Jack Resneck Jr., chairman-elect of the AMA's Board of Trustees, saying in a statement that the VA "has a unique federally controlled healthcare system with essential safeguards" that can ensure high care quality for patients.

Using Analytics for Suicide Prevention

Shulkin also noted that the VA is deploying Big Data and predictive analytics technology to try to proactively identify veterans who may be at risk for suicide.

"This is an American public health crisis, not just a VA crisis," he said. "The number of Americans committing suicide each year is growing, but among veterans it's growing even more."

Access to care through the VA stems such rates, Shulkin said. Over the last 15 years, the rate of veterans committing suicide has gone up 5.4 percent for those accessing VA care; for veterans who don't use the VA, the suicide rate has gone up 38.4 percent. In particular, for female veterans who accessed the VA for care over the last 15 years, the suicide rate decreased 2.6 percent, but increased 81.6 percent for those not using the VA.

"We are really trying to outreach to veterans to let them know that they have options and that treatment works," Shulkin said.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

6.1 - WIBW (CBS-13, Video): Visually impaired veterans tour Kansas Statehouse (4 October, Deneysha Richard, 484k online visitors/mo; Topeka, KS)

The VA of Eastern Kansas sponsored an event on Tuesday that left a long lasting impact.

The Topeka and Leavenworth VA campuses partnered with The Kansas State Capitol to host a tour for veterans who are visually impaired.

Over 40 veterans were in attendance, some of who visited the Capitol for the first time.

"I'm glad to be here," veteran Keith Sesek said, "It's the first time I've been at the Capitol, and I have been here since 1982."

The event aimed towards promoting the inclusion of individuals of all abilities in recreational activities.

"With the support of the staff that is here today and their family members, we're going to be able to get them through the tour and to be able to be a part of it, even if they don't have much sight, at least they are here with everybody and just take part in something in the community," said VA Visual Impairment Services Team Coordinator, Dawn Clouse.

Veterans who attended the event also learned about the Kansas Commission for Veteran Affairs, as well as the state and federal benefits available to veterans who are visually impaired.

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7. Supply Chain Modernization

7.1 - Washington Technology: B3 Group wins $156M VA financial, program management order (4 October, Ross Wilkers, Vienna, VA)

Leesburg, Va.-based small business B3 Group has won a five-year, $156 million task order for financial and program management services to the Veterans Affairs Department.

The VA awarded the order under its potential 10-year, $22.3 billion T4NG IT services contract vehicle. Work under this order supports software development lifecycle tasks for the VA's financial services center, B3 Group said Tuesday.

Only service-disabled, veteran-owned small businesses were eligible for this order and the VA received four offers, according to Deltek.

B3 Group's teammates for the order include AdapctiveStack Consulting, First-Tek, Grant Thornton, ISC, Longview International Technology Solutions, Rios Partners and Vets Inc.

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8. Other

8.1 - CNN: Investigations opened into Zinke's meeting with Golden Knights hockey team
(4 October, Miranda Green, 29.7M online visitors/mo; Atlanta, GA)

Washington (CNN)A summer visit that Interior Secretary Ryan Zinke made to the Vegas Golden Knights hockey team is now under two investigations by federal watchdogs.

The Interior Department's inspector general has added concerns about Zinke's meeting with the new NHL team and use of a private jet from Las Vegas to an investigation it opened Friday looking into the secretary's travel, an IG spokesperson confirmed to CNN Wednesday.

The Office of Special Counsel has also opened a Hatch Act investigation into Zinke's meeting with the hockey team.

Zinke met with players on the hockey team at a hotel across the street from their practice facility June 26, a Golden Knights spokesman said.

The meeting was added to the IG probe at the behest of Democratic Reps. Raul Grijalva and Donald McEachin. Grijalva criticized Zinke's need to hire a chartered plane to return home to Montana following the Nevada meeting as well as the purpose of the meeting itself.

"Claims that the secretary's full schedule required the use of chartered aircraft deserve scrutiny. It appears as though Secretary Zinke and his staff could have taken a commercial flight from Las Vegas to Montana if he did not attend the motivational speech to the hockey team owned by his friend and campaign donor, Bill Foley," read Grijalva's letter.

The OSC probe came after a complaint filed by the government watchdog group, Campaign for Accountability and was first reported by Reuters.

An OSC spokesperson told the watchdog group that the Hatch complaint had been "received" and they will "open a case file to address this matter."

An Interior Department spokesperson told CNN that Zinke's late night private flight to Montana from the Nevada meeting cost taxpayers $12,375. The spokesperson maintained that the flight was booked after no suitable commercial alternative was available and was approved by the Interior's ethics office.

Zinke's meeting with the Vegas Golden Knights is also being scrutinized since it is owned by someone Zinke called "a major donor" when he was running for Congress in 2014.

Bill Foley, a billionaire businessman and owner of the Golden Knights, is also board chairman of Fidelity National Financial Inc. FEC filings show that Foley was responsible for heavily bankrolling Zinke's first congressional campaign in Montana. He personally donated $2,600 in 2013 and again 2014 -- the maximum contribution amount.

Fidelity donated $154,823 to Zinke between the years of 2013 and 2018. Fidelity also owns Chicago Title Services, which donated 23,900 to Zinke.

The OSC probe is the sixth known investigation into travel by the administration's cabinet members.

The most recent investigation opened was into Veterans Affairs Secretary David Shulkin's July business trip to London and Denmark, which included meetings with Danish and UK officials as well as a stop at Wimbledon.

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8.2 - ABC News (Video): Top Democrat questions Kellyanne Conway's air travel (4 October, Benjamin Siegel, 24.1M online visitors/mo; New York, NY)

The top Democrat on the House Oversight Committee is raising questions about White House counselor Kellyanne Conway's air travel, and asking for proof that former Health and Human Services Secretary Tom Price has paid for his seats on controversial private flights.

In a letter to Conway obtained by ABC News, Rep. Elijah Cummings, D-Maryland, has asked Conway for information on all private, non-commercial and military flights she has taken.

Conway, who is the first White House official to be questioned regarding air travel, is coming under scrutiny after Price resigned Friday, and after reporting from Politico revealed that she joined Price on several chartered flights for events across the country.

“Despite the fact that you joined Secretary Price on several of these flights, you have not made any similar public statements indicating whether your own actions were appropriate, whether you will continue to take such flights at taxpayer expense in the future, or whether you plan to personally repay the taxpayers for the cost of your seats on these flights,” Cummings wrote.

A White House official told ABC News in response to questions about Conway's travel: "Agencies are responsible for arranging appropriate transportation for their own events. Members of the President’s Cabinet occasionally invite relevant White House staff for official travel for events promoting the President’s agenda. When White House staff are invited, their travel plans are planned and secured by the inviting agency."

In addition to Price, Interior Secretary Ryan Zinke, Veterans Affairs Secretary David Shulkin and Treasury Secretary Steven Mnuchin have all come under fire for their use of government planes or private aircraft.

The White House is taking steps to crack down on travel and use of private charters in the administration instead of commercial air travel. John Kelly, the White House chief of staff, will

now sign off on all government and chartered air travel by agency leaders, according to a memo released by White House budget director Mick Mulvaney Friday.

“Every penny we spend comes from the taxpayer. We thus owe it to the taxpayer to work as hard managing that money wisely as the taxpayer must do to earn it in the first place,” he wrote.

On Friday, Price said in a statement that he plans to write a personal check to the Treasury for the expense of his travel.

According to a person familiar with the former secretary’s travel, Price’s seats on all the flights cost $51,877.31. But Price’s total travel has cost the government an estimated $400,000 in chartered aircraft expenses, according to Politico.

ABC News has reached out repeatedly to the Treasury Department and HHS asking if Price has actually written the promised check. A Treasury Department spokesman declined to reveal that information, citing privacy concerns, while HHS has declined to comment.

On Wednesday Cummings also sent a letter to Mnuchin and acting HHS Secretary Don Wright asking for proof of Price's pledge: a copy of his check reimbursing the government.

ABC's Justin Fishel and Katherine Faulders contributed to this report.

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8.3 - WRIC (ABC-8, Video): Virginia taxpayers funding deadly dog experiments at McGuire VA Medical Center (4 October, Kerri O’Brien, 477k online visitors/mo; Richmond, VA)

We’ve known for months that federal tax dollars have been funding the deadly dog experiments at McGuire VA Medical Center. Now, 8News has learned that Virginia has funded those canine experiments, and it has some lawmakers calling for an end to the contributions.

Documents obtained through a Freedom of Information Act request show that the Commonwealth of Virginia contributed to the funding for the McGuire Medica Center’s dog experiments.

The information had been originally redacted but was recently disclosed after watchdog group White Coat Project sued to have the information disclosed.

“We cannot do this, we just can’t,” Virginia State Senator Bill Stanley said.

Sen. Stanley said he was appalled by the experiments, which have involved at least 39 dogs having pacemakers surgically implanted as part of a heart disease study. All of the dogs involved are eventually euthanized.

“I was truly shocked when I learned state funds, state taxpayer money is going to the cruel and inhumane treatment of dogs all in the name of science,” Stanley said.

8News dug further and confirmed that lawmakers allocate money from Virginia’s General Fund each year to the Center for Innovative Technology.

CIT then decides what research projects to fund.

In 2016, CIT awarded McGuire and Dr. Alex Tan nearly $100,000 for dog research. Dr. Tan is the same doctor that a review committee called “reckless” and responsible for several botched surgeries resulting in dog’s deaths.

We shared what we found with lawmakers.

Stanley said he had no idea that this block grant was being used to conduct deadly tests on dogs.

“We can find better ways in 2017 to find the information that they need to make the lives of our veterans and other people better,” Sen. Stanley said.

The VA argues that dogs are only used in studies when rodents cannot provide the information needed. Other supporters say canine research has and can lead to future medical breakthroughs.

8News spoke with Sherman Gillums, Jr., the Executive Director of Paralyzed Veterans of America. He said the sacrifices involved in animal research are worth it.

“The chance we are taking though, by stopping animal research is you will in effect impact our ability to find new treatments for not just human beings, but animals,” Gillums said.

Still, Sen. Stanley and Sen. Glen Sturtevant have fired off a letter to the governor expressing “opposition to the commonwealth’s role in the funding.” They describe it as “abusive and wasteful.”

They demand to know how much total taxpayer money has been provided for the research, and what action the Commonwealth has taken to address violations at McGuire, including those botched surgeries.

Sen. Stanley tells 8News he has already drafted legislation that would ban the use of Virginia taxpayer money for any research projects that harm dogs.

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8.4 - Fayetteville Observer: Veteran charged in Gray’s Creek murder (4 October, Drew Brooks, 439k online visitors/mo; Manchester, NH)

Air Force veteran, once praised for turning life around, is charged with first-degree murder after fatal shooting in Gray’s Creek

When Garrett Jordan Vann was last in a Cumberland County courtroom, the Air Force veteran was being celebrated for turning his life around.

Once homeless, estranged from his family, battling substance abuse and facing several felony charges, Vann appeared to have excelled under the strict regimen of the county's Veterans Treatment Court.

He was the court's first graduate during a ceremony in April 2016, earning praise from local judges, Veterans Affairs officials and others.

But a little more than a year later, Vann, 32, of the 300 block of Southern Comfort Drive in Parkton, was led into a courtroom under very different circumstances.

At the Cumberland County Detention Center, Vann made his first appearance on charges related to the killing of a Fayetteville man Tuesday night. Vann is charged with first-degree murder and shooting into an occupied vehicle, according to the Cumberland County Sheriff's Office.

He is accused of firing a 12-gauge shotgun into a Chevrolet Impala. Jason Ray Tyner, 40, of Fayetteville, was struck in the head and killed, an arrest warrant said.

Vann was initially charged with second-degree murder, but that charge was dismissed during his first appearance hearing Wednesday afternoon. Vann reportedly was served with the warrants for the newer charges just before appearing in court.

The Sheriff's Office has not issued any details about the incident that happened about 8 p.m. on the 3400 block of Nash Road, off Butler Nursery Road in the Gray's Creek community.

On Wednesday, family members of both Vann and Tyner filled one side of the small courtroom in the detention center. When Assistant District Attorney Robby Hicks announced that the second-degree murder charge was being dropped, there were gasps from some.

"Oh my God," one person said softly while another spoke a bit louder saying, "Thank you."

However, that was before they were told that Vann was being charged with first-degree murder.

Vann is being held without bail.

A 2004 graduate of Gray's Creek High, Vann enlisted in the Air Force in 2007 and served for about three years.

A spokesman for the Fayetteville VA Medical Center confirmed Wednesday that Vann works at the VA. He was hired at around the time he graduated from the Veterans Treatment Court, but the spokesman could not provide any other details.

In 2016, he told The Fayetteville Observer that he had turned his life around with the help of the Veterans Treatment Court team, which includes a judge, lawyers, law enforcement, substance abuse and mental health providers and a team of volunteer mentors.

A year earlier, the veteran who spent two tours in Afghanistan said he was at a low point in his life. But he said he regained control with the help of the court, which holds veterans charged with nonviolent crimes to strict standards, with regular court dates and drug tests.

In exchange, those who graduate can see their cases dismissed.

The Cumberland County veterans court was the second of its kind in North Carolina, following a similar court in Harnett County. Today, there are at least four such courts in the state.

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8.5 - CBS News Radio (ConnectingVets.com): Mr. Secretary, why is the VA abusing dogs? (4 October, Jonathan Kaupanger, 23k online visitors/mo; New York, NY)

Puppies having holes drilled into their heads, then parts of their brains removed. Latex injected into puppies' coronary arteries before they're forced to run on treadmills until they have a heart attack. Dogs with severed spinal cords, invasive lung experiments… it's all just another day at the Department of Veterans Affairs.

Each year taxpayers fund between $15 to $20 billion worth of animal experiments. What part of that number belongs to the VA is hard to say because Veterans Affairs refuses to report the amount it spends on these type of tests. With over 9,000 projects listed in the Federal Register database, not one has the costs associated with the project listed.

ConnectingVets reached out to the VA with our questions, but as of publishing this article, they have refused to respond. Even with the agency's new "transparency," catchphrase, it's almost impossible to find out what exactly is going on with dog tests at the VA. The only thing coming from the VA on the subject is that they will look into how these tests are being done.

"It's unclear to me," said Justin Goodman, White Coat Waste Project's Vice President for Advocacy and Public Policy. "They say they're going to improve the oversight process for dogs in particular. I know they haven't communicated to Congress what that looks like."

It's not clear that Veterans Affairs even knows what this looks like either. At every turn, VA obfuscates reality and even makes outright lies about this subject.

"It is important to note that almost 100 percent of the animals involved in VA research are mice or rats,' said Dr. Michael Fallon, VA's Chief Veterinary Medical Officer, said in a statement recently. "Studies involving larger animals such as canines are rare exceptions; canines accounted for fewer than 0.05 percent of animals used in VA research in 2016."

He went on to say, "At VA we have a duty to do everything in our power to develop new treatments to help restore some of what veterans have lost on the battlefield. One of the most effective ways for VA to discover new treatments for diseases that affect veterans and non-veterans alike is the continuation of responsible animal research."

Fallon also said that VA's animal research program "sets the standard for accountability and transparency both inside and outside the government." I'm going to come back to this point in a minute, but first, you need to understand how animal tests – specifically testing on dogs – are categorized.

Dogs that are kept in a lab, maybe used for breeding but not used for tests, these are category B experiments. Category C would be anything that is non-invasive, a pinprick maybe, but nothing painful. Experiments with category D testing are painful, but relief is given to the dogs.

Category E tests are where dogs are under maximum pain and distress but are given nothing to reduce the pain.

Dr. Fallon's comment about accountability and transparency are just simply ridiculous. The VA doesn't publish anything at all on this, so if this is the "standard for accountability and transparency," it's not a good one. Now, his comment that dogs make up "fewer than 0.05 percent of animals used in VA" is technically true.

Last year there were about 60,000 dogs used in US labs, 0.05 percent of that is around 300, but what the VA doesn't tell us is that it's the ONLY government agency conducting category E tests on dogs.

One of the places conducting these painful tests is the Louis Stokes VA Medical Center in Cleveland, Ohio. Earlier this year, Cleveland announced that five of the dogs they were using in tests had been adopted out after the experiments were complete. Two of these dogs were able to find a home, but the VA gets real shady at this point. These two dogs were only marked for adoption the day a Freedom of Information request was made about the projects. Then, the same day reporters were told about the five adoptions, three of these dogs, it was later found out, had been killed.

This was admitted by the VA only after the facts were made public.

The burden is on the VA to prove veterans are getting something out of these tests, but they are simply quiet on the subject. Take for example the latex injected into puppies experiment. This has been going on for an estimated 20 years. Papers published on this don't even use the word veteran.

"If there's something that is truly valuable and might be promising, let the private sector fund it," said Goodman. "A private company isn't going to run dogs on treadmills for 20 years and not get anything to show for it."

Last month, VA Secretary Dr. David Shulkin wrote an opinion piece about the VA's dog testing programs. In it he discussed many life-changing medical advancements that are due to canine research. He also explains why dogs are used in biomedical research as well. These excuses worked before, but now that we're in the 21st Century, the excuses might explain why the VA is the least advanced federal agency when it comes to biomedical research.

To this, I have four words: Organ on a Chip.

Using this technology, tests can be simulated on the lung, heart, kidney, and arteries. Besides the cruelty factor of animal testing, using dogs often adds to the length of tests and can be expensive. The National Institute of Health estimates that 95 percent of drugs and treatments that pass animal tests fail when done on humans. This makes me wonder if this is the reason why VA refuses to follow the Federal Funding Accountability and Transparency Act.

New legislation has been introduced this year to stop Government funds from being spent on painful dog experiments. The Preventing Unkind and Painful Procedures and Experiments on Respected Species or PUPPERS Act, if signed into law, would only apply to D and E type animal experiments and would essentially stop the U.S. Government from paying to abuse animals.

Secretary Shulkin ends his opinion piece by saying, “The Senate should take a stand and preserve humane and carefully supervised canine research at VA.” Please, Mr. Secretary, can you first explain to your country what’s exactly going on with this research and how much it’s costing us?

And to paraphrase Janet Jackson, what exactly has this done for veterans, lately?

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Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

13 October 2017

1. Top Stories

1.1 - USA Today (Video): VA vows changes on bad health care providers, lawmakers take action after USA TODAY investigation (12 October, Donovan Slack, 37M online visitors/mo; McLean, VA)
The Department of Veterans Affairs is pledging to overhaul its reporting policies for bad medical workers and a group of lawmakers is introducing legislation following a USA TODAY investigation that found the VA has routinely concealed shoddy care and staff mistakes. VA Secretary David Shulkin directed agency officials to expand a nearly 30-year-old policy that limited what medical providers the agency would report to a national database created by Congress…

Hyperlink to Above

1.2 - U.S. News & World Report (AP): Congress OKs Expanded Protections for Federal Whistleblowers (12 October, Hope Yen, 24M online visitors/mo; Washington, DC)
Congress voted Thursday to boost the protection of federal whistleblowers from retaliation, part of a bid to uncover bad behavior at the Department of Veterans Affairs and other government agencies. The House easily cleared the bill, 420-0. It now goes to President Donald Trump for his signature, having previously passed the Senate in May.

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Ex-Head of Tomah VA Allowed to Resign, Given Settlement (12 October, 24M online visitors/mo; Washington, DC)
The former head of the Tomah VA Medical Center was allowed to resign and given a settlement after allegations that painkillers were being overprescribed to patients. Mario DeSanctis was fired from the hospital in 2015. But a USA Today investigation found he fought his dismissal and reached a deal in which he was allowed to resign. He and his attorney were paid $163,000.

Hyperlink to Above

1.4 - Reuters: Virtual interviewer prods veterans to reveal post-traumatic stress (12 October, Ronnie Cohen, 43.6M online visitors/mo; New York, NY)
Talking – to a computer-generated interviewer named Ellie – appears to free soldiers and veterans who served in war zones to disclose symptoms of post-traumatic stress, a new study finds. Warriors and veterans were up to three times more likely to reveal symptoms of post-traumatic stress to Ellie, the virtual chatbot, than on an official military survey called the post-deployment health assessment…

Hyperlink to Above

1.5 - The Washington Post: Virginia lawmakers say late VA payments jeopardize veterans' care (12 October, Jenna Portnoy, 43.9M online visitors/mo; Washington, DC)
Members of Congress from Virginia say chronic late payments from the Department of Veterans Affairs to doctors are jeopardizing care for the state's aging veteran population. The state's two senators and 11 House members urged VA administrators to fix a system that can leave health-care providers waiting more than four months for payments they should have received within 30 days. The delays can damage credit, they said.

Hyperlink to Above

1.6 - The Washington Post: 'This is frightening': Noxious gas has sickened VA workers for two years, with few solutions (12 October, Alex Horton, 43.9M online visitors/mo; Washington, DC)
Staff and patients at a D.C. medical facility for homeless military veterans have endured noxious gas exposure for nearly two years as top hospital administrators, though aware of the problem, have failed to remedy it, according to interviews with staff and documents obtained by The Washington Post. At least eight clinical workers at the Department of Veterans Affairs Community Resource and Referral Center have tested positive for elevated levels of carbon monoxide…

Hyperlink to Above

1.7 - The Denver Post: Dozens of surgeries at Denver VA hospital put off because of doctor shortage, Too few anesthesiologists and competitive market to blame, VA says (12 October, David Migoya, 4.8M online visitors/mo; Denver, CO)
A shortage of anesthesiologists at Denver's veterans hospital – despite salary offers reaching as high as $400,000 a year – has forced a delay in dozens of surgeries just months after the institution was tagged with some of the nation's worst waiting lists for care. Though the hospital employs eight anesthesiologists and eight nurse anesthetists, they're short of the complement needed to meet surgery demands that run about 380 operations a month, a spokeswoman said…

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1.8 - Military Times: Lawmakers take first steps toward a BRAC for VA facilities (12 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
House lawmakers took the first steps Thursday toward shutting down hundreds of Veterans Affairs facilities through a process similar to military base closure rounds, saying the move is critical to keep the department from wasting millions of dollars on underused, aging buildings. But some of the largest veterans groups said they have serious concerns with the proposal, saying it's ripe for abuse and could tempt VA officials to outsource more veterans' medical care to private-sector physicians.

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1.9 - Stars and Stripes (Military Update): VA, Congress crawl toward ending abuse of vet pensioners (12 October, Tom Philpott, 1.5M online visitors/mo; Washington, DC)
In 2012, the Government Accountability Office found more than 200 financial planning firms and estate law offices enticing veterans or their survivors into costly annuities or irrevocable trusts intended to hide or reallocate their assets so they qualify for VA pensions that the claimants wouldn't be eligible for otherwise. Since then, the Department of Veterans Affairs and Congress have been crawling toward actions to stop the abusive practices…

Hyperlink to Above

1.10 - Public Radio International (Audio): Meet the women combing through Puerto Rico, searching for veterans in need (12 October, Jasmine Garsd, 1.2M online visitors/mo; Minneapolis, MN)

Lind, an occupational therapist for the VA Caribbean Healthcare System in San Juan, goes to the door, asking, “Are there any veterans here?” Every day since the hurricane hit, she and her team have been roaming from shelter to shelter, looking for veterans who need medical attention. There are somewhere around 75,000 US Army veterans living in Puerto Rico. Most served during the Vietnam War. After Hurricane Maria, many are now living in shelters.

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2. Veteran and Employee Experience

2.1 - The Washington Post (PowerPost, Video): House to vote on bill requiring discipline for officials who retaliate against whistleblowers (12 October, Eric Yoder, 43.9M online visitors/mo; Washington, DC)
Federal agencies would be required to discipline officials who retaliate against whistleblowing employees, and to fire them on their second offense, under a bill up for a House vote Thursday. The bill, approved by the Senate in May, is one of many arising from the disclosures starting in 2014 of falsified patient records at the Department of Veterans Affairs.

Hyperlink to Above

2.2 - U.S. News & World Report (AP): Alaska Veterans Affairs System to Add 100 Staff Members (13 October, 24M online visitors/mo; Washington, DC)
The Alaska Veterans Affairs system has announced it's adding 100 staff members. KTVA-TV reported Wednesday that Dr. Timothy Ballard said the staff is being added in response to negative reviews from both patients and staff. Ballard said the new positions are focused on mental health care and support functions. The 100 new jobs boost the system's number of staff to 650 at a cost of $6 million.

Hyperlink to Above

2.3 - Atlanta Journal-Constitution: Roswell getting $21K for veterans adaptive sports (12 October, David Ibata, 11.9M online visitors/mo; Atlanta, GA)
Roswell has agreed to accept $21,080 from the federal government to purchase equipment and hire instructors for new VA Wheelchair Softball and Adaptive Cycling programs for disabled veterans. The City Council approved a resolution accepting the FY 201 Adaptive Sports Grant from the U.S. Department of Veterans Affairs. The grant does not require local matching funds, according to a staff report to the council.

Hyperlink to Above

2.4 - The Hill: New whistleblower protections head to Trump's desk (12 October, Cristina Marcos, 11.8M online visitors/mo; Washington, DC)
The House unanimously cleared legislation on Thursday to ensure protections for federal employees who disclose government waste, fraud and abuse. Passed 420-0, the measure would train federal workers so they understand their protections, as well as enhance penalties for supervisors who retaliate against whistleblowers. The bill is named after Chris Kirkpatrick, a psychologist was fired from a Department of Veterans Affairs (VA) medical center after raising concerns about patients’ medications.

Hyperlink to Above

2.5 - Bangor Daily News: 'Dangerous surgeon' at Togus allegedly made mistakes in 88 cases, but VA kept it quiet (12 October, 1.2M online visitors/mo; Bangor, ME)
An explosive USA Today investigation into medical mistakes allegedly made under the watch of the U.S. Department of Veterans Affairs highlighted what the newspaper described as one particularly egregious case in Maine. According to the report, podiatrist Thomas Franchini allegedly made mistakes in 88 cases while working at the Togus VA Medical Center near Augusta, the nation's oldest veterans' hospital.

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2.6 - WFED (AM-1500, Audio): House passes bill to give TSP participants more withdrawal options (12 October, Eric White, 831k online visitors/mo; Washington, DC)
The Veterans Affairs Department stepped back a proposal to suspend a 50-year-old ethics law. The law, first passed in 1966, requires VA to fire any employee who also works for a school whose students receive VA benefits. The department had planned to completely stop enforcing that requirement by next Monday, since some of its employees also work as adjunct professors at for-profit colleges.

Hyperlink to Above

2.7 - La Crosse Tribune: House approves whistleblower bill named for former Tomah VA doc (12 October, 822k online visitors/mo; La Crosse, WI)
The U.S. House passed a federal whistle blower protection bill Thursday named for a former VA psychologist who questioned over-medication of patients at the Tomah VA Medical Center. The Dr. Chris Kirkpatrick Whistleblower Protection Act is designed to protect federal employees who come forward with allegations of waste, fraud and abuse and to set minimum disciplinary measures for supervisors found guilty of retaliation.

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2.8 - WLOS (ABC-13, Video): Protesters at Asheville VA say being understaffed is dangerous (12 October, 480k online visitors/mo; Asheville, NC)
Veterans Affairs employees held a rally outside Asheville's Charles George VA Medical Center on Thursday to protest working conditions. Protesters said low staffing levels are creating risks to patient safety and a hazardous work environment. They said Congress has failed to fill open positions, putting veterans' health care at risk.

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2.9 - HousingWire: Ginnie Mae, VA launch task force to look into lenders targeting veterans for quick refinances - Comes on the heels of Ginnie Mae opening investigation (12 October, Ben Lane, 438k online visitors/mo; Irving, TX)
Roughly one month ago, Ginnie Mae announced that it was launching an investigation into mortgage lenders that were aggressively targeting servicemembers and military veterans for quick and potentially risky refinances of their mortgages. The investigation came on the heels of a letter from Sen. Elizabeth Warren, D-Massachusetts, who cited a report from the Consumer Financial Protection Bureau, which covered complaints received from veterans about Department of Veterans Affairs mortgage refinancing.

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2.10 - Citizen-Times: Disappointed VA employees voice concerns, lack of staffing and support (12 October, Alexandria Bordas, 318k online visitors/mo; Asheville, NC)
Ralliers gathered at Charles George VA Medical Center on Thursday afternoon to express disappointment in the 49,000 vacant staff positions nationwide, which veterans' supporters said are affecting local VA branches. Months of delays in appointments, overworked employees and lack of internal support can no longer be ignored, said Brandy Morris, executive vice president of the local American Federation of Government Employees labor union in Asheville.

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2.11 - WEAU (NBC-13, Video): House members pass Whistleblower Protection Bill (12 October, Ruth Wendlandt, 276k online visitors/mo; Eau Claire, WI)
In a bi-partisan vote, House members unanimously passed Representative Sean Duffy's Whistleblower Protection Bill. The Dr. Chris Kirkpatrick Whistleblower Protection Act ensures no one is retaliated against for coming forward with concerns about waste, fraud, and abuse at the veteran affairs. It also requires the VA to come up with a plan to restrict unauthorized employee access to medical files.

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2.12 - Parkersburg News & Sentinel: Outrageous: VA culprit deserves more than a lecture (13 October, Editorial Board, 187k online visitors/mo; Parkersburg, WV)
How should a Department of Veterans Affairs manager who defrauded the government, took chances with veterans' health care, then devised a coverup be punished? Readers probably have their own ideas about that. But according to the federal government, the answer is … counseling.

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2.13 - WAGM (FOX-8): After Report Shows VA's Failure to Disclose Medical Malpractice at Togus, Rep. Poliquin Acts to Make Changes (12 October, 35k online visitors/mo; Presque Isle, ME)
Congressman Bruce Poliquin, along with House Conference Chair Cathy McMorris Rodgers (WA-05) and House Veterans Affairs Committee Chairman Phil Roe (TN-01), today introduced the Ethical Patient Care for Veterans Act of 2017. This legislation requires Department of Veterans Affairs (VA) medical professionals to report directly to state licensing boards if they witness unacceptable or unethical behavior from other medical professionals at the VA.

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2.14 - WAGM (FOX-8): Rep. Poliquin's Bill to Ensure VA Headstones For Veterans' Families Buried in Cemeteries Advances in the House (12 October, 35k online visitors/mo; Presque Isle, ME)
Today, Congressman Bruce Poliquin had his Veterans bill pass out of committee with unanimous, bipartisan support. Congressman Poliquin's legislation would ensure that Veterans' family members who are buried at tribal Veterans cemeteries—such as the Houlton Band of Maliseet Indians Tribal Veterans Cemetery in Aroostook County—are provided government furnished headstones…

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2.15 - KOBI (NBC-5, Video): Oregon politician concerned about Roseburg VA medical facility (12 October, 27k online visitors/mo; Medford, OR)
An Oregon congressman is asking the U.S. Department of Veterans Affairs to address "substandard management" at the Roseburg VA hospital. Congressman Peter DeFazio (D-OR 4th District) said the VA Roseburg Health Care System (VARHS) is a source of concern for constituents, who complained to the governor about the lack of effective and accountable management.

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2.16 - The M Report: Ginnie Mae and VA Create Refinance Loan Task Force (12 October, Nicole Casperson, 20k online visitors/mo; Dallas, TX)
Ginnie Mae and the Department of Veterans Affairs (VA) recently announced the shaping of the "Joint Ginnie Mae – VA Refinance Loan Task Force," in an effort to address loan churning and repeated refinancing issues. Specifically, the task force is set to focus on examining critical issues, important data, and lender behaviors related to refinancing loans. In addition, the task force will "determine what program and policy changes should be made by the agencies…"

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2.17 - KSNW (NBC-3): Kansas nurse in Puerto Rico to help Hurricane Maria victims (12 October, 9.1k online visitors/day; Wichita, KS)
A Cheney nurse is in Puerto Rico helping victims of Hurricane Maria. Linda Sue Bayless is a provider at the Robert J. Dole VA Medical Center. As part of the VA's Disaster Emergency Medical Personnel Program System, she signed on to deploy where she was needed most. Bayless left October 4 and is due back on the 18.

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3. Access to Healthcare

3.1 - Newsweek (Video): PTSD Treatment: How Ai Is Helping Veterans With Post-Traumatic Stress Disorder (12 October, Joseph Frankel, 9.4M online visitors/mo; New York, NY)
The Institute for Creative Technologies at USC got lots of buzz for its original research, and introducing the world to Ellie, a digital diagnostic tool that strongly resembles, but cannot replace a human therapist. Ellie, an avatar of a woman in a cardigan with olive-toned skin and a soothing voice, listens to the people who come to her, and does what any human sounding board does. She listens to the content of their speech, and scans their facial expressions, tone, and voice, for cues that hint at meanings beyond speech.

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3.2 - KTVU (FOX-2): Services available for veterans at Napa Valley College evacuation center (12 October, 2.1M online visitors/mo; Oakland, CA)
The Vet Center, a subsidiary of the U.S. Department of Veterans Affairs, deployed personnel today to the wildfire evacuation center at Napa Valley College from Concord and Fairfield to provide mental health services and paperwork assistance for any displaced veterans. They were

at the shelter today with a trailer set up for three separate counseling sessions to be conducted simultaneously.

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3.3 - The Gazette: Mayor, nonprofits plead for Colorado Springs landlords to help homeless vets (12 October, Jakob Rodgers, 870k online visitors/mo; Colorado Springs, CO)
The vouchers include a caseworker for each veteran who can help them find jobs, access health care and, if need be, find addiction treatment. "We want to help you have success," said Erika Huelskamp, who coordinates the VA's local voucher program. "We are just a phone call away. We're here for you, just as much as that veteran."

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3.4 - Daily Press: Virginia lawmakers cite payment delays in veterans health program (12 October, Hugh Lessig, 863k online visitors/mo; Newport News, VA)
The Department of Veterans Affairs owes Virginia health care providers millions of dollars for services provided to veterans who sought treatment outside the VA system, says the state's congressional delegation, who want the VA to pay its bills. At issue is Veterans Choice, a popular but controversial program that allows former service members to seek care in the community if they have to wait too long for an appointment or live too far from a Veterans' Affairs facility.

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3.5 - KLTV (ABC-7, Video): Veteran says medications from VA repeatedly lost in the mail (12 October, Sophia Constantine, 837k online visitors/mo; Tyler, TX)
An East Texas woman who is a military veteran of over fifteen years is struggling after her medications have been misplaced in the mail twice over the past six months. Jill Morehouse receives mail order prescriptions from the VA once a month. Each time, a 240-count bottle of Vicodin. Over the past six months, she says two of those prescriptions never arrived.

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3.6 - The Daily Reporter: VA Clinic to stay in Spirit Lake (12 October, Seth Boyes, 45k online visitors/mo; Spencer, IA)
Anticipation had been building as to where the Sioux Falls Veterans Affairs Medical Center would place its new clinic. Several locations in the region were considered, but Director Darwin Goodspeed with the Sioux Falls VA Health Care System announced Thursday a new clinic will be built in Spirit Lake, near the intersection of Highway 9 and Royal Avenue, just west of the Great Lakes Mall.

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3.7 - BeyondChron: New VA Privatization Threat To Vets (12 October, Suzanne Gordon, 39k online visitors/mo; San Francisco, CA)
On Thursday October 5th, the American Federation of Government Employees (AFGE) the union that represents federal employees, held a briefing on the threat to privatize the Veterans Health Administration (VHA), on Capitol Hill in Washington, D.C. Veterans, VHA caregivers, and policy analysts warned Congressional staff and the media on the cost to veterans if more and more VHA care was outsourced to the private sector.

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3.8 - The Laughlin Nevada Times: VA clinic expands services (12 October, Jennifer Denevan, 300 online visitors/mo; Bullhead City, AZ)
The MCPO Jesse Dean VA Clinic is getting some help in providing services to local veterans. The clinic will be expanding services via telemedicine to help ensure veterans are getting the care they need. Some services were recently expanded and more times offered and more services are coming at the end of the year. The big difference comes in expanding the number of slots available for care to be given.

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3.9 - Northeastern Public Radio: Young Meets With VA Officials To Discuss Veteran Wait Times (12 October, Jill Sheridan, 900 online visitors/day; Fort Wayne, IN)
U.S. Sen. Todd Young (R-Ind.) met with federal Veterans Administration officials to discuss the long waits many veterans face to have claims processed, and says he wants to work directly with the office to make significant changes. Young says the amount of time veterans have to wait for a claim to be processed is around two years and appeals take even longer.

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4. Women Veterans

ABC News: Women vets pose for pin-up calendar to raise money for fellow vets' health care (12 October, Joi-Marie McKenzie, 24.1M online visitors/mo; New York, NY)
The calendar, which serves as a fundraiser to help veterans' hospitals and health care programs, was started in 2006 by Gina Elise. Her grandfather served in World War II. "At the time, there were many stories in the news about our troops coming back from Iraq, needing medical care that I felt so strongly that I wanted to do something to support our troops and veterans," she told ABC News.

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5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Lake County News-Sun: Durbin: Lovell Center ideal 'test case' for sharing health records between VA, active-duty personnel (12 October, Yadira Sanchez Olson, 41k online visitors/mo; Chicago, IL)
U.S. Sen. Dick Durbin met with physicians of the Captain James A. Lovell Federal Health Care Center Thursday to hear what challenges they face while caring for the nearly 67,000 veterans and active-duty military men and women, along with the families of active-duty personnel. Although his visit to the North Chicago facility was brief, physicians quickly conveyed to Durbin the need for the facility to streamline its technology systems…

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7. Supply Chain Modernization

7.1 - Stars and Stripes: BRAC for VA: Lawmakers search for ways to reduce the number of VA facilities (12 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
The House Committee on Veterans' Affairs on Thursday initiated what could be a long and politically arduous process to get rid of aging and underused Department of Veterans Affairs facilities nationwide. Committee Chairman Rep. Phil Roe, R-Tenn., and Rep. Tim Walz, D-Minn., the ranking Democrat, presented a draft bill that would create an 11-member, paid commission to recommend which facilities to close and where the VA should invest.

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7.2 - Government Executive: Lawmakers Debate Bringing BRAC to VA Health Care Facilities (12 October, Eric Katz, 852k online visitors/mo; Washington, DC)
House lawmakers are pushing for the Veterans Affairs Department to go through a process to close down or realign underutilized medical facilities, similar to the Base Realignment and Closure process at the Defense Department. The measure would require the VA secretary to assess the department's current capacity to provide health care in each of its networks and ultimately recommend facilities to close, modernize or realign.

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8. Other

8.1 - Stars and Stripes: Lawmakers consider pushing VA to sell Pershing Hall, its 5-star Paris hotel (12 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
There's an effort underway in Congress to have the Department of Veterans Affairs sell an 18th century building it owns in Paris that's leased as a five-star boutique hotel and spa. Members of the House Committee on Veterans' Affairs voiced support Thursday for a bill authorizing the sale of Pershing Hall, which was established as a World War I memorial by the American Legion in 1928 and transferred to the VA in 1991.

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1. Top Stories

1.1 - USA Today (Video): VA vows changes on bad health care providers, lawmakers take action after USA TODAY investigation (12 October, Donovan Slack, 37M online visitors/mo; McLean, VA)

WASHINGTON — The Department of Veterans Affairs is pledging to overhaul its reporting policies for bad medical workers and a group of lawmakers is introducing legislation following a USA TODAY investigation that found the VA has routinely concealed shoddy care and staff mistakes.

VA Secretary David Shulkin directed agency officials to expand a nearly 30-year-old policy that limited what medical providers the agency would report to a national database created by Congress to prevent problem medical workers from crossing state lines to escape their pasts and keep practicing.

The agency will report all clinicians going forward, VA Press Secretary Curt Cashour said. Shulkin also asked staff to re-write 12-year-old guidelines for reporting them to state licensing boards in an effort to speed up the process.

“Under Secretary Shulkin, VA’s new direction is to hold employees accountable and to be transparent with our findings and actions,” Cashour said.

The legislation from Rep. Cathy McMorris Rogers, R-Wash., Rep. Phil Roe, R-Tenn., and Rep. Bruce Poliquin, R-Maine, would require VA doctors themselves to report directly to state licensing boards within five days of witnessing unacceptable behavior from fellow doctors.

“These newest reports out of the VA are deeply troubling,” McMorris Rodgers said. “This bill will help reform the culture at the VA by holding bad actors accountable and keeping them from continuing these mistakes at the VA or elsewhere.”

The USA TODAY investigation found the VA has frequently failed to ensure its hospitals reported problem health care providers to state licensing boards. Such reports can be delayed by years. The investigation also found the VA policy on reporting to the national database left out thousands of providers. The agency previously reported only physicians and dentists — no nurses, physicians’ assistants, or podiatrists.

The VA determined one podiatrist at its hospital in Maine harmed 88 veterans, including a woman who after two failed ankle surgeries chose to have her leg amputated rather than endure the pain. Still, the agency didn’t report the foot doctor to the database under its previous policy, and took two years to report him to state licensing boards.

In other cases, USA TODAY found VA hospitals signed secret settlement deals with dozens of doctors, nurses and other health care workers that included promises to conceal serious mistakes — from inappropriate relationships and breakdowns in supervision to dangerous medical errors — even after forcing them out of the VA.

Roe, chairman of the House Veterans Affairs Committee, said the committee has “long been concerned about VA’s settlement agreements, and even held a hearing on the topic last year.”

"The findings of the USA TODAY investigation are intolerable," he said. "Malfeasance within the department will not be ignored, and it certainly cannot be rewarded and hidden from state licensing boards. As a physician, I find this deeply troubling."

In response to USA TODAY's findings, Shulkin directed that any future settlement agreements worth more than $5,000 be approved by top VA officials in Washington. Previously, local and regional officials made decisions on the deals, which can cut short potentially costly employee challenges of VA disciplinary actions.

On Wednesday, the agency also said it planned to post publicly for the first time data on settlements that are approved. The first tranche of data shows that since President Trump took office in January, the VA has struck agreements with at least 160 employees involving payouts totaling $4.2 million.

Poliquin said Thursday that USA TODAY's findings were "appalling" and singled out the revelations about the podiatrist at the Togus VA hospital on the outskirts of Augusta, Maine.

"Our Maine veterans depend on their services at Togus and other VA facilities across our State for critical care, and it is absolutely unacceptable for them to ever be subjected to this kind of medical malpractice," he said.

At least six patients of the podiatrist, Thomas Franchini, are suing the federal government over the care they received. Despite the VA taking years to tell patients about its findings on his surgeries, the government has argued their claims should be dismissed because they were filed after the three-year deadline for medical negligence claims in Maine. Oral arguments in the case are scheduled October 25.

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1.2 - U.S. News & World Report (AP): Congress OKs Expanded Protections for Federal Whistleblowers (12 October, Hope Yen, 24M online visitors/mo; Washington, DC)

WASHINGTON (AP) — Congress voted Thursday to boost the protection of federal whistleblowers from retaliation, part of a bid to uncover bad behavior at the Department of Veterans Affairs and other government agencies.

The House easily cleared the bill, 420-0. It now goes to President Donald Trump for his signature, having previously passed the Senate in May.

The measure would extend whistleblower protections to federal employees who are in probationary periods and provide training to ensure workers know their rights. It also establishes minimum disciplinary standards for supervisors who retaliate against employees for seeking to disclose wrongdoing.

The legislation, introduced by Sen. Ron Johnson, R-Wis., is named after Dr. Chris Kirkpatrick, a psychologist at the VA Medical Center in Tomah, Wisconsin. Kirkpatrick committed suicide in 2009 on the day he was fired by VA for questioning the over-medication of veterans. A VA investigation later found Kirkpatrick's concerns had been warranted.

House Speaker Paul Ryan, R-Wis., said the legislation provides much-needed protections to whistleblowers. "No one who stands up for our veterans should be marginalized, let alone targeted and fired," he said.

The bill also would require the VA to put together a plan within six months to prevent supervisors from improperly accessing an employee's medical files in retaliation.

VA Secretary David Shulkin has pledged to bring greater accountability to the government's second largest agency, which provides medical care to millions of veterans. In July, Shulkin began posting employee disciplinary actions and announced that he would require approval by a senior official of any settlement with a VA employee over the amount of $5,000 , citing unnecessary payments to bad employees. A month later, he ordered a review to expand VA reporting requirements for bad workers.

During the 2016 campaign, Trump described the VA as the "most corrupt," promising to "protect and promote honest employees" at VA who expose wrongdoing.

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1.3 - U.S. News & World Report (AP): Ex-Head of Tomah VA Allowed to Resign, Given Settlement (12 October, 24M online visitors/mo; Washington, DC)

TOMAH, Wis. (AP) — The former head of the Tomah VA Medical Center was allowed to resign and given a settlement after allegations that painkillers were being overprescribed to patients.

Mario DeSanctis was fired from the hospital in 2015. But a USA Today investigation found he fought his dismissal and reached a deal in which he was allowed to resign. He and his attorney were paid $163,000.

The Tomah VA hospital was rocked in January 2015 by reports of inappropriate dosages of narcotic pain killers and retaliation against employees who questioned the practice.

DeSanctis did not return a phone message left by The Associated Press on Thursday.

Jason Simcakoski was a Marine who died in 2014 from a fatal combination of drugs. His widow, Heather Simcakoski, told the La Crosse Tribune the settlement was "really disappointing."

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1.4 - Reuters: Virtual interviewer prods veterans to reveal post-traumatic stress (12 October, Ronnie Cohen, 43.6M online visitors/mo; New York, NY)

Talking – to a computer-generated interviewer named Ellie – appears to free soldiers and veterans who served in war zones to disclose symptoms of post-traumatic stress, a new study finds.

Warriors and veterans were up to three times more likely to reveal symptoms of post-traumatic stress to Ellie, the virtual chatbot, than on an official military survey called the post-deployment health assessment (PDHA), even after being assured the assessment would remain anonymous, researchers report in Frontiers in Robotics and AI.

“We believe this could be of value to veterans,” said study leader Gale Lucas, a research psychologist at the University of Southern California’s Institute for Creative Technologies in Los Angeles. “Having a conversation, even if it’s with a computer, would help them open up and really realize they might be having some issues.”

Recognizing psychological battle wounds is a necessary first step toward healing them.

As many as one in five recent combat veterans develops post-traumatic stress disorder (PTSD), an overactive fear memory that triggers disturbing thoughts, feelings and dreams, according to the U.S. Department of Veterans Affairs.

Stigma around mental health problems frequently prevents soldiers and veterans from admitting symptoms or seeking help, Lucas said in a phone interview.

“Allowing PTSD to go untreated can potentially have disastrous consequences, including suicide attempts,” she said.

Since 2004, suicide rates among active U.S. Army personnel have been rising, but the military’s current PDHA assessment identifies only one in seven soldiers who are considering suicide, previous research has shown.

In an effort to identify early signs of psychological scars, Lucas would like for Ellie, who was developed with U.S. Department of Defense grant money, to be available in kiosks set up in Veterans Administration hospitals throughout the nation.

Ellie starts the conversation with simple questions, such as, ‘Where are you from originally?’ and ‘What do you like to do to relax?’ to develop rapport with soldiers and veterans, Lucas said. Then she asks if they have nightmares, feel on guard or experience other telltale signs of PTSD.

“She’s very nonjudgmental, supportive,” Lucas said.

“We’re not trying to make virtual-agent therapists. She’s not giving treatment. All she’s doing is having a conversation, having them think and open up about the mental health symptoms they might have,” she said.

Prior research has shown that establishing rapport and ensuring anonymity are key to war veterans’ admitting that they are experiencing emotional wounds.

But veterans are hesitant to discuss their psychological suffering with other people, Lucas said.

“If they are talking to a human, they feel judged,” she said. “People feel more comfortable opening up to a computer than a human.”

In two studies, Lucas and her team found that Ellie’s questions prompted soldiers and veterans to open up and reveal more of their mental health needs.

In the first, researchers tested 29 active-duty Colorado National Guard service members returning from Afghanistan.

One of every four service members reported post-traumatic stress symptoms on the official PDHA, and one of three reported symptoms when the questionnaire was made anonymous. In conversations with Ellie, far more – three of four – reported symptoms.

In a second study of 132 active-duty service members and veterans, participants were more than twice as likely to report PTSD symptoms to Ellie than on an anonymous survey.

Alan Peterson, a clinical psychologist and professor at the University of Texas Health Science Center in San Antonio, said fear that service members could lose their jobs often impedes their reporting of psychological symptoms.

“In reality, there can be negative career consequences associated with reporting certain symptoms and behaviors,” said Peterson, who was not involved with the study. “This can be especially true for individuals seeking treatment for conditions such as PTSD, if they are not successfully treated into remission and subsequently determined to be fully fit for military duty.”

Making successful treatments available to soldiers would go a long way to reducing the stigma of seeking psychological help, he said.

“Veterans go through a lot for our country, and I really believe that we should take care of them, not just their physical scars, but their mental scars,” Lucas said.

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1.5 - The Washington Post: Virginia lawmakers say late VA payments jeopardize veterans' care (12 October, Jenna Portnoy, 43.9M online visitors/mo; Washington, DC)

Members of Congress from Virginia say chronic late payments from the Department of Veterans Affairs to doctors are jeopardizing care for the state's aging veteran population.

The state's two senators and 11 House members urged VA administrators to fix a system that can leave health-care providers waiting more than four months for payments they should have received within 30 days. The delays can damage credit, they said.

Congress created the Veterans Choice program in 2014 in response to a scandal exposing excessively long wait times at a Phoenix VA hospital that also had been a problem nationwide.

The program is intended to relieve pressure on VA hospitals by allowing veterans to receive care from private providers if they cannot book an appointment at their local VA facility within 30 days or access a facility within 40 miles of their home.

Since its inception, Veterans Choice has been hobbled by administrative errors, including tens of millions of dollars in overpayments, according to findings of the VA Office of the Inspector General.

“With many health care providers reporting accounts receivable in the millions of dollars, the level of late payments is unacceptable,” the Virginia delegation wrote in an Oct. 3 letter to Secretary of Veterans Affairs David Shulkin.

Rep. Rob Wittman (R-Va.) said Congress requires VA to pay bills in a timely manner.

“Everyone else in society has to do that,” he said in an interview. “If this program is going to work properly, then these bills need to be paid on time.”

Wittman, chairman of the House Armed Services subcommittee on sea power and projection forces, said he has talked to the committee chairman, Rep. Phil Roe (R-Tenn.), about calling Shulkin to testify if VA doesn’t reconcile outstanding bills soon. Virginia is home to 733,000 veterans.

“This is the law,” he said. “This is what you’re supposed to be doing. Why isn’t it getting done?”

VA spokeswoman Paula Paige said in a statement, “VA appreciates the lawmakers’ concerns and will respond to them directly.”

She referred specific questions to a May speech by Shulkin in which he said it takes more than 30 days to process 20 percent of VA claims from 25,000 providers nationwide. An additional $50 million in charges are older than six months. He blamed the backlog in part on paperwork delays.

The latest stories and details on the 2017 Virginia general election and race for governor. Community care is handled through several federal programs, making it “too complex, and it’s confusing veterans and our employees alike,” he said.

Riverside Health System in eastern Virginia reported that 45 percent of claims totaling $2 million went unpaid for more than 120 days. Private insurance companies as well as Medicare and Medicaid take about 60 days, said Mark Duncan, Riverside’s lobbyist.

Riverside considers it an honor to care for veterans, but “we need to have the tools the resources to provide that type of service to these folks over the long term,” Duncan said in an interview. “They’ve more than earned that service.”

The letter details a case relayed by the office of Rep. Barbara Comstock (R), who represents Northern Virginia, in which a veteran was denied dentures because VA failed to pay a private provider $203,000. Comstock’s spokesman said the case has been resolved.

Veterans Choice allows veterans to avoid inconvenient travel to VA facilities in Martinsburg, W.Va., or the District, but VA “must get its house in order,” Comstock said in a statement.

In August, Congress approved $2.1 billion in emergency funding intended to shore up the program until February.

Last month, Sen. John McCain (R-Ariz.), chairman of the Senate Armed Services Committee, wrote a letter to Shulkin demanding a full accounting of Veterans Choice spending after the Associated Press reported that the program could face another shortfall before the end of the year.

"We said at the time that it was essential, given the growing demand for care under the Choice program, that the VA immediately correct the failures that created such a serious shortfall," McCain wrote. "It appears as if you have not done so."

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1.6 - The Washington Post: 'This is frightening': Noxious gas has sickened VA workers for two years, with few solutions (12 October, Alex Horton, 43.9M online visitors/mo; Washington, DC)

Staff and patients at a D.C. medical facility for homeless military veterans have endured noxious gas exposure for nearly two years as top hospital administrators, though aware of the problem, have failed to remedy it, according to interviews with staff and documents obtained by The Washington Post.

At least eight clinical workers at the Department of Veterans Affairs Community Resource and Referral Center have tested positive for elevated levels of carbon monoxide, a March internal email said, describing a potentially dangerous condition that restricts oxygen circulation. As many as 30 employees, desperate to avoid further exposure, have sought reassignment or permission to work remotely.

One doctor resigned in protest after VA leaders were unable to produce solutions, clinic staffers said.

"Many of my colleagues, including myself, have experienced some type of illness while working in the CRRC," one staffer wrote in an August email responding to a VA health official who appeared to play down symptoms of concerned workers. The most recent incident was Oct. 4, staffers said.

The Post reviewed dozens of emails and records, and conducted numerous interviews with clinical workers and others familiar with the problem. What emerged is an unsettling glimpse of VA's struggle to mitigate a potentially significant health hazard, and raises questions about the agency's ability to fulfill the promises it has made to improve accountability. The troubled agency was identified early on by President Trump as being in dire need of sweeping reform.

VA spokesman Curt Cashour said the hospital's leadership "took aggressive steps to look into the problem" once complaints began to circulate. Tests conducted by VA health officials and the local fire department and gas company, among others, "discovered no leaks, hazardous fumes or health risks," he said, adding that officials continue to monitor the situation.

But those who work at the facility say those tests may not have been performed quickly enough, before the gas dissipated, or if the contractors brought in to conduct them knew which gases to evaluate.

On a given day, the facility is staffed with about 40 employees who serve dozens of patients, all homeless and at-risk veterans who seek care at the clinic. The incidents — numbering in the dozens since winter 2015 — have occurred intermittently and without warning.

Though it remains unclear what's causing the issue, the clinic's staff members have speculated that it could be anything from vehicle exhaust entering the building's heating system intake valves to sewer gas surfacing through sinks and drains. They've reported a range of symptoms, including intense headaches, rashes, stinging eyes, nausea and others — all of which are consistent with sewer gas exposure, as defined by the Centers for Disease Control and Prevention.

Administrators have not only allowed the problem to fester, they have also ordered clinicians back into the building, staffers say.

"I felt devalued. It was like our health wasn't important and our concerns weren't heard," one staffer told The Post, saying morale cratered among those tasked with what they call a rewarding yet grueling effort to help homeless veterans find housing along with primary and mental health care. Those familiar with the facility's troubles spoke on the condition of anonymity, citing their fear of reprisal.

The Community Resource and Referral Center, off Rhode Island Avenue NE, is part of the Washington DC VA Medical Center, the sprawling federal agency's self-proclaimed "flagship" facility. Its acting director, Lawrence B. Connell, has known about the problems there since June, according to emails exchanged among staff. At least two incidents have occurred since then — with 19 verified in all since late 2015, according to partial records obtained by The Post and data provided by the D.C. fire department.

Local firefighters responded to four such calls between February and November 2016. The last time was Nov. 30. One day later, a clinic safety official notified staff that, in the future, they should refrain from pulling a fire alarm if they encounter "noxious fumes" and to alert Washington Gas instead.

A spokesman for the utility company said no gas leak was found.

Connell "has been briefed regularly on these complaints and has been personally involved in the comprehensive, multipronged response involving respected investigators from both inside and outside VA," said Cashour, VA's spokesman. He was a senior adviser to VA Secretary David Shulkin before becoming the medical center's acting director this past summer. Connell accepted the job after his predecessor, Brian A. Hawkins, was removed after an internal investigation found patients receiving treatment at the facility had been endangered by "the highest levels of chaos" created by managerial ineptitude, a VA inspector general's report concluded.

One months-long email chain exchanged among several clinicians reveals a problem so persistent that it had become banal. "Just wanted everyone to know the gas smell is back," a staffer wrote Feb. 21. Another chimed in nine minutes later: "We smell something also in our area." Two hours later a third staffer wrote, "Haven't smelled it in a couple hours but I do have a bad headache."

Two days later, on Feb. 23, a mental health clinician said she briefed then-director Hawkins on the issue, saying unspecified repairs were made.

Hawkins could not be reached for comment.

On March 30, the emails resumed, when the gas smell returned, and again on May 17, when a social worker reported smelling vehicle exhaust.

Nine days later, after another incident, one staff member wrote, “I can only say this is frightening.”

Hawkins was gone by then, but the problem was inherited by his successor.

“I raised the issue with Mr. Connell and the staff . . . this morning again,” a senior staffer told colleagues on June 10, a day after yet another incident.

It is unclear how many clinic staffers and veterans have been exposed to the gas or what, if any, permanent afflictions they may carry. Staffers say their symptoms seem to improve when they are away from the clinic. The documents don’t indicate anyone’s current medical status, including the eight who tested positive for carbon monoxide.

One staffer said the patients are thought to be less at risk because they come for appointments and then leave, though they may not make the connection between potential symptoms and their visit to the clinic.

Staff members, however, can inhale the gas for hours on end.

VA safety officials and senior leaders, discussing the issue internally, say they’ve tried to resolve the problem. They point to numerous air tests for carbon monoxide, carbon dioxide and other gases as indication of their effort.

Two outdoor pipes were adjusted after some speculated that vehicle exhaust was to blame. Access to a dumpster was blocked. Building contractors even dumped water into drains to flush any sewer gas. An environmental liaison for the building’s owner, Lincoln Property Company, acknowledged in December that sewer gas was a contributing factor that had been resolved.

A senior VA official visited Oct. 4, when the most recent gas exposure occurred, but it is unclear whether he experienced the problem firsthand.

Staffers at the clinic point to Todd Williams, one of two acting assistant directors of the main VA hospital who report to Connell, alleging that he too has played down the problem.

On Aug. 12, he said in an email that relocating dumpsters and blocking off two parking spots near an intake pipe would “further mitigate risk associated” with vehicle exhaust circulating in the building. “Given these efforts,” he wrote, “do we have a timeline for relocation of providers back to CRRC?”

Cashour declined to address questions about Williams’s role in resolving the issue.

Williams does not work at the clinic. Leadership on site has been more sympathetic, staffers say. For instance, a nursing manager advised staff to seek doctor’s notes if they feared contact with the gas would adversely impact their health, emails show.

Staffers asked for health officials to conduct an epidemiological analysis of symptoms and exposure rates over time.

VA said they completed assessments and found no link between the clinic and health concerns.

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1.7 - The Denver Post: Dozens of surgeries at Denver VA hospital put off because of doctor shortage, Too few anesthesiologists and competitive market to blame, VA says
(12 October, David Migoya, 4.8M online visitors/mo; Denver, CO)

A shortage of anesthesiologists at Denver's veterans hospital – despite salary offers reaching as high as $400,000 a year – has forced a delay in dozens of surgeries just months after the institution was tagged with some of the nation's worst waiting lists for care.

Though the hospital employs eight anesthesiologists and eight nurse anesthetists, they're short of the complement needed to meet surgery demands that run about 380 operations a month, a spokeswoman said, noting some staff has left for other jobs as well as taken paternity and maternity leaves.

"Currently we have had approximately 65 to 90 nonemergent surgeries rescheduled or postponed due to a shortage of anesthesiology staff," VA spokeswoman Kristen Schabert said. She offered no examples.

VA data show the average wait time for new-patient surgical appointments at the facilities that make up the Eastern Colorado Health Care System during the 2017 fiscal year that ended Sept. 30 is about 21.6 days, which is slightly better than the national average of 22.7 days. The average wait time at just the Denver facility is 18.6 days.

VA's waiting time in fiscal 2017 for surgery for established patients is 9.5 days, longer than the national average of 5.8 days, according to the VA. It is 8.3 days at the Denver facility.

The latest situation was first reported by FOX-31 News, and it's an extension of a problem that's plagued the Denver facility since the summer.

In July, The Denver Post reported that wait times for primary care medical appointments at veterans facilities in eastern Colorado and the Denver area were among the worst in the nation, and that Front Range veterans have seen little improvement in the three years since a national scandal erupted over the problem.

Colorado congressmen assailed the agency for its continued — and worsening — issues over veteran care, especially after the VA battled other controversies such as the massive delays and cost overruns in constructing a new $1.7 billion facility in Aurora, which is expected to open in the spring.

Officials of VA's Eastern Colorado Health Care System at the time said critical shortages in medical personnel – including the doctors and nurses that are at the root of the surgery delays faced today – made it difficult to keep up with the growing demand Colorado has seen from an increasing veteran population.

Sometimes, chief of staff Dr. Ellen Mangione said, veterans would rather wait for a familiar face at the VA than be seen more immediately by a doctor outside the system, even when given the choice to do so.

The eastern system had a 16 percent vacancy rate — there were 336 physicians — during the summer crisis, even though it was offering some primary care doctors as much as $200,000 a year in salary and additional training. Schabert did not immediately have current vacancy figures.

“Our leadership has been supportive and we were able to up our salary offerings to remain competitive,” Schabert said of the search for anesthesiology professionals, “but … Denver is a competitive market.”

Until hires are made, the eastern system is contracting with temporary outside physicians, known as a “locum,” to fill the gaps, Schabert said.

And the eastern system is no longer among the nation’s worst waiting periods for an appointment to see a primary care physician, VA data show, although it still ranks high with an 11-day average compared with a 4.8-day national average.

It’s been replaced by the VA health care system in Grand Junction, where the average wait for a primary care visit is 18 days, data show. That system is nearly one-tenth the size of Denver’s.

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1.8 - Military Times: Lawmakers take first steps toward a BRAC for VA facilities (12 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — House lawmakers took the first steps Thursday toward shutting down hundreds of Veterans Affairs facilities through a process similar to military base closure rounds, saying the move is critical to keep the department from wasting millions of dollars on underused, aging buildings.

But some of the largest veterans groups said they have serious concerns with the proposal, saying it’s ripe for abuse and could tempt VA officials to outsource more veterans’ medical care to private-sector physicians.

Even supporters admitted the plan will be a difficult sell on Capitol Hill.

“This bill is bold, transformative and controversial,” said Rep. Phil Roe, R-Tenn., chairman of the House Veterans’ Affairs Committee. “Moving forward with it will require a significant amount of political courage and, let’s face it, members of Congress are not known for that.”

At issue are the roughly 6,300 facilities owned VA spread across the country. Department officials have said more than 57 percent of those locations are more than 50 years old, and hundreds of others provide little value to veterans care or department management.

VA Secretary David Shulkin in June announced plans to close at least 430 vacant or mostly vacant buildings over the next year, a move that is expected to save about $7 million annually.

But he also has pushed for further authorities to close other locations, to better match department resources with future needs.

The VA base-closure-style plan — dubbed the Asset and Infrastructure Review Commission — would establish an eleven-member outside panel to recommend facility closings and resource shifts based on facility needs criteria to be established by the VA secretary.

That would involve an in-depth review of VA real estate and health care strategies, complete with public hearings. The final commission recommendations would need to be approved by the president. Congress would have 45 days to override the White House decision if they disagree with the planned closings and moves.

Much like the military base closing commissions, the set-up is designed to separate facility closing choices from political whims. Roe and committee ranking member Rep. Tim Walz, D-Minn., said the commission could also recommend setting up new facilities in underserved areas, using savings from other closings to pay for the new sites.

But veterans groups who testified before Roe's committee on Thursday said they have serious concerns that an outside panel could focus on savings instead of seeking the best care options for veterans, creating major problems for a system already dealing with wait time and access challenges.

Carl Blake, associate executive director at Paralyzed Veterans of America, said his group could support the idea "assuming the intent is to right-size the VA and not simply use this opportunity to reduce the footprint of VA for the purpose of fulfilling a promise for greater community care access and cutting spending."

Officials from Disabled American Veterans said they support a full review of the department's national footprint but aren't convinced the base-closing commission is the right path for that discussion. Officials from the American Legion said their group would not support the plan unless veterans groups had the opportunity to veto recommendations they deem harmful to veterans care.

But even without those concerns, any federal facility closing process faces a difficult path in Congress. Defense Department officials have been petitioning lawmakers for five years to hold another military base closing round, only to have the proposal rebuffed annually.

Government Accountability Office researchers said the last five BRAC rounds have produced nearly $12 billion in annual federal savings. But the last round conducted in 2005 still has not recouped its original costs, which has lead many in Congress to question the value of such cutbacks.

Roe insisted this plan is different, because the focus isn't on generating savings but instead better preparing the department to respond to veterans needs. The proposal for now is only draft legislation, but he said he hopes to move forward on the issue in coming weeks.

Veterans groups said they would continue to work on the issue with lawmakers but emphasized their skepticism.

Acting VA Deputy Under Secretary for Health for Policy Regan Crump said department officials are not backing the idea of an outside asset commission yet, but do support "the need for more flexibility" with VA facilities.

As the congressional debate continues, VA officials are reviewing another 784 non-vacant but underused facilities to determine if they can close or restructure them in coming months.

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1.9 - Stars and Stripes (Military Update): VA, Congress crawl toward ending abuse of vet pensioners (12 October, Tom Philpott, 1.5M online visitors/mo; Washington, DC)

In 2012, the Government Accountability Office found more than 200 financial planning firms and estate law offices enticing veterans or their survivors into costly annuities or irrevocable trusts intended to hide or reallocate their assets so they qualify for VA pensions that the claimants wouldn't be eligible for otherwise.

Since then, the Department of Veterans Affairs and Congress have been crawling toward actions to stop the abusive practices, which twist the intent of the pension benefit in ways to help some veterans, put others in financial binds, and generate fees or profits or streams of residents for the schemers.

The crawl toward reform continues. The VA is still working on a draft rule first released for public comment in January 2015. Final publication of the "Net Worth, Asset Transfers and Income Exclusions for Needs-Based Benefits" rule was expected this past summer. However, it remains "in VA's internal concurrence process," a VA spokesman said Wednesday.

Meanwhile, the House veterans' affairs subcommittee on disability assistance and memorial affairs held a first-ever hearing last month on legislation to address financial abuses of the pension program. The Veterans Care Financial Protection Act (now HR 3122) was first introduced in 2014.

The VA pension program exists to help veterans in financial distress if they served at least a day of wartime service, at least 90 consecutive days on active duty and earned an honorable or a general discharge. To be eligible for the basic VA pension, veterans also must have only modest annual incomes or none at all.

They can qualify for more VA financial help, however, if they are disabled and unable to leave their homes unassisted, or they have unmet daily living needs or they face exorbitant medical, assisted care or nursing home costs. The additional financial help is called the VA Aid and Attendance benefit.

"It's an absolute lifeline for veterans who have significant health problems," John Katz, the American Legion's assistant director for pensions at the VA regional office in Philadelphia, told me late last year. "Many people who laid their lives on the line for their country are incapable today of taking care of themselves without housebound benefits or Aid and Attendance, in addition to the nonservice-connected [VA] pension. For them there's no other way they'd survive."

About 303,000 wartime veterans and 220,000 survivors draw VA pension benefits. Veteran advocates believe thousands more would qualify if they knew the program existed and applied. What has raised the profile of pensions recently, however, have been the reports of abuse and target marketing by unscrupulous financial planners, lawyers or even care facilities seeking vets who are ill or elderly.

The pension is a needs-based benefit with need determined using thresholds on annual incomes and on assets or net worth. For example, a wartime vet with no dependents can qualify for all or a portion of the basic pension benefit if he or she has income, including Social Security, less than $12,907 annually. If income is $10,000, for example, the benefit would be calculated by the maximum annual pension rate of $12,907 minus $10,000, for a total of $2,907 annually.

However, the pension benefit is unique in that it allows veterans to apply medical expenses to offset income calculations and raise the benefit. Even higher amounts are payable if the veteran or surviving spouse is housebound, and more Aid and Attendance dollars are available if claimants need help with daily activities.

A married veteran needing Aid and Attendance can qualify for at least some pension monthly if his or her income doesn't exceed $25,525. A survivor's pension is smaller but also based on need with consideration too of medical expenses.

The other threshold to determine eligibility is net worth. If assets other than primary residence and vehicle exceed $80,000, then VA can't assume eligibility without a closer determination. Again, medical-related expenses can be critical. For example, if a veteran with assets totaling $100,000 moves into an assisted-living facility that costs $5,000 a month, a VA service officer could determine the asset threshold quickly will be reached and can find the veteran eligible for pension.

Veterans and survivors who believe they might qualify should contact the veterans' service office for their county to fill out required forms. More program information can be found online at: benefits.va.gov/PENSION/index.asp.

A key purpose of regulatory reforms aimed at VA pension benefits is to ensure they are used by low-income veterans or those facing exorbitant medical expenses they can't pay, rather than as a tool to preserve family wealth.

One provision in VA's draft rule would impose a three-year look-back provision on assets to discourage new claimants from hiding assets. Other changes would reset the asset ceiling to the higher and "brighter line" used by Medicaid, and more clearly define medical expenses that can reduce income calculations. The new rule would not leave the threshold on assets open to interpretation as it is now.

Legislative reforms, which show signs of life, take a different approach. As Rep. Matthew Cartwright, D-Pa., testified last month on behalf of his bill, HR 3122, his measure would direct the VA and other federal agencies to work with state officials and outside experts to establish state and federal standards to end "dishonest, predatory or otherwise unlawful practices" that target VA aid and attendance dollars.

"Unscrupulous actors are increasingly exploiting this assistance program by preying on our older veterans' vulnerability," to waste federal dollars and turn "this well-deserved benefit into a financial nightmare for those who can least afford it," said Cartwright.

Some charge veterans “a non-existent application fee to obtain the benefit,” he added. Others collect “consultation fees” with “promises to expedite the application process. Yet another scam is an offer to help veterans qualify for the benefit even when their net worth is too high to qualify.”

In this way, Cartwright explained, financial planners gain control of the veteran’s assets and “move them into an irrevocable trust or annuity, which the elderly veterans often cannot access for many years.”

Increasingly, he said, retirement homes are recruiting veteran residents with promises that they will qualify for VA aid and attendance to cover cost of the home.

“If the A&A claim is later denied, however, the nursing home then demands back payment from the veteran. This is a practice that leaves vulnerable elderly veterans with the undesirable choice of draining their own remaining assets or giving up their new home,” Cartwright said.

He first introduced his bill on learning of companion legislation in the Senate (now S. 1198) from Sen. Elizabeth Warren, D-Mass. The bill now has bipartisan support in the subcommittee. Witnesses for VA and veteran service organizations expressed support. Cartwright promised some changes to reflect concerns from the GAO that it shouldn’t be given a role in establishing the new protection standards given its existing responsibilities for reviewing how the standards are implemented.

With no costs attached, the bill is expected to clear the subcommittee this fall. Full committee action and passage by the House isn’t expected this year.

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1.10 - Public Radio International (Audio): Meet the women combing through Puerto Rico, searching for veterans in need (12 October, Jasmine Garsd, 1.2M online visitors/mo; Minneapolis, MN)

It’s early in the morning, and the entire city of San Juan, Puerto Rico, seems to be gazing at the sky with concern. It looks like rain but the island just can’t handle any more flooding.

On the highway, under the dark, heavy clouds, a small car makes its way through traffic. In it are four women, Ghislaine Rivera, Mia Lind, Janine Smalley and Katie Blanker, with whom I'm spending the day — it's Oct. 5.

Our first stop? A school that’s been turned into a hurricane shelter.

Lind, an occupational therapist for the VA Caribbean Healthcare System in San Juan, goes to the door, asking, “Are there any veterans here?”

Every day since the hurricane hit, she and her team have been roaming from shelter to shelter, looking for veterans who need medical attention.

There are somewhere around 75,000 US Army veterans living in Puerto Rico. Most served during the Vietnam War. After Hurricane Maria, many are now living in shelters. Thousands, overall, have been displaced by the storm, and the shelters are packed.

At the school, a supervisor answers: Yes, there's a veteran here.

The VA team finds 70-year-old Luis Torres lying in bed. His dress shirt is wide open and his baseball cap is flipped backward. His bed is surrounded by piles of clothing and some bags of food.

The Air Force veteran was honorably discharged; he has his military ID, but the other paperwork was lost in the storm. “My house ... it disappeared,” he says, breaking down in tears.

His teenage son, Andrew Torres, who is also staying here, pulls out his phone to show us pictures of what's left of their house. It’s like the roof and the walls were just plucked out. On the second floor, a toilet stands alone in the open.

Janine Smalley takes Luis Torres's vitals. His blood pressure is 130 over 80, so that’s "perfect," she says, asking, "Do you take any meds?" Smalley is the VA team’s registered nurse and Disaster Emergency Medical Personnel trained by the Federal Emergency Management Agency. She’s here from Cleveland, Ohio. She volunteered to come help. She says when she saw what was happening in Puerto Rico, she asked to be sent here.

Meanwhile, Katie Blanker, who also volunteered for this assignment, brings Torres toothbrushes, heating pads and food. Blanker is from Stevens Point, Wisconsin. She’s a social worker with the VA and a veteran herself.

Katie Blanker is working in Puerto Rico as a social worker with the VA. She’s also a veteran. She's originally from Stevens Point, Wisconsin. Credit: Jasmine Garsd/PRI
Torres cheers up. “Where’s the T-bone steak?” he jokes. At least for a few minutes, the mood has lightened up.

Lind says that she, too, had been thinking about steak, just the day before. There is a meat shortage on the island. "I really want to have a meal for my kids that includes beef. That was my goal. To get my kids not canned food. When you have chaos like this, the only right you have is to stay alive. You stay alive, and you survive," she says.

Lind fights back tears. The others from her team hug her. Then she smiles and announces the next neighborhood they’re heading to: “Let’s go to Rio Grande!”

Let’s go “before we’re all crying. I was hoping to wait till noon to cry again,” Smalley says.

The next shelter is even more packed than the last one.

“May we come in and ask if anyone is a vet?” Lind asks.

A man says there aren't any vets there.

Lind asks the man how he knows.

The man bristles, saying, “I can’t force them to talk to you.”

Lind thanks him, and the team leaves. Later on, in the parking lot, Lind tells me she suspects some shelters just don't want the VA team coming in. She and her colleagues represent the federal government. And they have to report it if a hurricane shelter isn't providing enough food and water. Or if it's overcrowded.

A lot of these shelters are just repurposed schools, places for people to lie down and rest, with no running water or electricity. This is the new normal. Which is why the last shelter we go to takes us a little by surprise.

The team walks right in. There's a radio blasting pop music. There are kids painting murals. And then there's Benny Molina.

The residents cheer his name as he sits down for a checkup by nurse Smalley. Molina, 61, is a veteran — "National Guard in Riverdale, New Jersey. Specialized in tanks. Driving the tanks," he says.

"Benny that's perfect!" interrupts Smalley. Benny's blood pressure is normal. He jokingly offers to do pushups — in a while — he just had a big meal. The room erupts in laughter.

Ghislaine Rivera, a social worker, asks him what happened to his home. It's gone. Benny lost everything he owned to the storm. The team offers to give him aid packages, with basic supplies, but he refuses. "Right now, we have food and everything ... but some other people are sleeping on the street and they have nothing to eat."

As he fills out his paperwork, Smalley and Blanker take a quick break in the shade. They are red from the heat and visibly tired. They've come a long way, from Ohio and Wisconsin. But, they say, this is a responsibility they have. All of us do.

"We don't know them all, but we owe them all," says Smalley.

"All of the veterans we're here for served for the United States," says Blanker. "This is Americans helping Americans. These veterans were stationed in the US, went to war with the US. I think that's the thing that people forget."

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2. Veteran and Employee Experience

2.1 - The Washington Post (PowerPost, Video): House to vote on bill requiring discipline for officials who retaliate against whistleblowers (12 October, Eric Yoder, 43.9M online visitors/mo; Washington, DC)

Federal agencies would be required to discipline officials who retaliate against whistleblowing employees, and to fire them on their second offense, under a bill up for a House vote Thursday.

The bill, approved by the Senate in May, is one of many arising from the disclosures starting in 2014 of falsified patient records at the Department of Veterans Affairs. The revelations drew a surge of complaints from lower-level employees who said they had suffered workplace reprisal

from managers for pointing out the problems and that managers were not being held accountable for violating the legal protections for whistleblowers.

“While retaliation at the VA has captured the public’s attention most recently, retaliation against whistleblowers is not confined to any one agency,” a Senate report on the bill says, adding that mandatory discipline is designed to “ensure accountability throughout the Federal Government.”

The bill would require at least a three-day suspension of a federal official found to have committed retaliation by an internal government legal process or by a federal judge and firing for a second offense. The time to contest a notice of proposed discipline would be shortened from 30 to 14 days, but once the firing became final, regular appeal rights would apply.

Congress last year enacted a similar requirement applying only to VA officials who retaliate against employees who disclose fraud, waste or misconduct, with at least a 12-day suspension for a first offense and firing for a second. This year, a law shortening and restricting appeal rights for VA employees was enacted, and on Wednesday the House passed a measure somewhat widening whistleblower protections.

The measure requiring firing for retaliation would create an exception to the general rule that agencies have wide discretion over disciplining their employees. Currently, mandatory firing also applies at the Internal Revenue Service under a long-standing policy known as the “10 deadly sins” involving abuse of authority.

The George W. Bush administration attempted to impose mandatory discipline for certain types of misconduct as part of alternative personnel policies at the departments of Defense and Homeland Security, but neither took effect in the face of lawsuits and opposition from Congress.

Also, under the latest bill, agencies would have to give priority to a request for a transfer on behalf of an employee — including one still in a probationary period — who alleges retaliation; it would be an act of retaliation for an agency official to access the employee’s medical records following a disclosure; and more training on whistleblower rights would be required for new employees and for supervisors.

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2.2 - U.S. News & World Report (AP): Alaska Veterans Affairs System to Add 100 Staff Members (13 October, 24M online visitors/mo; Washington, DC)

ANCHORAGE, Alaska (AP) — The Alaska Veterans Affairs system has announced it's adding 100 staff members.

KTVA-TV reported Wednesday that Dr. Timothy Ballard said the staff is being added in response to negative reviews from both patients and staff.

Ballard said the new positions are focused on mental health care and support functions. The 100 new jobs boost the system's number of staff to 650 at a cost of $6 million.

Ballard said money to pay the new workers is being repurposed from other places in the budget.

He said the system is also increasing the speed at which it fills vacancies, bringing the wait time down from six months to six weeks.

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2.3 - Atlanta Journal-Constitution: Roswell getting $21K for veterans adaptive sports (12 October, David Ibata, 11.9M online visitors/mo; Atlanta, GA)

Roswell has agreed to accept $21,080 from the federal government to purchase equipment and hire instructors for new VA Wheelchair Softball and Adaptive Cycling programs for disabled veterans.

The City Council approved a resolution accepting the FY 201 Adaptive Sports Grant from the U.S. Department of Veterans Affairs. The grant does not require local matching funds, according to a staff report to the council.

The Roswell Recreation, Parks, Historic and Cultural Affairs Department will be responsible for the adaptive sports program.

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2.4 - The Hill: New whistleblower protections head to Trump's desk (12 October, Cristina Marcos, 11.8M online visitors/mo; Washington, DC)

The House unanimously cleared legislation on Thursday to ensure protections for federal employees who disclose government waste, fraud and abuse.

Passed 420-0, the measure would train federal workers so they understand their protections, as well as enhance penalties for supervisors who retaliate against whistleblowers.

The bill is named after Chris Kirkpatrick, a psychologist was fired from a Department of Veterans Affairs (VA) medical center after raising concerns about patients' medications. He committed suicide on the day he was dismissed.

The bill also orders the VA to create a plan for preventing unauthorized access to employee medical records and conduct outreach to employees about mental-health services.

The Senate passed the legislation, authored by Senate Homeland Security and Governmental Affairs Committee Chairman Ron Johnson (R-Wis.), in May. It now heads to President Trump's desk for his signature.

"Future whistleblowers who take a risk to expose wrongdoing and waste in the federal government deserve the respect and support of our nation. I urge the president to quickly sign these important reforms into law," Johnson said in a statement.

Before final passage, House Democrats offered a procedural motion to amend the bill by extending protections to federal workers who reveal wrongdoing by an agency head or political appointee violating rules or regulations regarding travel.

Democrats offered the motion in light of Tom Price's resignation as secretary of Health and Human Services in September after Politico revealed his extensive use of private jets, instead of commercial alternatives, at taxpayers' expense. Politico estimated Price's travel costs at possibly more than $1 million.

"The resources invested to agencies to fulfill their missions of serving Americans should not be abused or frivolously flaunted for personal gain or convenience," said Rep. Tom O'Halleran (D-Ariz.), who offered the motion.

Rep. Rod Blum (R-Iowa) did not disagree with the substance of the proposal offered by Democrats, but urged swift passage of the underlying whistleblower legislation so Trump could sign it into law as soon as possible.

"Let's not let one good bill get in the way of another," Blum said.

The motion failed along party lines, as is typical in the House when it comes to procedural votes.

The House also passed two noncontroversial bills by voice vote on Wednesday to protect and encourage whistleblowers.

One measure, authored by Rep. Chuck Fleischmann (R-Tenn.), would allow federal agencies to pay up to $20,000 in cash rewards to workers who report waste. The other, sponsored by Rep. Steve Russell (R-Okla.), would allow whistleblowers outside the intelligence community to disclose classified information to supervisors in their chain of command.

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2.5 - Bangor Daily News: 'Dangerous surgeon' at Togus allegedly made mistakes in 88 cases, but VA kept it quiet (12 October, 1.2M online visitors/mo; Bangor, ME)

An explosive USA Today investigation into medical mistakes allegedly made under the watch of the U.S. Department of Veterans Affairs highlighted what the newspaper described as one particularly egregious case in Maine.

According to the report, podiatrist Thomas Franchini allegedly made mistakes in 88 cases while working at the Togus VA Medical Center near Augusta, the nation's oldest veterans' hospital.

"We found that he was a dangerous surgeon," former hospital official Robert Sampson said during a deposition in a federal lawsuit against the department, according to the newspaper.

U.S. Rep. Bruce Poliquin, R-Maine, described the case as "unacceptable behavior" and called the situation "nothing short of appalling" in a Thursday statement.

USA Today's report describes myriad examples: Franchini allegedly drilled the wrong screw into the bone of one patient, severed a tendon in another, conducted unnecessary surgeries and twice failed to properly fuse a woman's ankle, for instance.

Instead of being fired, the newspaper's investigation found, the department didn't report him as a problem doctor or fire him, but rather allowed him to quietly resign and open a private practice in another state.

The Franchini case was revealed as part of an investigation that uncovered about 230 secret settlement deals in which VA officials quietly cut ties with problem doctors and other medical staff across the country, allegedly promising to conceal serious mistakes and allow many of the personnel in question to go into the private sector with unblemished records.

Franchini, who was reportedly placed on leave by the VA in 2010 and resigned soon thereafter, told USA Today he never got to respond to the department's findings that he'd made serious mistakes, and that his attorney submitted two outside reviews that contradicted those findings.

He also said he has performed many surgeries since leaving the VA without complications.

"If I was so bad, I would be bad all the time," he told USA Today.

Six veterans are now suing the VA accusing the agency of fraudulently concealing Franchini's mistakes.

In response to the report, Poliquin, who represents Maine's 2nd congressional district, announced Thursday he is joining fellow Reps. Cathy McMorris Rodgers of Washington and Phil Roe of Tennessee to introduce a bill that would force agency officials to report to state licensing boards if they discover "unacceptable or unethical behavior from other medical professionals at the VA."

"Our Maine veterans depend on their services at Togus and other VA facilities across our state for critical care, and it is absolutely unacceptable for them to ever be subjected to medical malpractice," Poliquin said in a statement. "We must have accountability at the VA, to ensure our veterans are always getting the best care possible, and I am proud to be working on the Veterans Affairs' Committee to do that."

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2.6 - WFED (AM-1500, Audio): House passes bill to give TSP participants more withdrawal options (12 October, Eric White, 831k online visitors/mo; Washington, DC)

[…]

The Veterans Affairs Department stepped back a proposal to suspend a 50-year-old ethics law. The law, first passed in 1966, requires VA to fire any employee who also works for a school whose students receive VA benefits. The department had planned to completely stop enforcing that requirement by next Monday, since some of its employees also work as adjunct professors at for-profit colleges. But it abruptly walked back the regulatory change on Wednesday after

complaints from veterans groups who said the waivers should only be granted on a case-by-case basis. (Federal News Radio)

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2.7 - La Crosse Tribune: House approves whistleblower bill named for former Tomah VA doc (12 October, 822k online visitors/mo; La Crosse, WI)

The U.S. House passed a federal whistle blower protection bill Thursday named for a former VA psychologist who questioned over-medication of patients at the Tomah VA Medical Center.

The Dr. Chris Kirkpatrick Whistleblower Protection Act is designed to protect federal employees who come forward with allegations of waste, fraud and abuse and to set minimum disciplinary measures for supervisors found guilty of retaliation.

The bill also requires the VA to put together a plan to prevent supervisors from improperly accessing an employee's medical files in retaliation.

Kirkpatrick killed himself in 2009 the same day he was fired after questioning over-medication practices at the Tomah VA, which earned the nickname "Candy Land" because doctors there prescribed such high doses of opiates. Investigations later blamed those prescription practices for the deaths of at least two veterans.

U.S. Rep. Ron Kind, whose district includes the Tomah VA, spoke on the House floor in favor of the bill.

"Dr. Kirkpatrick was dedicated to improving the lives (of) and serving our nation's veterans," Kind said. "The bill before us today will honor the memory of Dr. Kirkpatrick by helping to make sure no one will have to go through what he did."

The bill, introduced by Sen. Ron Johnson, passed the House unanimously and now heads to President's desk.

Johnson, a Wisconsin Republican, said the passage brings the nation "

one step closer to better protecting federal whistleblowers and providing better health care to the finest among us – our veterans."

VA Secretary David Shulkin has pledged to bring greater accountability to the government's second largest agency, which provides medical care to millions of veterans. In July, Shulkin began posting employee disciplinary actions and announced that he would require approval by a senior official of any settlement with a VA employee over the amount of $5,000, citing unnecessary payments to bad employees. A month later, he ordered a review to expand VA reporting requirements for bad workers.

During the 2016 campaign, Trump described the VA as the "most corrupt," promising to "protect and promote honest employees" at the VA who expose wrongdoing.

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2.8 - WLOS (ABC-13, Video): Protesters at Asheville VA say being understaffed is dangerous (12 October, 480k online visitors/mo; Asheville, NC)

ASHEVILLE, N.C. (WLOS) — Veterans Affairs employees held a rally outside Asheville's Charles George VA Medical Center on Thursday to protest working conditions.

Protesters said low staffing levels are creating risks to patient safety and a hazardous work environment. They said Congress has failed to fill open positions, putting veterans' health care at risk.

"We're trying to get the word out and let Congress know that we're here to support these veterans," Brandee Morris, of AFGE Local 446, said.

Protestors said there are nearly 50,000 open positions at VA centers across the country, and t there's no plan in place to fill them.

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2.9 - HousingWire: Ginnie Mae, VA launch task force to look into lenders targeting veterans for quick refinances - Comes on the heels of Ginnie Mae opening investigation (12 October, Ben Lane, 438k online visitors/mo; Irving, TX)

Roughly one month ago, Ginnie Mae announced that it was launching an investigation into mortgage lenders that were aggressively targeting servicemembers and military veterans for quick and potentially risky refinances of their mortgages.

The investigation came on the heels of a letter from Sen. Elizabeth Warren, D-Massachusetts, who cited a report from the Consumer Financial Protection Bureau, which covered complaints received from veterans about Department of Veterans Affairs mortgage refinancing.

Warren’s letter claimed that there may be lenders “aggressively and misleadingly marketing the refinancing of mortgages backed by the Department of Veterans Affairs, generating fees for themselves at the expense of veterans and American taxpayers.”

Now, Ginnie Mae and the VA are launching a task force to “address mortgage refinancing issues” surrounding VA loans.

The task force, which is called the “Joint Ginnie Mae – VA Refinance Loan Task Force,” will focus on “examining critical issues, important data and lender behaviors related to refinancing loans and will determine what program and policy changes should be made by the agencies to ensure these loans do not pose an undue risk or burden to Veterans or the American taxpayer.”

But more specifically, the agencies say that the task force will review the “aggressive and misleading refinancing” marketing practices of certain lenders, and will address “loan churning and repeated refinancing.”

Loan churning is the practice of convincing an existing borrower to refinance their mortgage.

When announcing the investigation, Michael Bright, the acting president and chief operations officer of Ginnie Mae, said that the market for VA loans that is “somewhat saturated with lenders and brokers making dozens of calls and sending dozens of letters to veterans” trying to get them to refinance their mortgages.

And now, Ginnie Mae and the VA are working to address the issue.

“Both agencies agree that VA and Ginnie Mae programs work best when they are used by market participants in ways that provide a benefit to Veteran borrowers and, ultimately, lower Veterans’ costs,” Ginnie Mae said in an announcement.

According to Ginnie Mae, the task force has already started its work by examining data and information to “ensure loans provide a net tangible benefit to Veteran-borrowers, and consider establishing time frames regarding recoupment of fees associated with refinancing loans.”

Ginnie Mae said that the task force will also examine the impact of “establishing stronger seasoning requirements for VA-guaranteed loans that are securitized into Ginnie Mae Mortgage Backed Security pools.”

Additionally, Ginnie Mae said the task force will work to “ensure Veterans understand the costs and benefits of refinancing, and ensure robust borrower outreach and education programs are augmented for this purpose.”

The agencies also plan to arrange “joint discussions with individual lenders whose demonstrated origination practices may negatively affect Veteran borrowers or increase program costs and risks.”

The agencies also say that the task force will continue its work until “concrete solutions” are found that will “eliminate lender behavior that is unhelpful to Veterans and harmful to the American taxpayer.”

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2.10 - Citizen-Times: Disappointed VA employees voice concerns, lack of staffing and support (12 October, Alexandria Bordas, 318k online visitors/mo; Asheville, NC)

OTEEN - Ralliers gathered at Charles George VA Medical Center on Thursday afternoon to express disappointment in the 49,000 vacant staff positions nationwide, which veterans' supporters said are affecting local VA branches.

Months of delays in appointments, overworked employees and lack of internal support can no longer be ignored, said Brandy Morris, executive vice president of the local American Federation of Government Employees labor union in Asheville.

"Veterans want to come to the VA and not be sent to private doctors because it will take us over a month to treat them," said Morris, who has worked for the VA for 17 years.

Ralliers also said they were upset with the Trump administration's recent decisions in regards to veteran care.

In August, Trump signed a $3.9 billion funding bill to save the nearly bankrupt Choice Program, which is a temporary benefit that allows eligible veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility, according to the Department of Veterans Affairs.

The Choice Program was created in 2014 after numerous reports revealed an alarming rate of cover-ups in veteran wait times at a handful of VA hospitals across the nation.

This summer, it was determined the Choice Program would no longer be able to offer the temporary benefit because it was running out of money.

Originally, the proposed bill was smaller and would solely fund the Choice Program, without an additional $1.8 billion for hiring and clinics.

Backlash from veterans organizations, who said the bill prioritized privatized care as opposed to buffing up VA staff, led to the revised $3.9 billion bill, which Trump signed in August, according to Stars and Stripes. The money is expected to keep the Choice Program afloat for six more months.

But, despite the new bill, there is still dissatisfaction among VA employees.

Paul Stone, a veteran who works at the VA as an electrician, was not inspired by the surge of support for the Choice Program under the Trump administration.

"If veterans had a choice, they would rather see their doctors here, but they don't have a choice so they are forced to see someone else," said Stone, who was holding a sign that said "I Love My VA".

Torre White comes from a family of servicemen and women. She works as a program support assistant with geriatrics at the VA.

It took her months to get hired, despite hundreds of job vacancies posted online, she said.

"There are plenty of openings, but why aren't people getting hired?" she asked. "With so many people applying and wanting jobs, it shouldn't take that long, and now our veterans are not able to get immediate care because of that."

These issues also bother Kay Murray, who has worked as a nurse at the VA for 8 years.

The VA can provide services in-house without the Choice Program if it had the right staffing, she said.

One of Murray's biggest concerns is veteran patients with mental health needs.

A lot of veterans come to the VA because they can trust their doctors, many of whom are veterans, which many not be the case if they go elsewhere, she said.

"The VA is home to veterans, their family, and they come to us wearing their buttons, hats and t-shirts," Murray said. "Half of our employees are veterans too, this is where all of them should be treated."

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2.11 - WEAU (NBC-13, Video): House members pass Whistleblower Protection Bill (12 October, Ruth Wendlandt, 276k online visitors/mo; Eau Claire, WI)

Washington, D.C. (WEAU) In a bi-partisan vote, House members unanimously passed Representative Sean Duffy's Whistleblower Protection Bill.

The Dr. Chris Kirkpatrick Whistleblower Protection Act ensures no one is retaliated against for coming forward with concerns about waste, fraud, and abuse at the veteran affairs. It also requires the VA to come up with a plan to restrict unauthorized employee access to medical files.

The bill is named after a Wisconsin doctor who worked at the Tomah VA Medical Center, and was fired after he questioned the over-medication of veterans. On the day of his firing, Dr. Kirkpatrick committed suicide.

Representative Ron Kind says he's happy the bill received support from across the aisle. Kind says, “We need people who are working with our veterans who feel confident and safe to come forward when they see things that aren't working the way they're supposed to, when veterans aren't getting the treatment they need, and they deserve, without fear of retaliation without fear of being retired.”

Representative Duffy says, “This legislation strengthens protections for patriots-for those who are trying to do the right thing, for those who care about veterans and their safety."

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2.12 - Parkersburg News & Sentinel: Outrageous: VA culprit deserves more than a lecture (13 October, Editorial Board, 187k online visitors/mo; Parkersburg, WV)

How should a Department of Veterans Affairs manager who defrauded the government, took chances with veterans’ health care, then devised a coverup be punished? Readers probably have their own ideas about that.

But according to the federal government, the answer is … counseling.

One of U.S. Rep. David McKinley’s constituents reported to him last year that something was wrong at the Louis A. Johnson VA Medical Center in Clarksburg. McKinley represents much of our area; and many veterans in our region rely on the VA hospital in Clarksburg.

McKinley went straight to the VA. The U.S. Office of Special Counsel, which also had been contacted by a whistleblower from the hospital, looked into the matter.

Investigators found that during a seven-year period, a manager at the hospital engineered a scheme whereby patient data was “intentionally manipulated” at the facility. The purpose was to make it appear at least some veterans were not kept waiting for care as long as actually was the case. In addition, the volume of patient visits was inflated.

Part of the scheme involved nurses being pressured to place patients in unofficial “clinics,” rather than record them as emergency department visits.

Whether any veterans were harmed by the manager’s actions was not reported by the Office of Special Counsel. Obviously, that should be checked.

One ramification of the misconduct was that 602 veterans were charged incorrect co-payments. That cost the VA $21,070.

However, according to the Office of Special Counsel, the VA “is currently determining how to recoup lost payments.” In other words, the bureaucrats are looking into how they can go back to the 602 veterans and tell them they owe Uncle Sam money.

What about the culprit? According to the Office of Special Counsel, “the VA counseled the manager responsible …”

That’s it. No punishment, just a good talking to.

We sometimes refer to the bureaucracy in Washington as “the swamp.” That may be a disservice to the snapping turtles, cottonmouth snakes, alligators and quicksand of the real thing.

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2.13 - WAGM (FOX-8): After Report Shows VA’s Failure to Disclose Medical Malpractice at Togus, Rep. Poliquin Acts to Make Changes (12 October, 35k online visitors/mo; Presque Isle, ME)

Congressman Bruce Poliquin, along with House Conference Chair Cathy McMorris Rodgers (WA-05) and House Veterans Affairs Committee Chairman Phil Roe (TN-01), today introduced the Ethical Patient Care for Veterans Act of 2017. This legislation requires Department of Veterans Affairs (VA) medical professionals to report directly to state licensing boards if they witness unacceptable or unethical behavior from other medical professionals at the VA. The legislation is in response to the alarming USA Today article out yesterday that revealed the VA failed to disclose bad medical practitioners to the public, risking the public’s exposure to these bad actors.

One of the most notorious offenders was Thomas Franchini, a practitioner at Togus who had committed malpractice in 88 separate cases, according to the VA’s conclusions.

“These most recent reports are nothing short of appalling,” said Congressman Poliquin. “Our Maine Veterans depend on their services at Togus and other VA facilities across our State for critical care, and it is absolutely unacceptable for them to ever be subjected to medical

malpractice. We must have accountability at the VA, to ensure our Veterans are always getting the best care possible, and I am proud to be working on the Veterans Affairs' Committee to do that. I'm now pleased to work with Chairwoman McMorris Rodgers and Chairman Roe to help prevent this unacceptable behavior from occurring again."

"These newest reports out of the VA are deeply troubling," said Chair McMorris Rodgers. "Our veterans deserve the best care imaginable, but as we've seen, far too often that's not the case. This bill will help reform the culture at the VA by holding bad actors accountable and keeping them from continuing these mistakes at the VA or elsewhere. We should be rolling out the red carpet to our nation's heroes in Eastern Washington and around the country, and that starts with ensuring that the best and brightest are at the VA caring for our veterans."

"The findings of the USA Today investigation are intolerable," said Chairman Roe. "The committee has long been concerned about VA's settlement agreements, and even held a hearing on the topic last year. While I can appreciate VA's recent decision to more closely vet settlement agreements, malfeasance within the department will not be ignored. It certainly cannot be rewarded and hidden from state licensing boards. As a physician, I find this deeply troubling, and I thank Reps. McMorris Rodgers and Poliquin for their leadership on this issue."

NOTE: Currently, if the VA receives a report of substandard health care practices, it takes at least 100 days to decide whether to refer the matter to a state licensing board. This legislation will require timely reporting to state licensing boards so there is proper notice of these serious allegations.

As reported by USA Today, "the VA — the nation's largest employer of health care workers — has for years concealed mistakes and misdeeds by staff members entrusted with the care of veterans." The article lays out a number of cases where doctors provided poor, unethical, or irresponsible care, and faced zero medical licensing reviews.

By requiring malpractice to be reported to state licensing boards, this legislation ensures that if poor care happens, doctors and clinicians will no longer be shielded by the VA and could face consequences just like they do in private practice.

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2.14 - WAGM (FOX-8): Rep. Poliquin's Bill to Ensure VA Headstones For Veterans' Families Buried in Cemeteries Advances in the House (12 October, 35k online visitors/mo; Presque Isle, ME)

Today, Congressman Bruce Poliquin had his Veterans bill pass out of committee with unanimous, bipartisan support.

Congressman Poliquin's legislation would ensure that Veterans' family members who are buried at tribal Veterans cemeteries—such as the Houlton Band of Maliseet Indians Tribal Veterans Cemetery in Aroostook County—are provided government furnished headstones, the same treatment as those buried at national and state Veterans cemeteries.

Congressman Poliquin, who represents the Houlton Band of Maliseet Indians and their Tribal Veterans Cemetery in Aroostook County, released the following statement:

"Our Veterans, who served and sacrificed for our Nation and who are now laid to rest in tribal Veterans cemeteries, should have the honor of being buried with their families and all should have access to headstones commemorating their sacrifices," said Congressman Poliquin. "I'm proud to represent the Houlton Band of Maliseet Indians, who created the first Tribal Veterans Cemetery not only in Maine, but on the entire East Coast. It is a great honor to serve them and to push forward this commonsense fix so all our Veterans and their families can be properly honored when they are laid to rest. I'm extremely pleased to have the unanimous support of my Republican and Democratic colleagues on the Veterans' Affairs Committee for this commonsense legislation, and I will continue to push this important bill through Congress and onto the President's desk."

Clarissa Sabattis, Chief of the Houlton Band of Maliseet Indians, said when the bill was introduced, "The Houlton Band of Maliseet Indians is honored to have the first Tribal Veterans Cemetery, East of the Mississippi. We all know that when a loved one serves in the military, especially when deployed overseas, that the family serves as well. Spouses take on the additional duties and stresses of taking care of their homes, being single parents, raising and comforting their children in times of great stress and ensuring our veterans have a home to return to. Congressman Poliquin's Bill honors the families and acknowledges the sacrifices made by those who stay behind by providing headstones for the spouses and children of veterans who are buried in tribal cemeteries."

Under current law, government furnished headstones are only available to Veterans' eligible spouses and dependents buried in national and state Veterans cemeteries. This bill would authorize the Department of Veterans Affairs (VA) to provide headstones and markers to eligible spouses and dependents interred at tribal Veterans cemeteries.

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2.15 - KOBI (NBC-5, Video): Oregon politician concerned about Roseburg VA medical facility (12 October, 27k online visitors/mo; Medford, OR)

Washington, D.C. – An Oregon congressman is asking the U.S. Department of Veterans Affairs to address "substandard management" at the Roseburg VA hospital.

Congressman Peter DeFazio (D-OR 4th District) said the VA Roseburg Health Care System (VARHS) is a source of concern for constituents, who complained to the governor about the lack of effective and accountable management.

DeFazio claims nothing has changed at VARHS despite repeated outreach with VA leadership, including a direct appeal to VA Secretary David Shulkin last week.

"Poor management has resulted in degraded patient care and difficulty in recruiting and retaining talented medical professionals to help Oregon's veterans. It's outrageous that in addition to delays and government bureaucracy veteran care is being hampered by management issues," Rep. DeFazio said. "Doctors, nurses, and other VA employees are putting their careers on the line to improve the system, risking potential retaliation from the same inadequate leadership. The status quo is entirely unacceptable, and it is time for the VA to stop passing the buck and take immediate action. Our veterans deserve better."

Rep. DeFazio voiced his concerns while speaking in support of the Dr. Chris Kirkpatrick Whistleblower Protection Act. The legislation would create harsher penalties for those who retaliate against whistleblowers.

According to DeFazio's office, in 2015 35% of whistleblower complaints came from VA employees.

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2.16 - The M Report: Ginnie Mae and VA Create Refinance Loan Task Force (12 October, Nicole Casperson, 20k online visitors/mo; Dallas, TX)

Ginnie Mae and the Department of Veterans Affairs (VA) recently announced the shaping of the "Joint Ginnie Mae – VA Refinance Loan Task Force," in an effort to address loan churning and repeated refinancing issues.

Specifically, the task force is set to focus on examining critical issues, important data, and lender behaviors related to refinancing loans. In addition, the task force will "determine what program and policy changes should be made by the agencies" as a way to ensure these loans do not pose an "undue risk or burden to Veterans or the American taxpayer."

According to the enterprise, this task force has begun its efforts in two ways. First, by examining data and information to ensure loans provide a "net tangible benefit" to Veteran-borrowers. Second, the task force is considering to establishing time frames regarding "recoupment of fees associated with refinancing loans."

The purpose of the task force is to also determine the effects if implementing stronger seasoning requirements for VA-guaranteed loans that are securitized into Ginnie Mae Mortgage Backed Security pools, according to Ginnie Mae's release.

Furthermore, the task force will "work to ensure Veterans understand the costs and benefits of refinancing, and ensure robust borrower outreach and education programs are augmented for this purpose."

Last year, the Consumer Financial Protection Bureau revealed a snapshot of service member complaints and issues related to VA mortgage refinancing. In light of these issues, the task force will examine aggressive and misleading refinancing propositions.

The release notes that Ginnie Mae and the VA will continue to work together until concrete solutions have been implemented to eliminate lender behavior that is unhelpful to Veterans and harmful to the American taxpayer.

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2.17 - KSNW (NBC-3): Kansas nurse in Puerto Rico to help Hurricane Maria victims (12 October, 9.1k online visitors/day; Wichita, KS)

A Cheney nurse is in Puerto Rico helping victims of Hurricane Maria. Linda Sue Bayless is a provider at the Robert J. Dole VA Medical Center.

As part of the VA's Disaster Emergency Medical Personnel Program System, she signed on to deploy where she was needed most. Bayless left October 4 and is due back on the 18.

Her husband, Greg, says she is now living in a tent and has had no hot water since she arrived. He describes her as working side by side with FEMA, the Red Cross, and Homeland Security. "She is an honorable woman," He said. "She wants to help. She is patriotic. She has been a caregiver her entire life. She wanted to volunteer."

He describes his wife's conditions as "difficult" and she is currently working nights on the 7 p.m. to 7 a.m. shift.

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3. Access to Healthcare

3.1 - Newsweek (Video): PTSD Treatment: How Ai Is Helping Veterans With Post-Traumatic Stress Disorder (12 October, Joseph Frankel, 9.4M online visitors/mo; New York, NY)

There is a real appeal to shouting into the void: the ubiquity of Google search as confessional, the popularity of PostSecret, the draw of confiding in a trusted friend with the hope verging on understanding that our secrets won't be shared all point to this. A group of researchers from the University of Southern California, with funding from the DARPA wing of the Department of Defense, believe that desire might drive a preference among veterans with PTSD to anonymously discuss their symptoms with a computerized avatar.

They found that the service members who volunteered for the study disclosed more symptoms of PTSD when speaking with a computerized "virtual human" than when filling out a symptoms checklist on the military's Post Deployment Health Assessment (PDHA). They also reported more symptoms even when filling out a completely anonymized version of the PDHA. The idea, the researchers suggest, is that people are more willing to disclose their symptoms when they know the data is anonymous.

It's unclear if that will fly in real life. Whether the program will truly help veterans remains to be seen. And its implementation raises questions about medical ethics and the stigma around mental-health in the military and culture at large.

The Institute for Creative Technologies at USC got lots of buzz for its original research, and introducing the world to Ellie, a digital diagnostic tool that strongly resembles, but cannot replace a human therapist. Ellie, an avatar of a woman in a cardigan with olive-toned skin and a soothing voice, listens to the people who come to her, and does what any human sounding board does. She listens to the content of their speech, and scans their facial expressions, tone, and voice, for cues that hint at meanings beyond speech. Ellie's design was decided upon by the research group's art team. As for how Ellie sounds, "she has a very comforting voice," Lucas told Newsweek.

(Unlike a human, of course, this kind of reading is made explicit enough to show in a video.)

Based off their results, Lucas says, the researchers believe that for veterans with PTSD, Ellie combines the best of both worlds: her warm demeanor and sympathetic responses establish the kind of rapport that a therapist would create, and the knowledge that she's not actually a person, and crucially, that she's not built into a chain of reporting, mean you can say whatever you want. This builds off past research this same team did, in which participants more intensely expressed feelings of sadness and reported lower rates of fear when going through a health screening with a virtual human rather than one they were led to believe was controlled by an actual human.

The way Lucas envisions it, Ellie is an economical and efficient solution. "All you need is a webcam, a, laptop, and a microphone." She imagines Ellies existing in a kind of kiosk that can be tucked into a local VA. ""I know it sounds creepy to put it in a closet, but you could put it in a closet."

And at least one psychiatrist thinks Ellie has potential. "This technology has amazing potential to drill down into the elements of rapport, and whether it differs by patient characteristics; something that is not possible with real life therapists or clinicians. A simple example is whether the sex and age of the avatar alters the effect," says Joseph Hayes, a psychiatrist at University College London.

However, Hayes believes the anonymity that drives the study's result might be impossible in real life. The participants in the study may feel more comfortable disclosing to Ellie because, unlike with the PDHA, which soldiers know will go on their permanent health record, what they say to Ellie will not. But If Ellie were really integrated into a care center, it's hard to imagine that the data she collects wouldn't also be accessible by treating clinicians.

"For an intervention to be possible ultimately, the disclosure would have to be shared with the same commanding officers who have traditionally received the results of the service members PDHA, and entered into their military health record. Once this is made explicit, would disclosure reduce to levels seen previously?" Hayes wrote. "If so, it is a culture change (reducing public stigma–within the military and more broadly) which is truly going to impact on disclosure and provision of appropriate treatment," Hayes wrote.

Lucas and her colleagues have been thinking about this problem, and she's optimistic they can work out a solution. She maintains that since the research is being implemented within the department of defense, it's under different rules than treatments marketed to civilians.

The way Lucas envisions it, even in real life, a session with Ellie can stay fully anonymous. A veteran can go in, talk with 'her', and at the end of the session Ellie can suggest they follow up with a clinician if the person needs further treatment. But, Lucas hopes, that choice will be up to the patient.

With one big exception.

If a therapist or doctor learns of a person's intent to harm or kill, among other acts, they are compelled to break confidentiality and intervene. But Ellie, Lucas maintains, can't be mandated to report these things because she isn't human. Lucas's ideal solution is that, if a veteran comes to Ellie expressing thoughts of self-harm, the program would send out a red flag of sorts to a human clinician who would then be compelled to act.

It has yet to be determined whether that approach is legally, ethically, or practically feasible.

Even if it is feasible, there are still many other problems to tackle when it comes to PTSD in veterans, Hayes says.

"As a clinician, I'd want to know that this technology could effectively detect cases of PTSD, rather than just increasing disclosure of less severe, potentially non-diagnostic, responses to trauma. The bottleneck is not necessarily in the shortage of resources for diagnosis, but a shortage in the resources to deliver effective evidence-based care following diagnosis," Hayes wrote. And while AI technologies that do exactly that are being developed and tested, he thinks it's a long ways away before they can take over that work.

And help is needed.

"Veterans account for 20% of suicides in the US," Hayes said. "Better support systems, beyond the brief provision of therapy may help reduce this shocking statistic."

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3.2 - KTVU (FOX-2): Services available for veterans at Napa Valley College evacuation center (12 October, 2.1M online visitors/mo; Oakland, CA)

NAPA, Calif. (BCN) - The Vet Center, a subsidiary of the U.S. Department of Veterans Affairs, deployed personnel today to the wildfire evacuation center at Napa Valley College from Concord and Fairfield to provide mental health services and paperwork assistance for any displaced veterans.

They were at the shelter today with a trailer set up for three separate counseling sessions to be conducted simultaneously.

"Say you're having a panic attack," readjustment counselor Lori Shepherd said. "You come in here and have a counseling session."

Shepherd said the smoke, smells and sight of burnt buildings can be stressful for veterans who served in Iraq, Afghanistan or other war zones.

"It can definitely be triggering," said Joseph Moglia, a veteran of the U.S. Marine Corps who served in Iraq.

Shepherd and Moglia are available at Napa Valley College for any veterans who have been displaced by the North Bay wildfires and are in need of assistance. They can be reached at (925) 433-3407.

They've also set up an area with seating and a television for veterans at the shelter who just want to spend time with other veterans.

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3.3 - The Gazette: Mayor, nonprofits plead for Colorado Springs landlords to help homeless vets (12 October, Jakob Rodgers, 870k online visitors/mo; Colorado Springs, CO)

Colorado Springs landlords reportedly are spurning federal housing vouchers in favor of renting to higher-paying tenants, thwarting efforts to help homeless veterans get off the streets, city officials and nonprofits say.

Mayor John Suthers, the National League of Cities and local advocates for the homeless called on landlords Thursday to accept the vouchers from veterans needing a place to live rather than taking advantage of the hot rental market.

Suthers stressed that local landlords hold the key to effectively ending veteran homelessness - a goal that has eluded the city for years.

"They're private businesses, they're there to make money and they don't have to engage in this," Suthers said. "But we're just trying to impress upon them that it's part of being a citizen of the community."

As an example, Suthers mentioned one homeless veteran who got a job while using his voucher - allowing him to pay more for rent.

"We're hoping they'll (landlords) see the long view that helping house people is in their interest as well as the community's," Suthers said.

Their message highlighted the latest in a series of meetings at the Apartment Association of Southern Colorado's offices, which seek to woo hesitant property owners.

As Colorado Springs' affordable housing crunch has worsened, rents have climbed to record territory, fed by Colorado's bustling economy and an influx of newcomers seeking cheaper housing outside the Denver Metro area.

In spring and early summer, the city's average monthly rate - not including utilities - was $986 for a one-bedroom apartment and $1,523 for a three-bedroom unit.

But the VA's vouchers are capped. For someone here without an income, they are from $751 a month for a one-bedroom apartment and $1,355 a month for a three-bedroom unit. Importantly, while those rates can rise with a person's income, they must include the cost of utilities.

That's kept landlords and property owners away, acknowledged Laura Nelson, the apartment association's executive director.

The plight of veterans seeking housing is "truly sad," said Carmen Azzopardi, vice president of multifamily property services for Griffis/Blessing.

Her company was among a few touted by the association as being more open to accepting vouchers.

But Azzopardi said many landlords feel hamstrung by the program's red tape. Many also fear violating the Fair Housing Act by prioritizing veterans above others, and accepting them at reduced rates.

"How can we help, when it's almost like our hands are tied on being able to help?" Azzopardi said.

Elisha Harig-Blaine, principal housing associate of the National League of Cities, disputed that notion.

"I can definitely tell you - it does not violate fair housing," Harig-Blaine said.

Homeless advocates also stressed a willingness to work with landlords and address any issues that arise, including landlords' concerns about renting to vets with felony convictions or past evictions.

The vouchers include a caseworker for each veteran who can help them find jobs, access health care and, if need be, find addiction treatment.

"We want to help you have success," said Erika Huelskamp, who coordinates the VA's local voucher program. "We are just a phone call away. We're here for you, just as much as that veteran."

Fifteen individuals and 13 families are searching for landlords willing to accept their Department of Veterans Affairs vouchers, said Huelskamp.

That's only a fraction of the homeless veterans in need of apartments here, and an even smaller portion of the city's overall homeless community.

People who haven't served in the military also face similar problems using different vouchers, nonprofit leaders say.

The pleas come as Colorado Springs tries to join the growing list of cities that have effectively ended homelessness among veterans.

The goal is to ensure no veterans are forced to live on the streets, and that their homelessness is brief, rare and nonrecurring.

A coalition led by Rocky Mountain Human Services almost succeeded in eliminating veteran homelessness in 2015 by creating an intensely-data driven program unlike anything ever seen in the Pikes Peak region.

Volunteers found people living on the streets. The nonprofit's employees helped them apply for VA benefits and seek housing.

But two main barriers - the city's severe lack of shelter space and affordable housing - kept the coalition from meeting its goal.

One impediment has since been eased.

The opening of Springs Rescue Mission's new shelter in November 2016 helped more people find beds indoors. The facility has routinely accommodated between 260 and 300 people a night.

But the other - a dearth of affordable housing - has only worsened.

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3.4 - Daily Press: Virginia lawmakers cite payment delays in veterans health program (12 October, Hugh Lessig, 863k online visitors/mo; Newport News, VA)

The Department of Veterans Affairs owes Virginia health care providers millions of dollars for services provided to veterans who sought treatment outside the VA system, says the state's congressional delegation, who want the VA to pay its bills.

At issue is Veterans Choice, a popular but controversial program that allows former service members to seek care in the community if they have to wait too long for an appointment or live too far from a Veterans' Affairs facility.

The 13-member Virginia delegation sent a letter to VA Secretary David Shulkin on Oct. 3 that states "the level of late payments is unacceptable" and adds, "We urge you to fix this problem and immediately develop a long-term solution aimed at ensuring that payments are made within 30 days of receiving an invoice."

Riverside Health Systems reported that 227 of 504 claims under Veterans Choice, totaling more than $2 million, have languished more than 120 days without payment, the letter states.

Mark Duncan, Riverside's director of government relations, said, "VA related claims have taken an average of 177 days to be paid, or 3.5 times longer than the average of all third-party payers."

In one case, Riverside was reimbursed 961 days — more than 2 ½ years — after a veteran's discharge. Duncan said.

Carilion Clinic, with facilities in Roanoke, Danville, Martinsville and elsewhere, has seen its money owed go from $28 million to $58 million over the past year, the letter states. Late payments also hit Wellmont Health System and Lewis-Gale Hospital in southwestern Virginia.

A single dental facility in Northern Virginia is owed $203,000.

"The situation has gotten so dire that a veteran who had used this facility to get VA-approved dentures ultimately had them withheld due to the Veteran Affairs medical center non-payment," the letter states.

Rep. Rob Wittman, R-Westmoreland, who released a copy of the letter with a news release, said the problem has been brewing across Virginia for months. Lawmakers and hospitals tried to resolve it without writing directly to Shulkin, but that now appears to be the only recourse, he said.

"The whole system needs to be looked at," Wittman said. "Payments and access and appointments, they're all related. It's about people not going through another layer of bureaucracy. This needs to be flattened and simplified so people can quickly get an appointment and providers and quickly be paid."

The letter points out that health care providers in Virginia "are now evaluating whether they can continue to provide services to veterans under the Choice program."

Peter Glagola, a spokesman for Riverside, said the system wants to serve veterans, calling it "an honored duty." But it also wants to be reimbursed in a timely manner. Since 2015 about 3,000 veterans have received care through Riverside via Veterans Choice.

"We want to come up with a solution," he said. "That's the key."

A related problem concerns duplicate payments to third-party providers, the subject of a September report from the VA Inspector General. The IG's office said it has identified tens of millions of dollars in overpayments across the program. The office is currently auditing Veterans Choice. The congressional letter said these problems could have been avoided through better training and communication.

VA hospitals have struggled to deal with the workload caused by Veterans Choice. In March, officials at Hampton VA Medical Center said they had more than doubled the staff to coordinate non-VA care. Veterans Choice also made the work more complex, they said, because it required coordination with a third party to refer patients outside the VA system, and that required a lot of back-and-forth communication.

VA officials in Washington had no comment Thursday on the congressional delegation letter.

In August 2017, President Donald Trump signed the VA Choice and Quality Employment Act of 2017 which authorized $2.1 billion in additional funds for Veterans Choice. VA officials said it reflected the agency's long-term commitment to the program, but the $2.1 billion was seen as a short-term solution.

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3.5 - KLTV (ABC-7, Video): Veteran says medications from VA repeatedly lost in the mail
(12 October, Sophia Constantine, 837k online visitors/mo; Tyler, TX)

An East Texas woman who is a military veteran of over fifteen years is struggling after her medications have been misplaced in the mail twice over the past six months.

Jill Morehouse receives mail order prescriptions from the VA once a month. Each time, a 240-count bottle of Vicodin. Over the past six months, she says two of those prescriptions never arrived.

The first time, she thought it was an honest mistake, lost somewhere at the post office. "But when the same thing happened twice, to the same medication…" she started to believe the medication was being stolen.

Morehouse says she filed a police report both times and contacted her postmaster at the United States Postal services, but says she was told there was nothing they could do.

We reached out to the USPS and Twana Barber, the Regional Communications Specialist provided us with a statement saying in part, “The Postal Service strives to provide exceptional service to our customers with every delivery, and the vast majority of mail reaches its destination on time, safely and securely. In extremely rare occasions, a package may fail to reach its destination or get damaged in processing. We certainly apologize to this customer for any inconvenience they may have experienced and we are committed to working with them until the matter is resolved to their satisfaction.

Following our story, the USPS has reached out to Morehouse to formally apologize.

According to Morehouse, the VA replaced her medication both times. She also tells us her packages have tracking numbers and require a signature upon arrival.

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3.6 - The Daily Reporter: **VA Clinic to stay in Spirit Lake** (12 October, Seth Boyes, 45k online visitors/mo; Spencer, IA)

SPIRIT LAKE — Anticipation had been building as to where the Sioux Falls Veterans Affairs Medical Center would place its new clinic. Several locations in the region were considered, but Director Darwin Goodspeed with the Sioux Falls VA Health Care System announced Thursday a new clinic will be built in Spirit Lake, near the intersection of Highway 9 and Royal Avenue, just west of the Great Lakes Mall. The announcement was part of the public meeting circuit Goodspeed conducts each quarter.

Ann Miller, Dickinson County Veterans Affairs director, said the new clinic will be under the umbrella of the Sioux Falls Medical Center, as the current clinic is, making Goodspeed the clinic's director. She said Goodspeed is director of several clinics in both Iowa and South Dakota.

Miller said both she and the clinic staff were unaware Spirit Lake had been chosen for the clinic until Goodspeed's announcement.

“I think it's very exciting,” Miller said. “The whole staff at the clinic, you could tell they're very excited about the new facility.”

The current clinic has effectively reached its capacity, according to Miller.

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3.7 - BeyondChron: **New VA Privatization Threat To Vets** (12 October, Suzanne Gordon, 39k online visitors/mo; San Francisco, CA)

On Thursday October 5th, the American Federation of Government Employees (AFGE) the union that represents federal employees, held a briefing on the threat to privatize the Veterans Health Administration (VHA), on Capitol Hill in Washington, D.C. Veterans, VHA caregivers, and policy analysts warned Congressional staff and the media on the cost to veterans if more and more VHA care was outsourced to the private sector.

Representatives Julia Brownley (D, CA-26), Mark Takano (D. CA-41) and Anthony Brown (D MD-04) spoke before the panel began, and pledged their support for the VHA and opposition to privatization. Senator Bernie Sanders was supposed to appear but was forced to cancel because of a conflict.

Joe Flynn, AFGE's Treasurer, introduced the panel and Jackie Maffucci, Research Director Iraq and Afghanistan Veterans of America, was its moderator. The first speaker was clinical psychologist Thomas Kirchberg, representing the Association of VA Psychologist Leaders (AVAPL). Kirchberg warned of current efforts to outsource the Compensation and Pension (Comp & Pen) exams that the VHA conducts when veterans make claims for eligibility for VA services, compensation for service connected problems, and pensions.

VA psychologists and medical staff– experts who understand the complex conditions and problems from which veterans suffer – have traditionally conducted these exams. Now, in the name of easing the backlog of claims at the chronically underfunded and understaffed VHA, they are being farmed out to for- profit firms who have little expertise in veterans' health problems and may not conduct comprehensive examinations of veterans.

In an impassioned plea, Kirchberg explained that, "When I sit with a Veteran who has never had the opportunity to tell his or her story he or she may break down and begin weeping, lost in the past, embarrassed, and wanting to get up and leave."

His own voice breaking as he spoke, he said, "I'm able to sit with them and help them so they can regain composure and then in an unhurried way either walk them to a clinic for a warm handoff to a mental health provider or talk with them knowledgeably about a referral. These comp and pen exams are often the first face of the VA for Veterans. The compensation and pension exam should not be a bureaucratic checklist. It's a critical encounter requiring deep knowledge and compassion."

Adrian Atizado, Deputy National Legislative Director for the Disabled American Veterans (DAV), also spoke to the group and raised their concerns about and opposition to privatization. Kathleen Pachomski, President of AFGE Local 3930, and a Registered Nurse at the Memphis VA Medical Center, spoke eloquently about her commitment to deliver high quality care to veterans. Pachomski is also a veteran herself and receives care at the VHA. "I would not get care anywhere else," she stated.

Eric Young, AFGE Council of Prison Locals President, spoke not only as a federal employee opposed to privatization and the denial of due process rights to federal employees but as a Navy veteran.

" I joined the Army and served abroad during Operation Desert Storm.… Frankly, I wouldn't be sitting here today talking to all of you if it wasn't for the VA. Had it not been for the care I received after I got home I would be dead today and that's a fact!" he said.

"If you would have looked at me during that time, you'd have never known how sick I was," he continued. "To the outside world I looked like a young, healthy soldier returning home, but inside my body was tearing itself up. My blood pressure was sky high, almost at stroke level, and my kidneys were failing.

"Even though I couldn't understand why this was happening to me, my VA primary care team made sure I was taking the steps I needed to recover. My nurse practitioner literally mothered me through my recovery. She made sure that I went to my appointments and took my medicine. And when I didn't she chewed me out. The relationship that I developed with my VA healthcare team was more than transactional. It was personal. They didn't just provide care – they actually cared."

Finally I spoke about the salami strategy of privatization that I have described in a document entitled Ten Ways to Privatize and Kill the VHA. I concluded my remarks by holding up a bumper sticker produced by the San Francisco based group Fighting for Veterans Health Care (FFVHC).

The bumper sticker asks the public to join to "Save Our VA" "I am not a veteran, " I told the group. "But I consider the VHA my VA as well as veterans'. I pay for it as a taxpayer. I benefit from its research, teaching and models of clinical care. It is my VA, Our VA, even if we are not veterans. Congress," Please, Save Our VA."

The panelists supported Bernie Sanders "Strengthening Veterans Health Care Act of 2017 would allocate $5 billion to the VA to hire more doctors, nurses and other medical professionals to fill these vacancies and ensure that veterans continue to get the best care in a timely manner."

They also supported a bill put forward by Representative Anthony Brown. — The VA Staffing and Vacancies Transparency Act of 2017 would require the Secretary of the U.S. Department of Veterans Affairs (VA) to post the number of job vacancies at the VA and report to Congress on what steps the Department is taking to reach full staffing capacity.

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3.8 - The Laughlin Nevada Times: VA clinic expands services (12 October, Jennifer Denevan, 300 online visitors/mo; Bullhead City, AZ)

The MCPO Jesse Dean VA Clinic is getting some help in providing services to local veterans. The clinic will be expanding services via telemedicine to help ensure veterans are getting the care they need. Some services were recently expanded and more times offered and more services are coming at the end of the year. The big difference comes in expanding the number of slots available for care to be given.

Dr. Monica Rawlinson-Maynor said the clinic will be offering more services for primary care through the telehealth program beginning Oct. 23. The clinic will have three providers that will provide for primary care via telehealth, she continued.

The clinic currently offers services such as teleaudiology, telemental health and telepain, she said. There will be more services coming in soon and an expansion of how often services are offered will soon be available.

She said the clinic currently offers laboratory services, immunizations and do simple procedures such a toenail care and ear care. If patients need help with their glucometer they can get that at the clinic, she added.

Rawlinson-Maynor said staff is aware of the difficulty for veterans to get care due to distance when it comes to having to drive to Las Vegas. This will account for increased access to care to veterans for specialty care, she continued.

Dr. Lowryanne Vick, a nurse practitioner who focuses on telehealth, said starting Oct. 23 there will be more slots available per day and more days per week. The telecardiology should be available starting in December and the telemental health will also be available by December if not sooner, she added.

Some of the services already available at the clinic include teleretinal and it provides eye exams for patients with diabetes. There is teledermatology and that allows for a patient to get care in relation to any skin issues and there is psychiatry and psychology through telehealth, Vick said.

The clinic has a telepain clinic which is run by a pain specialist, Vick said. There is telekinesiology, or TK, and that helps veterans who are in need of assistive devices such as a cane or walker. An evaluation can be done at the local clinic and the device is ordered and sent to the Laughlin clinic. That recently started, she added.

Teleaudiology, as mentioned by Rawlinson-Maynor, can't do screenings as of yet, but patients who've already been screened can still get help such as receiving hearing aids, Vick said. Adjustments can also be performed.

Vick said there is the teleVCamp and that helps patients with cognitive and memory impairment. Those are in place and in the near future, there will be telecardiology and will enhance the mental health services, she continued.

There is a program call VA Video Connect and that program allows patients can access healthcare services from home or out in the community and they use either a smart phone, tablet or desktop computer and the Internet to do a video conference with a provider, Vick said. That can be a challenge with patients who don't have those devices but they can come to the clinic for that care, she added.

Telemedicine is definitely different, but there are strategies the provider can use to help make the visit more personal, Vick said. Little strategies such as how they position themselves in front of the camera and there is a nurse with the patient to help with the personal touch as needed, she continued.

Rawlinson-Maynor said it helps patients to be paired up with a consistent provider, which they will be at the Jesse Dean Clinic. The more patients interact with their provider via telehealth, the more comfortable they will become, she continued.

The schedule is teleretinal is available at 9 a.m., 10 a.m. and 1 p.m. Thursdays and at 1 p.m. Fridays. Teledermatology is available on Mondays at 8 and 8:30 a.m. and Thursdays at 3:30 p.m.

Telepsychiatry is available Tuesdays and Thursdays from 8 a.m. to 2 p.m. Telepain is offered on Wednesdays from 8 a.m. to noon.

Telekinesiotherapy is on Tuesdays from 8 a.m. to noon. The V Camp is on Tuesdays at 9 a.m. and Fridays at 1:30 p.m.

Telepsychology is offered on Tuesdays at 2 and 3 p.m. and on Thursdays from 8 a.m. to noon. Teleaudiology is offered on Mondays from 1 to 4 p.m.

Teleprimary care will be all day Monday, Tuesday and Friday starting Oct. 23. There isn't a set start date for telecardiology but it's anticipated it will be offered on Fridays for half a day.

Vick said the big thing is to expand and offer more times to help provide care because the population is steadily growing in the area.

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3.9 - Northeastern Public Radio: Young Meets With VA Officials To Discuss Veteran Wait Times (12 October, Jill Sheridan, 900 online visitors/day; Fort Wayne, IN)

U.S. Sen. Todd Young (R-Ind.) met with federal Veterans Administration officials to discuss the long waits many veterans face to have claims processed, and says he wants to work directly with the office to make significant changes.

Young says the amount of time veterans have to wait for a claim to be processed is around two years and appeals take even longer.

"One veteran that we discussed today has been on appeal for almost 10 years," he says.

After sitting down with regional VA leaders Thursday, he says that case has finally been resolved but that it shouldn't take a lawmaker's intervention to help get a claim processed. Young says a new federal law may help.

"There is new legislation in place to help these government employees better serve our veterans, that legislation will finally be implemented early next year," Young says.

Young says the problems stem from personnel issues and outdated management processes.

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4. Women Veterans

4.1 - ABC News: Women vets pose for pin-up calendar to raise money for fellow vets' health care (12 October, Joi-Marie McKenzie, 24.1M online visitors/mo; New York, NY)

Nearly two dozen female veterans traded in their uniforms for sky-high heels in an effort to cheer up their fellow veterans -- and more importantly, raise money to provide financial assistance for veterans' health care needs.

Twenty-one veterans, serving a total of 145 years in all branches of the military, posed for Pin-Up for Vets 2018 calendar. The 1940s-style calendar features a weapons' instructor, a surgery technician, an intelligence officer and a military vehicle operator, among others.

The calendar, which serves as a fundraiser to help veterans' hospitals and health care programs, was started in 2006 by Gina Elise. Her grandfather served in World War II.

"At the time, there were many stories in the news about our troops coming back from Iraq, needing medical care that I felt so strongly that I wanted to do something to support our troops and veterans," she told ABC News.

Elise, 35, was inspired to create a pin-up style calendar because "pin-ups were really a symbol of hope to support troops and veterans."

Jennifer Marshall, who served in the Navy for five years, is part of the 2018 calendar.

"It was wonderful," Marshall said of the photo shoot, held on Hofer Ranch in Ontario, California, over three days last summer.

The veteran said the shoot was made even more special because she could bond with fellow service women.

She continued, "And speaking for the other ladies, everyone has expressed how much it means to them to recapture our femininity, give back to the community and have that long-lasting friendship with other veterans."

Since 2006, the calendars have raised nearly $60,000 for veteran hospitals to purchase new equipment as well as provide financial assistance for veterans. It's also help fund the non-profit organizations' "50-State VA Hospital Tour," where they hand-deliver many of the calendars to vets.

"Some of these veteran patients are in the hospital for weeks and months and they won't have any visitors," Elise said of why she began visiting hospitals. "It's essential to let our nation's heroes know how much we value them."

“”I feel it is my duty ... my responsibility to extend a helping hand to my fellow veteran. "Undoubtedly, there are a lot of people living in this world who are in need of care, time, and attention," United States Marine Corps veteran Tess Rutherford, who is featured in the 2018 calendar, said in a statement. "But for me, I feel it is my duty ... my responsibility to extend a helping hand to my fellow veteran."

Marshall, who is now an actress living in Los Angeles, agreed. She was initially hesitant to be part of the calendar, but after being involved in Pin-Up for Vets since 2015, she is now one of the organization's most active volunteers, visiting a veterans hospital every six weeks.

"Because they mean so much," she explained. "The visits that break my heart are when veterans tell us that we are their first visitor. That is so upsetting to me. It kind of reminds us why these non-profits that go into hospitals ... are so important."

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5. Appeals Modernization

6. Strategic Partnerships

6.1 - Lake County News-Sun: Durbin: Lovell Center ideal 'test case' for sharing health records between VA, active-duty personnel (12 October, Yadira Sanchez Olson, 41k online visitors/mo; Chicago, IL)

U.S. Sen. Dick Durbin met with physicians of the Captain James A. Lovell Federal Health Care Center Thursday to hear what challenges they face while caring for the nearly 67,000 veterans and active-duty military men and women, along with the families of active-duty personnel.

Although his visit to the North Chicago facility was brief, physicians quickly conveyed to Durbin the need for the facility to streamline its technology systems, in order to more efficiently share information between the Department of Defense and the Department of Veterans Affairs.

Durbin, D-Ill., spoke with administrators and a handful of doctors from a variety of departments that included geriatrics, pediatrics, radiology, family medicine, mental health and primary care. They all agreed that communication between the two departments' technology systems takes up time and presents hiccups in things like billing.

In June, U.S. Secretary of Veterans Affairs David J. Shulkin announced that to improve patient safety and care, the VA would be adopting the same Electronic Health Records (EHR) system as the Department of Defense.

On Thursday, Lovell staff asked Durbin to help make the facility the first to make the changeover, hopefully resulting in all patient data residing in one common system to enable seamless care between the departments, officials said.

Physicians told Durbin Lovell would be the perfect test tube to try the new integration, because it is a first-of-its-kind health care center that combines the two departments and integrates medical care.

During Durbin's visit, administration and staff praised the unique facility for its quality care, which they said attracts patients from across the nation with its reputation. But they were forthcoming with its hurdles, too, which they described as mainly centering on technology.

Durbin told them he sympathizes. "The federal government is way too slow at evolving on every level of technology," he said.

At the roundtable discussion Thursday, Lt. Cmdr. Eric Shafer, a Navy cardiologist, expressed his frustration with the current systems, saying his daily work often has him navigating through six different electronic health record systems to get his patient information.

After listening to the doctors, Durbin asked how he could help.

"Let us be your Petri dish," said Navy surgeon Capt. Paul Roach. "It has to be the same system to get standardization across the board from recruit to veteran."

Durbin also toured some parts of the facility Thursday, and before he left he assured the staff that their frustration with the technology was of high priority.

"I'm going to push to make Lovell the test case, because it really does bring under one roof the two different agencies," Durbin said, adding that it will not happen overnight and will be a unique challenge to get right.

Lovell spokesperson Julie Ewart said when the health care center was established, each department had invested in distinct and separate health-record systems. Further, Lovell was originally created as a five-year demonstration project, which did not support adoption of one department's electronic system over the other.

"Instead, several measures were implemented that allow the two EHR systems to 'talk' to each other, enabling Lovell to be a functional medical center without fully resolving the issues associated with operating two EHR systems," Ewart said. "We look forward to the possibility of a new single EHR that will be seamlessly integrated across the VA and the (Department of Defense)."

Other issues brought up at the discussion was more training on policy and procedure for those coming in from different areas in either the VA or DoD.

Yadira Sanchez Olson is a freelance reporter for the News-Sun.

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7. Supply Chain Modernization

7.1 - Stars and Stripes: BRAC for VA: Lawmakers search for ways to reduce the number of VA facilities (12 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

WASHINGTON — The House Committee on Veterans' Affairs on Thursday initiated what could be a long and politically arduous process to get rid of aging and underused Department of Veterans Affairs facilities nationwide.

Committee Chairman Rep. Phil Roe, R-Tenn., and Rep. Tim Walz, D-Minn., the ranking Democrat, presented a draft bill that would create an 11-member, paid commission to recommend which facilities to close and where the VA should invest. While major veterans service organizations applauded efforts to "right-size" the VA, they opposed the commission-style process, comparing it to the Defense Department's unpopular Base Realignment and Closure program.

There are also concerns that divesting facilities could create gaps in access to VA medical care, causing the department to send more veterans into the private sector.

Roe conceded the proposal, called the Asset Infrastructure Review Act – or AIR – would take "a significant amount of political courage." The bill is still in its early stages, he said, and would likely change.

"It is an understatement to say the deck is stacked against the AIR Act," Roe said. "This bill is bold, transformative and controversial. That said, veterans, VSOs and VA employees, and taxpayers alike, deserve more from each of us and to recognize how serious the problem before us is. If there's any committee in Washington, D.C., that has the political courage to do what is necessary, it's this one."

VA Secretary David Shulkin said during a "State of the VA" address in May that dealing with bad infrastructure is one of his top priorities. About 57 percent of the thousands of VA facilities nationwide are more than 50 years old.

The VA is in the process of disposing of or finding another use for 430 vacant or nearly vacant buildings. The department is also reviewing another 784 buildings that are still in use. Regan Crump, a VA assistant deputy undersecretary for health, said Thursday that process would take about 18 months.

Crump said the VA wasn't certain there was a need for a commission like what's proposed in the AIR Act but that the agency would need "legislative flexibility" to support its infrastructure review.

The idea to divest VA facilities isn't new. It's been proposed by veterans service organization, the Government Accountability Office and the Commission on Care, which was established under former President Barack Obama to broadly examine the future of VA health care.

"We would recognize this as a necessary evil," said Carl Blake, associate executive editor of Paralyzed Veterans of America. "I don't know anyone who was involved in BRAC who didn't think BRAC was in some form evil, and yet it's probably a necessary process. We don't oppose what you're trying to do, but we don't believe a commission is the right way forward."

Nearly everyone involved in the hearing stated the importance of involving local veterans when a VA facility is recommended for closure. The draft bill calls for public field hearings.

The bill also requires Shulkin to publish in the Federal Register by Jan. 15 the criteria to be used in choosing which facilities to close, modernize or realign. Veterans advocates warned against the speedy deadline.

Louis Celli, a director with the American Legion, called Thursday's discussion a first step to "get the conversation started." Like other organizations, the Legion is against the idea of a commission, which Celli said could be susceptible to corruption.

Walz said Democrats and Republicans on the committee would be working together on the proposal.

“We are working side by side in this, but it’s a journey – and it’s a tough one,” he said. “There’s probably not any more difficult thing in the realm of veterans and veterans’ issues than this topic. We have to get this right.”

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7.2 - Government Executive: Lawmakers Debate Bringing BRAC to VA Health Care Facilities (12 October, Eric Katz, 852k online visitors/mo; Washington, DC)

House lawmakers are pushing for the Veterans Affairs Department to go through a process to close down or realign underutilized medical facilities, similar to the Base Realignment and Closure process at the Defense Department.

The measure would require the VA secretary to assess the department’s current capacity to provide health care in each of its networks and ultimately recommend facilities to close, modernize or realign. The secretary would by November 2018 pass those suggestions along to a presidentially-appointed, Senate-confirmed commission. That panel would submit its recommendations on to the president the following year, who would then have have two weeks to approve of the plan in full, in part or reject it altogether. Congress would then have 45 days to vote down the plan or it would automatically go into effect.

The VA secretary would first have to post guidance on the Federal Register for the metrics by which he would determine whether facilities were underutilized. The secretary must consider whether a site is meeting VA standards, the cost savings from a closure, when those savings would occur, if it would harm VA’s ability to carry out its mission, and input from local stakeholders. The Asset and Infrastructure Review Commission would have 11 members, with each party in Congress suggesting four and the president choosing the rest. The members would have to reach certain qualifications, such as one with experience managing a large, private sector health care system and another with experience in capital asset management in the federal government.

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If the president and Congress allowed the commission's recommendations to move forward, then VA would have three years to implement or begin planning for the closures and modernizations. The bill would require the department to provide “outplacement assistance” to all employees at facilities slated for closure.

At a House Veterans' Affairs Committee hearing Thursday, lawmakers acknowledged the political difficulty in moving the Asset and Infrastructure Review (AIR) Act forward.

“The deck is stacked against the AIR Act,” said Rep. Phil Roe, R-Tenn., who chairs the committee and authored the draft legislation. “This bill is bold, transformative and controversial. Moving forward will require a significant amount of political courage and let’s face it, members are not known specifically for that.”

Democrats on the panel acknowledged Congress must do something to address VA’s excess and misaligned medical facilities, but expressed some reservations about applying a BRAC process to VA. Rep. Tim Walz, D-Minn, the committee’s ranking Democrat, called it a “top

priority" to give VA more authority to assess and ultimately realign department resources. He was concerned about the emphasis on cost savings, an overly ambitious timeline and the power entrusted to the president. Many of the 1,400 buildings VA has already identified for closure are vacant—fewer than 20 currently provide medical services to veterans, Walz said—meaning the low-hanging fruit will not deliver much in the way of savings.

Veterans service organizations at the hearings voiced similar apprehensions while supporting the larger goal. Any savings, they said, should be reinvested back into the VA system.

"We do not believe the BRAC-like model is the most appropriate way to address capital asset needs," said Joy Ilem, national legislative director for Disabled American Veterans. She said DAV supports making VA "more nimble," but added Congress should not move forward with an asset closure plan before first determining the future of the Veterans Choice Program and the role of private care in the department's health care delivery. She added VA should not close any facility before it opens an alternative building or it establishes a private facility partnership.

Roe said the committee will take up legislation addressing the future of the choice program, which gives veterans struggling to receive care or living more than 40 miles from the closest VA facility, access to private care on the VA's dime, in three weeks. The pairing of the AIR Act to the new choice bill will enable the committee to identify savings while injecting new VA spending on health care.

Regan Crump, VA's assistant deputy under secretary for health for policy and planning, said VA is currently assessing its current and future needs for veterans. Achieving its goals, he said, may require "significant capital investments" to accompany the closures of underused facilities.

While some disagreements persist, Walz pledged to work with his Republican counterparts to advance some form of the legislation.

"We are working side by side in this, but it's a journey," Walz said, later emphasizing the pressing-nature of the issue. "Time is not on our side. This is one of those things that must be dealt with, it cannot be kicked the can down the road. But among that, it must be done right. We're not going to get another bite at this thing."

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8. Other

8.1 - Stars and Stripes: Lawmakers consider pushing VA to sell Pershing Hall, its 5-star Paris hotel (12 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

WASHINGTON — There's an effort underway in Congress to have the Department of Veterans Affairs sell an 18th century building it owns in Paris that's leased as a five-star boutique hotel and spa.

Members of the House Committee on Veterans' Affairs voiced support Thursday for a bill authorizing the sale of Pershing Hall, which was established as a World War I memorial by the American Legion in 1928 and transferred to the VA in 1991. The Legion is asking the property remain under ownership of the federal government for posterity.

“While Pershing Hall is probably a terrific hotel, it makes no sense that the VA keeps a luxury hotel in Paris on its books,” said Rep. Mike Coffman, R-Colo. “The VA needs to focus its time and resources on its core mission: taking care of our nation’s veterans.”

Coffman introduced the legislation, HR 2773, authorizing VA Secretary David Shulkin to sell the property on the condition that whoever buys it agrees to preserve its architecture. The money from the sale and any historical memorabilia inside would be given to the American Battle Monuments Commission, which is responsible for maintaining American military cemeteries, monuments and memorials.

Louis Celli, a director of the American Legion who testified Thursday, said the property has “deeply personal meaning” to the organization.

Above the building’s entrance is the Legion’s wreath and star emblem, in stone and iron. At one time, it was full of fine art, furnishings, plaques and other memorabilia with some tie to WWI. After the VA took over the building, the items were placed in multiple storage areas in the United States and France.

The American Legion got its start in Paris in 1919, created by members of the American Expeditionary Force in WWI. The Legion purchased the property, which had been a townhouse, to recognize the American Expeditionary Forces and Gen. John Pershing and maintain the Legion’s presence in Paris.

Since management was transferred to the VA, the Legion has been disappointed with what’s happened with the building, Celli said.

The group thought it would remain a memorial and space for U.S. veterans in Paris to go for VA aid. Instead, the VA signed a 99-year lease in 1998 with a private French firm that operates the hotel and spa.

Coffman criticized the lease, calling it a bad deal that significantly decreases the property’s market value. Without the lease, the appraised value is about $82 million, according to the Legion. If the building is sold and the new owner is required to honor the lease, its value could drop to about $8 million.

The Legion asked that the property be kept under federal control until the lease is complete in 2097.

“We are displeased as to how VA decided to use the building but also understand that America, its people, and the need for memorials and VA assistance will be around in 99 years once the lease is terminated,” Celli said. “Selling this in a fire sale is the wrong thing to do.”

But Republicans and Democrats on the House committee said the VA “should not be in the business of managing hotels.”

Rep. Phil Roe, R-Tenn., chairman of the House committee, said he was uncertain what to do and needed to think about the issue.

“I think we need to be sensitive and aware of that history,” he said.

Coffman previously attempted to have the VA sell Pershing Hall in 2015 to help pay for cost overruns at the under-construction VA hospital in Aurora, Colo., but the legislation stalled.

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

13 October 2017

1. Top Stories

1.1 - USA Today (Video): VA vows changes on bad health care providers, lawmakers take action after USA TODAY investigation (12 October, Donovan Slack, 37M online visitors/mo; McLean, VA)
The Department of Veterans Affairs is pledging to overhaul its reporting policies for bad medical workers and a group of lawmakers is introducing legislation following a USA TODAY investigation that found the VA has routinely concealed shoddy care and staff mistakes. VA Secretary David Shulkin directed agency officials to expand a nearly 30-year-old policy that limited what medical providers the agency would report to a national database created by Congress…

Hyperlink to Above

1.2 - U.S. News & World Report (AP): Congress OKs Expanded Protections for Federal Whistleblowers (12 October, Hope Yen, 24M online visitors/mo; Washington, DC)
Congress voted Thursday to boost the protection of federal whistleblowers from retaliation, part of a bid to uncover bad behavior at the Department of Veterans Affairs and other government agencies. The House easily cleared the bill, 420-0. It now goes to President Donald Trump for his signature, having previously passed the Senate in May.

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Ex-Head of Tomah VA Allowed to Resign, Given Settlement (12 October, 24M online visitors/mo; Washington, DC)
The former head of the Tomah VA Medical Center was allowed to resign and given a settlement after allegations that painkillers were being overprescribed to patients. Mario DeSanctis was fired from the hospital in 2015. But a USA Today investigation found he fought his dismissal and reached a deal in which he was allowed to resign. He and his attorney were paid $163,000.

Hyperlink to Above

1.4 - Reuters: Virtual interviewer prods veterans to reveal post-traumatic stress (12 October, Ronnie Cohen, 43.6M online visitors/mo; New York, NY)
Talking – to a computer-generated interviewer named Ellie – appears to free soldiers and veterans who served in war zones to disclose symptoms of post-traumatic stress, a new study finds. Warriors and veterans were up to three times more likely to reveal symptoms of post-traumatic stress to Ellie, the virtual chatbot, than on an official military survey called the post-deployment health assessment…

Hyperlink to Above

1.5 - The Washington Post: Virginia lawmakers say late VA payments jeopardize veterans' care (12 October, Jenna Portnoy, 43.9M online visitors/mo; Washington, DC)
Members of Congress from Virginia say chronic late payments from the Department of Veterans Affairs to doctors are jeopardizing care for the state's aging veteran population. The state's two senators and 11 House members urged VA administrators to fix a system that can leave health-care providers waiting more than four months for payments they should have received within 30 days. The delays can damage credit, they said.

Hyperlink to Above

1.6 - The Washington Post: 'This is frightening': Noxious gas has sickened VA workers for two years, with few solutions (12 October, Alex Horton, 43.9M online visitors/mo; Washington, DC)
Staff and patients at a D.C. medical facility for homeless military veterans have endured noxious gas exposure for nearly two years as top hospital administrators, though aware of the problem, have failed to remedy it, according to interviews with staff and documents obtained by The Washington Post. At least eight clinical workers at the Department of Veterans Affairs Community Resource and Referral Center have tested positive for elevated levels of carbon monoxide…

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1.7 - The Denver Post: Dozens of surgeries at Denver VA hospital put off because of doctor shortage, Too few anesthesiologists and competitive market to blame, VA says (12 October, David Migoya, 4.8M online visitors/mo; Denver, CO)
A shortage of anesthesiologists at Denver's veterans hospital – despite salary offers reaching as high as $400,000 a year – has forced a delay in dozens of surgeries just months after the institution was tagged with some of the nation's worst waiting lists for care. Though the hospital employs eight anesthesiologists and eight nurse anesthetists, they're short of the complement needed to meet surgery demands that run about 380 operations a month, a spokeswoman said…

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1.8 - Military Times: Lawmakers take first steps toward a BRAC for VA facilities (12 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
House lawmakers took the first steps Thursday toward shutting down hundreds of Veterans Affairs facilities through a process similar to military base closure rounds, saying the move is critical to keep the department from wasting millions of dollars on underused, aging buildings. But some of the largest veterans groups said they have serious concerns with the proposal, saying it's ripe for abuse and could tempt VA officials to outsource more veterans' medical care to private-sector physicians.

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1.9 - Stars and Stripes (Military Update): VA, Congress crawl toward ending abuse of vet pensioners (12 October, Tom Philpott, 1.5M online visitors/mo; Washington, DC)
In 2012, the Government Accountability Office found more than 200 financial planning firms and estate law offices enticing veterans or their survivors into costly annuities or irrevocable trusts intended to hide or reallocate their assets so they qualify for VA pensions that the claimants wouldn't be eligible for otherwise. Since then, the Department of Veterans Affairs and Congress have been crawling toward actions to stop the abusive practices…

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1.10 - Public Radio International (Audio): Meet the women combing through Puerto Rico, searching for veterans in need (12 October, Jasmine Garsd, 1.2M online visitors/mo; Minneapolis, MN)

Lind, an occupational therapist for the VA Caribbean Healthcare System in San Juan, goes to the door, asking, “Are there any veterans here?” Every day since the hurricane hit, she and her team have been roaming from shelter to shelter, looking for veterans who need medical attention. There are somewhere around 75,000 US Army veterans living in Puerto Rico. Most served during the Vietnam War. After Hurricane Maria, many are now living in shelters.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - The Washington Post (PowerPost, Video): House to vote on bill requiring discipline for officials who retaliate against whistleblowers (12 October, Eric Yoder, 43.9M online visitors/mo; Washington, DC)
Federal agencies would be required to discipline officials who retaliate against whistleblowing employees, and to fire them on their second offense, under a bill up for a House vote Thursday. The bill, approved by the Senate in May, is one of many arising from the disclosures starting in 2014 of falsified patient records at the Department of Veterans Affairs.

Hyperlink to Above

2.2 - U.S. News & World Report (AP): Alaska Veterans Affairs System to Add 100 Staff Members (13 October, 24M online visitors/mo; Washington, DC)
The Alaska Veterans Affairs system has announced it's adding 100 staff members. KTVA-TV reported Wednesday that Dr. Timothy Ballard said the staff is being added in response to negative reviews from both patients and staff. Ballard said the new positions are focused on mental health care and support functions. The 100 new jobs boost the system's number of staff to 650 at a cost of $6 million.

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2.3 - Atlanta Journal-Constitution: Roswell getting $21K for veterans adaptive sports (12 October, David Ibata, 11.9M online visitors/mo; Atlanta, GA)
Roswell has agreed to accept $21,080 from the federal government to purchase equipment and hire instructors for new VA Wheelchair Softball and Adaptive Cycling programs for disabled veterans. The City Council approved a resolution accepting the FY 201 Adaptive Sports Grant from the U.S. Department of Veterans Affairs. The grant does not require local matching funds, according to a staff report to the council.

Hyperlink to Above

2.4 - The Hill: New whistleblower protections head to Trump's desk (12 October, Cristina Marcos, 11.8M online visitors/mo; Washington, DC)
The House unanimously cleared legislation on Thursday to ensure protections for federal employees who disclose government waste, fraud and abuse. Passed 420-0, the measure would train federal workers so they understand their protections, as well as enhance penalties for supervisors who retaliate against whistleblowers. The bill is named after Chris Kirkpatrick, a psychologist was fired from a Department of Veterans Affairs (VA) medical center after raising concerns about patients’ medications.

Hyperlink to Above

2.5 - Bangor Daily News: 'Dangerous surgeon' at Togus allegedly made mistakes in 88 cases, but VA kept it quiet (12 October, 1.2M online visitors/mo; Bangor, ME)
An explosive USA Today investigation into medical mistakes allegedly made under the watch of the U.S. Department of Veterans Affairs highlighted what the newspaper described as one particularly egregious case in Maine. According to the report, podiatrist Thomas Franchini allegedly made mistakes in 88 cases while working at the Togus VA Medical Center near Augusta, the nation's oldest veterans' hospital.

Hyperlink to Above

2.6 - WFED (AM-1500, Audio): House passes bill to give TSP participants more withdrawal options (12 October, Eric White, 831k online visitors/mo; Washington, DC)
The Veterans Affairs Department stepped back a proposal to suspend a 50-year-old ethics law. The law, first passed in 1966, requires VA to fire any employee who also works for a school whose students receive VA benefits. The department had planned to completely stop enforcing that requirement by next Monday, since some of its employees also work as adjunct professors at for-profit colleges.

Hyperlink to Above

2.7 - La Crosse Tribune: House approves whistleblower bill named for former Tomah VA doc (12 October, 822k online visitors/mo; La Crosse, WI)
The U.S. House passed a federal whistle blower protection bill Thursday named for a former VA psychologist who questioned over-medication of patients at the Tomah VA Medical Center. The Dr. Chris Kirkpatrick Whistleblower Protection Act is designed to protect federal employees who come forward with allegations of waste, fraud and abuse and to set minimum disciplinary measures for supervisors found guilty of retaliation.

Hyperlink to Above

2.8 - WLOS (ABC-13, Video): Protesters at Asheville VA say being understaffed is dangerous (12 October, 480k online visitors/mo; Asheville, NC)
Veterans Affairs employees held a rally outside Asheville's Charles George VA Medical Center on Thursday to protest working conditions. Protesters said low staffing levels are creating risks to patient safety and a hazardous work environment. They said Congress has failed to fill open positions, putting veterans' health care at risk.

Hyperlink to Above

2.9 - HousingWire: Ginnie Mae, VA launch task force to look into lenders targeting veterans for quick refinances - Comes on the heels of Ginnie Mae opening investigation (12 October, Ben Lane, 438k online visitors/mo; Irving, TX)
Roughly one month ago, Ginnie Mae announced that it was launching an investigation into mortgage lenders that were aggressively targeting servicemembers and military veterans for quick and potentially risky refinances of their mortgages. The investigation came on the heels of a letter from Sen. Elizabeth Warren, D-Massachusetts, who cited a report from the Consumer Financial Protection Bureau, which covered complaints received from veterans about Department of Veterans Affairs mortgage refinancing.

Hyperlink to Above

2.10 - Citizen-Times: Disappointed VA employees voice concerns, lack of staffing and support (12 October, Alexandria Bordas, 318k online visitors/mo; Asheville, NC)
Ralliers gathered at Charles George VA Medical Center on Thursday afternoon to express disappointment in the 49,000 vacant staff positions nationwide, which veterans' supporters said are affecting local VA branches. Months of delays in appointments, overworked employees and lack of internal support can no longer be ignored, said Brandy Morris, executive vice president of the local American Federation of Government Employees labor union in Asheville.

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2.11 - WEAU (NBC-13, Video): House members pass Whistleblower Protection Bill (12 October, Ruth Wendlandt, 276k online visitors/mo; Eau Claire, WI)
In a bi-partisan vote, House members unanimously passed Representative Sean Duffy's Whistleblower Protection Bill. The Dr. Chris Kirkpatrick Whistleblower Protection Act ensures no one is retaliated against for coming forward with concerns about waste, fraud, and abuse at the veteran affairs. It also requires the VA to come up with a plan to restrict unauthorized employee access to medical files.

Hyperlink to Above

2.12 - Parkersburg News & Sentinel: Outrageous: VA culprit deserves more than a lecture (13 October, Editorial Board, 187k online visitors/mo; Parkersburg, WV)
How should a Department of Veterans Affairs manager who defrauded the government, took chances with veterans' health care, then devised a coverup be punished? Readers probably have their own ideas about that. But according to the federal government, the answer is … counseling.

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2.13 - WAGM (FOX-8): After Report Shows VA's Failure to Disclose Medical Malpractice at Togus, Rep. Poliquin Acts to Make Changes (12 October, 35k online visitors/mo; Presque Isle, ME)
Congressman Bruce Poliquin, along with House Conference Chair Cathy McMorris Rodgers (WA-05) and House Veterans Affairs Committee Chairman Phil Roe (TN-01), today introduced the Ethical Patient Care for Veterans Act of 2017. This legislation requires Department of Veterans Affairs (VA) medical professionals to report directly to state licensing boards if they witness unacceptable or unethical behavior from other medical professionals at the VA.

Hyperlink to Above

2.14 - WAGM (FOX-8): Rep. Poliquin's Bill to Ensure VA Headstones For Veterans' Families Buried in Cemeteries Advances in the House (12 October, 35k online visitors/mo; Presque Isle, ME)
Today, Congressman Bruce Poliquin had his Veterans bill pass out of committee with unanimous, bipartisan support. Congressman Poliquin's legislation would ensure that Veterans' family members who are buried at tribal Veterans cemeteries—such as the Houlton Band of Maliseet Indians Tribal Veterans Cemetery in Aroostook County—are provided government furnished headstones…

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2.15 - KOBI (NBC-5, Video): Oregon politician concerned about Roseburg VA medical facility (12 October, 27k online visitors/mo; Medford, OR)
An Oregon congressman is asking the U.S. Department of Veterans Affairs to address "substandard management" at the Roseburg VA hospital. Congressman Peter DeFazio (D-OR 4th District) said the VA Roseburg Health Care System (VARHS) is a source of concern for constituents, who complained to the governor about the lack of effective and accountable management.

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2.16 - The M Report: Ginnie Mae and VA Create Refinance Loan Task Force (12 October, Nicole Casperson, 20k online visitors/mo; Dallas, TX)
Ginnie Mae and the Department of Veterans Affairs (VA) recently announced the shaping of the "Joint Ginnie Mae – VA Refinance Loan Task Force," in an effort to address loan churning and repeated refinancing issues. Specifically, the task force is set to focus on examining critical issues, important data, and lender behaviors related to refinancing loans. In addition, the task force will "determine what program and policy changes should be made by the agencies…"

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2.17 - KSNW (NBC-3): Kansas nurse in Puerto Rico to help Hurricane Maria victims (12 October, 9.1k online visitors/day; Wichita, KS)
A Cheney nurse is in Puerto Rico helping victims of Hurricane Maria. Linda Sue Bayless is a provider at the Robert J. Dole VA Medical Center. As part of the VA's Disaster Emergency Medical Personnel Program System, she signed on to deploy where she was needed most. Bayless left October 4 and is due back on the 18.

Hyperlink to Above

3. Access to Healthcare

3.1 - Newsweek (Video): PTSD Treatment: How Ai Is Helping Veterans With Post-Traumatic Stress Disorder (12 October, Joseph Frankel, 9.4M online visitors/mo; New York, NY)
The Institute for Creative Technologies at USC got lots of buzz for its original research, and introducing the world to Ellie, a digital diagnostic tool that strongly resembles, but cannot replace a human therapist. Ellie, an avatar of a woman in a cardigan with olive-toned skin and a soothing voice, listens to the people who come to her, and does what any human sounding board does. She listens to the content of their speech, and scans their facial expressions, tone, and voice, for cues that hint at meanings beyond speech.

Hyperlink to Above

3.2 - KTVU (FOX-2): Services available for veterans at Napa Valley College evacuation center (12 October, 2.1M online visitors/mo; Oakland, CA)
The Vet Center, a subsidiary of the U.S. Department of Veterans Affairs, deployed personnel today to the wildfire evacuation center at Napa Valley College from Concord and Fairfield to provide mental health services and paperwork assistance for any displaced veterans. They

were at the shelter today with a trailer set up for three separate counseling sessions to be conducted simultaneously.

Hyperlink to Above

3.3 - The Gazette: Mayor, nonprofits plead for Colorado Springs landlords to help homeless vets (12 October, Jakob Rodgers, 870k online visitors/mo; Colorado Springs, CO)
The vouchers include a caseworker for each veteran who can help them find jobs, access health care and, if need be, find addiction treatment. "We want to help you have success," said Erika Huelskamp, who coordinates the VA's local voucher program. "We are just a phone call away. We're here for you, just as much as that veteran."

Hyperlink to Above

3.4 - Daily Press: Virginia lawmakers cite payment delays in veterans health program (12 October, Hugh Lessig, 863k online visitors/mo; Newport News, VA)
The Department of Veterans Affairs owes Virginia health care providers millions of dollars for services provided to veterans who sought treatment outside the VA system, says the state's congressional delegation, who want the VA to pay its bills. At issue is Veterans Choice, a popular but controversial program that allows former service members to seek care in the community if they have to wait too long for an appointment or live too far from a Veterans' Affairs facility.

Hyperlink to Above

3.5 - KLTV (ABC-7, Video): Veteran says medications from VA repeatedly lost in the mail (12 October, Sophia Constantine, 837k online visitors/mo; Tyler, TX)
An East Texas woman who is a military veteran of over fifteen years is struggling after her medications have been misplaced in the mail twice over the past six months. Jill Morehouse receives mail order prescriptions from the VA once a month. Each time, a 240-count bottle of Vicodin. Over the past six months, she says two of those prescriptions never arrived.

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3.6 - The Daily Reporter: VA Clinic to stay in Spirit Lake (12 October, Seth Boyes, 45k online visitors/mo; Spencer, IA)
Anticipation had been building as to where the Sioux Falls Veterans Affairs Medical Center would place its new clinic. Several locations in the region were considered, but Director Darwin Goodspeed with the Sioux Falls VA Health Care System announced Thursday a new clinic will be built in Spirit Lake, near the intersection of Highway 9 and Royal Avenue, just west of the Great Lakes Mall.

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3.7 - BeyondChron: New VA Privatization Threat To Vets (12 October, Suzanne Gordon, 39k online visitors/mo; San Francisco, CA)
On Thursday October 5th, the American Federation of Government Employees (AFGE) the union that represents federal employees, held a briefing on the threat to privatize the Veterans Health Administration (VHA), on Capitol Hill in Washington, D.C. Veterans, VHA caregivers, and policy analysts warned Congressional staff and the media on the cost to veterans if more and more VHA care was outsourced to the private sector.

Hyperlink to Above

3.8 - The Laughlin Nevada Times: VA clinic expands services (12 October, Jennifer Denevan, 300 online visitors/mo; Bullhead City, AZ)
The MCPO Jesse Dean VA Clinic is getting some help in providing services to local veterans. The clinic will be expanding services via telemedicine to help ensure veterans are getting the care they need. Some services were recently expanded and more times offered and more services are coming at the end of the year. The big difference comes in expanding the number of slots available for care to be given.

Hyperlink to Above

3.9 - Northeastern Public Radio: Young Meets With VA Officials To Discuss Veteran Wait Times (12 October, Jill Sheridan, 900 online visitors/day; Fort Wayne, IN)
U.S. Sen. Todd Young (R-Ind.) met with federal Veterans Administration officials to discuss the long waits many veterans face to have claims processed, and says he wants to work directly with the office to make significant changes. Young says the amount of time veterans have to wait for a claim to be processed is around two years and appeals take even longer.

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4. Women Veterans

ABC News: Women vets pose for pin-up calendar to raise money for fellow vets' health care (12 October, Joi-Marie McKenzie, 24.1M online visitors/mo; New York, NY)
The calendar, which serves as a fundraiser to help veterans' hospitals and health care programs, was started in 2006 by Gina Elise. Her grandfather served in World War II. "At the time, there were many stories in the news about our troops coming back from Iraq, needing medical care that I felt so strongly that I wanted to do something to support our troops and veterans," she told ABC News.

Hyperlink to Above

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Lake County News-Sun: Durbin: Lovell Center ideal 'test case' for sharing health records between VA, active-duty personnel (12 October, Yadira Sanchez Olson, 41k online visitors/mo; Chicago, IL)
U.S. Sen. Dick Durbin met with physicians of the Captain James A. Lovell Federal Health Care Center Thursday to hear what challenges they face while caring for the nearly 67,000 veterans and active-duty military men and women, along with the families of active-duty personnel. Although his visit to the North Chicago facility was brief, physicians quickly conveyed to Durbin the need for the facility to streamline its technology systems…

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7. Supply Chain Modernization

7.1 - Stars and Stripes: BRAC for VA: Lawmakers search for ways to reduce the number of VA facilities (12 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
The House Committee on Veterans' Affairs on Thursday initiated what could be a long and politically arduous process to get rid of aging and underused Department of Veterans Affairs facilities nationwide. Committee Chairman Rep. Phil Roe, R-Tenn., and Rep. Tim Walz, D-Minn., the ranking Democrat, presented a draft bill that would create an 11-member, paid commission to recommend which facilities to close and where the VA should invest.

Hyperlink to Above

7.2 - Government Executive: Lawmakers Debate Bringing BRAC to VA Health Care Facilities (12 October, Eric Katz, 852k online visitors/mo; Washington, DC)
House lawmakers are pushing for the Veterans Affairs Department to go through a process to close down or realign underutilized medical facilities, similar to the Base Realignment and Closure process at the Defense Department. The measure would require the VA secretary to assess the department's current capacity to provide health care in each of its networks and ultimately recommend facilities to close, modernize or realign.

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8. Other

8.1 - Stars and Stripes: Lawmakers consider pushing VA to sell Pershing Hall, its 5-star Paris hotel (12 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
There's an effort underway in Congress to have the Department of Veterans Affairs sell an 18th century building it owns in Paris that's leased as a five-star boutique hotel and spa. Members of the House Committee on Veterans' Affairs voiced support Thursday for a bill authorizing the sale of Pershing Hall, which was established as a World War I memorial by the American Legion in 1928 and transferred to the VA in 1991.

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1. Top Stories

1.1 - USA Today (Video): VA vows changes on bad health care providers, lawmakers take action after USA TODAY investigation (12 October, Donovan Slack, 37M online visitors/mo; McLean, VA)

WASHINGTON — The Department of Veterans Affairs is pledging to overhaul its reporting policies for bad medical workers and a group of lawmakers is introducing legislation following a USA TODAY investigation that found the VA has routinely concealed shoddy care and staff mistakes.

VA Secretary David Shulkin directed agency officials to expand a nearly 30-year-old policy that limited what medical providers the agency would report to a national database created by Congress to prevent problem medical workers from crossing state lines to escape their pasts and keep practicing.

The agency will report all clinicians going forward, VA Press Secretary Curt Cashour said. Shulkin also asked staff to re-write 12-year-old guidelines for reporting them to state licensing boards in an effort to speed up the process.

“Under Secretary Shulkin, VA’s new direction is to hold employees accountable and to be transparent with our findings and actions,” Cashour said.

The legislation from Rep. Cathy McMorris Rogers, R-Wash., Rep. Phil Roe, R-Tenn., and Rep. Bruce Poliquin, R-Maine, would require VA doctors themselves to report directly to state licensing boards within five days of witnessing unacceptable behavior from fellow doctors.

“These newest reports out of the VA are deeply troubling,” McMorris Rodgers said. “This bill will help reform the culture at the VA by holding bad actors accountable and keeping them from continuing these mistakes at the VA or elsewhere.”

The USA TODAY investigation found the VA has frequently failed to ensure its hospitals reported problem health care providers to state licensing boards. Such reports can be delayed by years. The investigation also found the VA policy on reporting to the national database left out thousands of providers. The agency previously reported only physicians and dentists — no nurses, physicians’ assistants, or podiatrists.

The VA determined one podiatrist at its hospital in Maine harmed 88 veterans, including a woman who after two failed ankle surgeries chose to have her leg amputated rather than endure the pain. Still, the agency didn’t report the foot doctor to the database under its previous policy, and took two years to report him to state licensing boards.

In other cases, USA TODAY found VA hospitals signed secret settlement deals with dozens of doctors, nurses and other health care workers that included promises to conceal serious mistakes — from inappropriate relationships and breakdowns in supervision to dangerous medical errors — even after forcing them out of the VA.

Roe, chairman of the House Veterans Affairs Committee, said the committee has “long been concerned about VA’s settlement agreements, and even held a hearing on the topic last year.”

"The findings of the USA TODAY investigation are intolerable," he said. "Malfeasance within the department will not be ignored, and it certainly cannot be rewarded and hidden from state licensing boards. As a physician, I find this deeply troubling."

In response to USA TODAY's findings, Shulkin directed that any future settlement agreements worth more than $5,000 be approved by top VA officials in Washington. Previously, local and regional officials made decisions on the deals, which can cut short potentially costly employee challenges of VA disciplinary actions.

On Wednesday, the agency also said it planned to post publicly for the first time data on settlements that are approved. The first tranche of data shows that since President Trump took office in January, the VA has struck agreements with at least 160 employees involving payouts totaling $4.2 million.

Poliquin said Thursday that USA TODAY's findings were "appalling" and singled out the revelations about the podiatrist at the Togus VA hospital on the outskirts of Augusta, Maine.

"Our Maine veterans depend on their services at Togus and other VA facilities across our State for critical care, and it is absolutely unacceptable for them to ever be subjected to this kind of medical malpractice," he said.

At least six patients of the podiatrist, Thomas Franchini, are suing the federal government over the care they received. Despite the VA taking years to tell patients about its findings on his surgeries, the government has argued their claims should be dismissed because they were filed after the three-year deadline for medical negligence claims in Maine. Oral arguments in the case are scheduled October 25.

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1.2 - U.S. News & World Report (AP): Congress OKs Expanded Protections for Federal Whistleblowers (12 October, Hope Yen, 24M online visitors/mo; Washington, DC)

WASHINGTON (AP) — Congress voted Thursday to boost the protection of federal whistleblowers from retaliation, part of a bid to uncover bad behavior at the Department of Veterans Affairs and other government agencies.

The House easily cleared the bill, 420-0. It now goes to President Donald Trump for his signature, having previously passed the Senate in May.

The measure would extend whistleblower protections to federal employees who are in probationary periods and provide training to ensure workers know their rights. It also establishes minimum disciplinary standards for supervisors who retaliate against employees for seeking to disclose wrongdoing.

The legislation, introduced by Sen. Ron Johnson, R-Wis., is named after Dr. Chris Kirkpatrick, a psychologist at the VA Medical Center in Tomah, Wisconsin. Kirkpatrick committed suicide in 2009 on the day he was fired by VA for questioning the over-medication of veterans. A VA investigation later found Kirkpatrick's concerns had been warranted.

House Speaker Paul Ryan, R-Wis., said the legislation provides much-needed protections to whistleblowers. "No one who stands up for our veterans should be marginalized, let alone targeted and fired," he said.

The bill also would require the VA to put together a plan within six months to prevent supervisors from improperly accessing an employee's medical files in retaliation.

VA Secretary David Shulkin has pledged to bring greater accountability to the government's second largest agency, which provides medical care to millions of veterans. In July, Shulkin began posting employee disciplinary actions and announced that he would require approval by a senior official of any settlement with a VA employee over the amount of $5,000 , citing unnecessary payments to bad employees. A month later, he ordered a review to expand VA reporting requirements for bad workers.

During the 2016 campaign, Trump described the VA as the "most corrupt," promising to "protect and promote honest employees" at VA who expose wrongdoing.

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1.3 - U.S. News & World Report (AP): Ex-Head of Tomah VA Allowed to Resign, Given Settlement (12 October, 24M online visitors/mo; Washington, DC)

TOMAH, Wis. (AP) — The former head of the Tomah VA Medical Center was allowed to resign and given a settlement after allegations that painkillers were being overprescribed to patients.

Mario DeSanctis was fired from the hospital in 2015. But a USA Today investigation found he fought his dismissal and reached a deal in which he was allowed to resign. He and his attorney were paid $163,000.

The Tomah VA hospital was rocked in January 2015 by reports of inappropriate dosages of narcotic pain killers and retaliation against employees who questioned the practice.

DeSanctis did not return a phone message left by The Associated Press on Thursday.

Jason Simcakoski was a Marine who died in 2014 from a fatal combination of drugs. His widow, Heather Simcakoski, told the La Crosse Tribune the settlement was "really disappointing."

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1.4 - Reuters: Virtual interviewer prods veterans to reveal post-traumatic stress (12 October, Ronnie Cohen, 43.6M online visitors/mo; New York, NY)

Talking – to a computer-generated interviewer named Ellie – appears to free soldiers and veterans who served in war zones to disclose symptoms of post-traumatic stress, a new study finds.

Warriors and veterans were up to three times more likely to reveal symptoms of post-traumatic stress to Ellie, the virtual chatbot, than on an official military survey called the post-deployment health assessment (PDHA), even after being assured the assessment would remain anonymous, researchers report in Frontiers in Robotics and AI.

“We believe this could be of value to veterans,” said study leader Gale Lucas, a research psychologist at the University of Southern California’s Institute for Creative Technologies in Los Angeles. “Having a conversation, even if it’s with a computer, would help them open up and really realize they might be having some issues.”

Recognizing psychological battle wounds is a necessary first step toward healing them.

As many as one in five recent combat veterans develops post-traumatic stress disorder (PTSD), an overactive fear memory that triggers disturbing thoughts, feelings and dreams, according to the U.S. Department of Veterans Affairs.

Stigma around mental health problems frequently prevents soldiers and veterans from admitting symptoms or seeking help, Lucas said in a phone interview.

“Allowing PTSD to go untreated can potentially have disastrous consequences, including suicide attempts,” she said.

Since 2004, suicide rates among active U.S. Army personnel have been rising, but the military’s current PDHA assessment identifies only one in seven soldiers who are considering suicide, previous research has shown.

In an effort to identify early signs of psychological scars, Lucas would like for Ellie, who was developed with U.S. Department of Defense grant money, to be available in kiosks set up in Veterans Administration hospitals throughout the nation.

Ellie starts the conversation with simple questions, such as, ‘Where are you from originally?’ and ‘What do you like to do to relax?’ to develop rapport with soldiers and veterans, Lucas said. Then she asks if they have nightmares, feel on guard or experience other telltale signs of PTSD.

“She’s very nonjudgmental, supportive,” Lucas said.

“We’re not trying to make virtual-agent therapists. She’s not giving treatment. All she’s doing is having a conversation, having them think and open up about the mental health symptoms they might have,” she said.

Prior research has shown that establishing rapport and ensuring anonymity are key to war veterans’ admitting that they are experiencing emotional wounds.

But veterans are hesitant to discuss their psychological suffering with other people, Lucas said.

“If they are talking to a human, they feel judged,” she said. “People feel more comfortable opening up to a computer than a human.”

In two studies, Lucas and her team found that Ellie’s questions prompted soldiers and veterans to open up and reveal more of their mental health needs.

In the first, researchers tested 29 active-duty Colorado National Guard service members returning from Afghanistan.

One of every four service members reported post-traumatic stress symptoms on the official PDHA, and one of three reported symptoms when the questionnaire was made anonymous. In conversations with Ellie, far more – three of four – reported symptoms.

In a second study of 132 active-duty service members and veterans, participants were more than twice as likely to report PTSD symptoms to Ellie than on an anonymous survey.

Alan Peterson, a clinical psychologist and professor at the University of Texas Health Science Center in San Antonio, said fear that service members could lose their jobs often impedes their reporting of psychological symptoms.

“In reality, there can be negative career consequences associated with reporting certain symptoms and behaviors,” said Peterson, who was not involved with the study. “This can be especially true for individuals seeking treatment for conditions such as PTSD, if they are not successfully treated into remission and subsequently determined to be fully fit for military duty.”

Making successful treatments available to soldiers would go a long way to reducing the stigma of seeking psychological help, he said.

“Veterans go through a lot for our country, and I really believe that we should take care of them, not just their physical scars, but their mental scars,” Lucas said.

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1.5 - The Washington Post: Virginia lawmakers say late VA payments jeopardize veterans’ care (12 October, Jenna Portnoy, 43.9M online visitors/mo; Washington, DC)

Members of Congress from Virginia say chronic late payments from the Department of Veterans Affairs to doctors are jeopardizing care for the state’s aging veteran population.

The state’s two senators and 11 House members urged VA administrators to fix a system that can leave health-care providers waiting more than four months for payments they should have received within 30 days. The delays can damage credit, they said.

Congress created the Veterans Choice program in 2014 in response to a scandal exposing excessively long wait times at a Phoenix VA hospital that also had been a problem nationwide.

The program is intended to relieve pressure on VA hospitals by allowing veterans to receive care from private providers if they cannot book an appointment at their local VA facility within 30 days or access a facility within 40 miles of their home.

Since its inception, Veterans Choice has been hobbled by administrative errors, including tens of millions of dollars in overpayments, according to findings of the VA Office of the Inspector General.

“With many health care providers reporting accounts receivable in the millions of dollars, the level of late payments is unacceptable,” the Virginia delegation wrote in an Oct. 3 letter to Secretary of Veterans Affairs David Shulkin.

Rep. Rob Wittman (R-Va.) said Congress requires VA to pay bills in a timely manner.

“Everyone else in society has to do that,” he said in an interview. “If this program is going to work properly, then these bills need to be paid on time.”

Wittman, chairman of the House Armed Services subcommittee on sea power and projection forces, said he has talked to the committee chairman, Rep. Phil Roe (R-Tenn.), about calling Shulkin to testify if VA doesn’t reconcile outstanding bills soon. Virginia is home to 733,000 veterans.

“This is the law,” he said. “This is what you’re supposed to be doing. Why isn’t it getting done?”

VA spokeswoman Paula Paige said in a statement, “VA appreciates the lawmakers’ concerns and will respond to them directly.”

She referred specific questions to a May speech by Shulkin in which he said it takes more than 30 days to process 20 percent of VA claims from 25,000 providers nationwide. An additional $50 million in charges are older than six months. He blamed the backlog in part on paperwork delays.

The latest stories and details on the 2017 Virginia general election and race for governor. Community care is handled through several federal programs, making it “too complex, and it’s confusing veterans and our employees alike,” he said.

Riverside Health System in eastern Virginia reported that 45 percent of claims totaling $2 million went unpaid for more than 120 days. Private insurance companies as well as Medicare and Medicaid take about 60 days, said Mark Duncan, Riverside’s lobbyist.

Riverside considers it an honor to care for veterans, but “we need to have the tools the resources to provide that type of service to these folks over the long term,” Duncan said in an interview. “They’ve more than earned that service.”

The letter details a case relayed by the office of Rep. Barbara Comstock (R), who represents Northern Virginia, in which a veteran was denied dentures because VA failed to pay a private provider $203,000. Comstock’s spokesman said the case has been resolved.

Veterans Choice allows veterans to avoid inconvenient travel to VA facilities in Martinsburg, W.Va., or the District, but VA “must get its house in order,” Comstock said in a statement.

In August, Congress approved $2.1 billion in emergency funding intended to shore up the program until February.

Last month, Sen. John McCain (R-Ariz.), chairman of the Senate Armed Services Committee, wrote a letter to Shulkin demanding a full accounting of Veterans Choice spending after the Associated Press reported that the program could face another shortfall before the end of the year.

"We said at the time that it was essential, given the growing demand for care under the Choice program, that the VA immediately correct the failures that created such a serious shortfall," McCain wrote. "It appears as if you have not done so."

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1.6 - The Washington Post: 'This is frightening': Noxious gas has sickened VA workers for two years, with few solutions (12 October, Alex Horton, 43.9M online visitors/mo; Washington, DC)

Staff and patients at a D.C. medical facility for homeless military veterans have endured noxious gas exposure for nearly two years as top hospital administrators, though aware of the problem, have failed to remedy it, according to interviews with staff and documents obtained by The Washington Post.

At least eight clinical workers at the Department of Veterans Affairs Community Resource and Referral Center have tested positive for elevated levels of carbon monoxide, a March internal email said, describing a potentially dangerous condition that restricts oxygen circulation. As many as 30 employees, desperate to avoid further exposure, have sought reassignment or permission to work remotely.

One doctor resigned in protest after VA leaders were unable to produce solutions, clinic staffers said.

"Many of my colleagues, including myself, have experienced some type of illness while working in the CRRC," one staffer wrote in an August email responding to a VA health official who appeared to play down symptoms of concerned workers. The most recent incident was Oct. 4, staffers said.

The Post reviewed dozens of emails and records, and conducted numerous interviews with clinical workers and others familiar with the problem. What emerged is an unsettling glimpse of VA's struggle to mitigate a potentially significant health hazard, and raises questions about the agency's ability to fulfill the promises it has made to improve accountability. The troubled agency was identified early on by President Trump as being in dire need of sweeping reform.

VA spokesman Curt Cashour said the hospital's leadership "took aggressive steps to look into the problem" once complaints began to circulate. Tests conducted by VA health officials and the local fire department and gas company, among others, "discovered no leaks, hazardous fumes or health risks," he said, adding that officials continue to monitor the situation.

But those who work at the facility say those tests may not have been performed quickly enough, before the gas dissipated, or if the contractors brought in to conduct them knew which gases to evaluate.

On a given day, the facility is staffed with about 40 employees who serve dozens of patients, all homeless and at-risk veterans who seek care at the clinic. The incidents — numbering in the dozens since winter 2015 — have occurred intermittently and without warning.

Though it remains unclear what's causing the issue, the clinic's staff members have speculated that it could be anything from vehicle exhaust entering the building's heating system intake valves to sewer gas surfacing through sinks and drains. They've reported a range of symptoms, including intense headaches, rashes, stinging eyes, nausea and others — all of which are consistent with sewer gas exposure, as defined by the Centers for Disease Control and Prevention.

Administrators have not only allowed the problem to fester, they have also ordered clinicians back into the building, staffers say.

"I felt devalued. It was like our health wasn't important and our concerns weren't heard," one staffer told The Post, saying morale cratered among those tasked with what they call a rewarding yet grueling effort to help homeless veterans find housing along with primary and mental health care. Those familiar with the facility's troubles spoke on the condition of anonymity, citing their fear of reprisal.

The Community Resource and Referral Center, off Rhode Island Avenue NE, is part of the Washington DC VA Medical Center, the sprawling federal agency's self-proclaimed "flagship" facility. Its acting director, Lawrence B. Connell, has known about the problems there since June, according to emails exchanged among staff. At least two incidents have occurred since then — with 19 verified in all since late 2015, according to partial records obtained by The Post and data provided by the D.C. fire department.

Local firefighters responded to four such calls between February and November 2016. The last time was Nov. 30. One day later, a clinic safety official notified staff that, in the future, they should refrain from pulling a fire alarm if they encounter "noxious fumes" and to alert Washington Gas instead.

A spokesman for the utility company said no gas leak was found.

Connell "has been briefed regularly on these complaints and has been personally involved in the comprehensive, multipronged response involving respected investigators from both inside and outside VA," said Cashour, VA's spokesman. He was a senior adviser to VA Secretary David Shulkin before becoming the medical center's acting director this past summer. Connell accepted the job after his predecessor, Brian A. Hawkins, was removed after an internal investigation found patients receiving treatment at the facility had been endangered by "the highest levels of chaos" created by managerial ineptitude, a VA inspector general's report concluded.

One months-long email chain exchanged among several clinicians reveals a problem so persistent that it had become banal. "Just wanted everyone to know the gas smell is back," a staffer wrote Feb. 21. Another chimed in nine minutes later: "We smell something also in our area." Two hours later a third staffer wrote, "Haven't smelled it in a couple hours but I do have a bad headache."

Two days later, on Feb. 23, a mental health clinician said she briefed then-director Hawkins on the issue, saying unspecified repairs were made.

Hawkins could not be reached for comment.

On March 30, the emails resumed, when the gas smell returned, and again on May 17, when a social worker reported smelling vehicle exhaust.

Nine days later, after another incident, one staff member wrote, “I can only say this is frightening.”

Hawkins was gone by then, but the problem was inherited by his successor.

“I raised the issue with Mr. Connell and the staff . . . this morning again,” a senior staffer told colleagues on June 10, a day after yet another incident.

It is unclear how many clinic staffers and veterans have been exposed to the gas or what, if any, permanent afflictions they may carry. Staffers say their symptoms seem to improve when they are away from the clinic. The documents don’t indicate anyone’s current medical status, including the eight who tested positive for carbon monoxide.

One staffer said the patients are thought to be less at risk because they come for appointments and then leave, though they may not make the connection between potential symptoms and their visit to the clinic.

Staff members, however, can inhale the gas for hours on end.

VA safety officials and senior leaders, discussing the issue internally, say they’ve tried to resolve the problem. They point to numerous air tests for carbon monoxide, carbon dioxide and other gases as indication of their effort.

Two outdoor pipes were adjusted after some speculated that vehicle exhaust was to blame. Access to a dumpster was blocked. Building contractors even dumped water into drains to flush any sewer gas. An environmental liaison for the building’s owner, Lincoln Property Company, acknowledged in December that sewer gas was a contributing factor that had been resolved.

A senior VA official visited Oct. 4, when the most recent gas exposure occurred, but it is unclear whether he experienced the problem firsthand.

Staffers at the clinic point to Todd Williams, one of two acting assistant directors of the main VA hospital who report to Connell, alleging that he too has played down the problem.

On Aug. 12, he said in an email that relocating dumpsters and blocking off two parking spots near an intake pipe would “further mitigate risk associated” with vehicle exhaust circulating in the building. “Given these efforts,” he wrote, “do we have a timeline for relocation of providers back to CRRC?”

Cashour declined to address questions about Williams’s role in resolving the issue.

Williams does not work at the clinic. Leadership on site has been more sympathetic, staffers say. For instance, a nursing manager advised staff to seek doctor’s notes if they feared contact with the gas would adversely impact their health, emails show.

Staffers asked for health officials to conduct an epidemiological analysis of symptoms and exposure rates over time.

VA said they completed assessments and found no link between the clinic and health concerns.

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1.7 - The Denver Post: Dozens of surgeries at Denver VA hospital put off because of doctor shortage, Too few anesthesiologists and competitive market to blame, VA says
(12 October, David Migoya, 4.8M online visitors/mo; Denver, CO)

A shortage of anesthesiologists at Denver's veterans hospital – despite salary offers reaching as high as $400,000 a year – has forced a delay in dozens of surgeries just months after the institution was tagged with some of the nation's worst waiting lists for care.

Though the hospital employs eight anesthesiologists and eight nurse anesthetists, they're short of the complement needed to meet surgery demands that run about 380 operations a month, a spokeswoman said, noting some staff has left for other jobs as well as taken paternity and maternity leaves.

"Currently we have had approximately 65 to 90 nonemergent surgeries rescheduled or postponed due to a shortage of anesthesiology staff," VA spokeswoman Kristen Schabert said. She offered no examples.

VA data show the average wait time for new-patient surgical appointments at the facilities that make up the Eastern Colorado Health Care System during the 2017 fiscal year that ended Sept. 30 is about 21.6 days, which is slightly better than the national average of 22.7 days. The average wait time at just the Denver facility is 18.6 days.

VA's waiting time in fiscal 2017 for surgery for established patients is 9.5 days, longer than the national average of 5.8 days, according to the VA. It is 8.3 days at the Denver facility.

The latest situation was first reported by FOX-31 News, and it's an extension of a problem that's plagued the Denver facility since the summer.

In July, The Denver Post reported that wait times for primary care medical appointments at veterans facilities in eastern Colorado and the Denver area were among the worst in the nation, and that Front Range veterans have seen little improvement in the three years since a national scandal erupted over the problem.

Colorado congressmen assailed the agency for its continued — and worsening — issues over veteran care, especially after the VA battled other controversies such as the massive delays and cost overruns in constructing a new $1.7 billion facility in Aurora, which is expected to open in the spring.

Officials of VA's Eastern Colorado Health Care System at the time said critical shortages in medical personnel – including the doctors and nurses that are at the root of the surgery delays faced today – made it difficult to keep up with the growing demand Colorado has seen from an increasing veteran population.

Sometimes, chief of staff Dr. Ellen Mangione said, veterans would rather wait for a familiar face at the VA than be seen more immediately by a doctor outside the system, even when given the choice to do so.

The eastern system had a 16 percent vacancy rate — there were 336 physicians — during the summer crisis, even though it was offering some primary care doctors as much as $200,000 a year in salary and additional training. Schabert did not immediately have current vacancy figures.

“Our leadership has been supportive and we were able to up our salary offerings to remain competitive,” Schabert said of the search for anesthesiology professionals, “but … Denver is a competitive market.”

Until hires are made, the eastern system is contracting with temporary outside physicians, known as a “locum,” to fill the gaps, Schabert said.

And the eastern system is no longer among the nation’s worst waiting periods for an appointment to see a primary care physician, VA data show, although it still ranks high with an 11-day average compared with a 4.8-day national average.

It’s been replaced by the VA health care system in Grand Junction, where the average wait for a primary care visit is 18 days, data show. That system is nearly one-tenth the size of Denver’s.

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1.8 - Military Times: Lawmakers take first steps toward a BRAC for VA facilities (12 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — House lawmakers took the first steps Thursday toward shutting down hundreds of Veterans Affairs facilities through a process similar to military base closure rounds, saying the move is critical to keep the department from wasting millions of dollars on underused, aging buildings.

But some of the largest veterans groups said they have serious concerns with the proposal, saying it’s ripe for abuse and could tempt VA officials to outsource more veterans’ medical care to private-sector physicians.

Even supporters admitted the plan will be a difficult sell on Capitol Hill.

“This bill is bold, transformative and controversial,” said Rep. Phil Roe, R-Tenn., chairman of the House Veterans’ Affairs Committee. “Moving forward with it will require a significant amount of political courage and, let’s face it, members of Congress are not known for that.”

At issue are the roughly 6,300 facilities owned VA spread across the country. Department officials have said more than 57 percent of those locations are more than 50 years old, and hundreds of others provide little value to veterans care or department management.

VA Secretary David Shulkin in June announced plans to close at least 430 vacant or mostly vacant buildings over the next year, a move that is expected to save about $7 million annually.

But he also has pushed for further authorities to close other locations, to better match department resources with future needs.

The VA base-closure-style plan — dubbed the Asset and Infrastructure Review Commission — would establish an eleven-member outside panel to recommend facility closings and resource shifts based on facility needs criteria to be established by the VA secretary.

That would involve an in-depth review of VA real estate and health care strategies, complete with public hearings. The final commission recommendations would need to be approved by the president. Congress would have 45 days to override the White House decision if they disagree with the planned closings and moves.

Much like the military base closing commissions, the set-up is designed to separate facility closing choices from political whims. Roe and committee ranking member Rep. Tim Walz, D-Minn., said the commission could also recommend setting up new facilities in underserved areas, using savings from other closings to pay for the new sites.

But veterans groups who testified before Roe's committee on Thursday said they have serious concerns that an outside panel could focus on savings instead of seeking the best care options for veterans, creating major problems for a system already dealing with wait time and access challenges.

Carl Blake, associate executive director at Paralyzed Veterans of America, said his group could support the idea "assuming the intent is to right-size the VA and not simply use this opportunity to reduce the footprint of VA for the purpose of fulfilling a promise for greater community care access and cutting spending."

Officials from Disabled American Veterans said they support a full review of the department's national footprint but aren't convinced the base-closing commission is the right path for that discussion. Officials from the American Legion said their group would not support the plan unless veterans groups had the opportunity to veto recommendations they deem harmful to veterans care.

But even without those concerns, any federal facility closing process faces a difficult path in Congress. Defense Department officials have been petitioning lawmakers for five years to hold another military base closing round, only to have the proposal rebuffed annually.

Government Accountability Office researchers said the last five BRAC rounds have produced nearly $12 billion in annual federal savings. But the last round conducted in 2005 still has not recouped its original costs, which has lead many in Congress to question the value of such cutbacks.

Roe insisted this plan is different, because the focus isn't on generating savings but instead better preparing the department to respond to veterans needs. The proposal for now is only draft legislation, but he said he hopes to move forward on the issue in coming weeks.

Veterans groups said they would continue to work on the issue with lawmakers but emphasized their skepticism.

Acting VA Deputy Under Secretary for Health for Policy Regan Crump said department officials are not backing the idea of an outside asset commission yet, but do support "the need for more flexibility" with VA facilities.

As the congressional debate continues, VA officials are reviewing another 784 non-vacant but underused facilities to determine if they can close or restructure them in coming months.

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1.9 - Stars and Stripes (Military Update): VA, Congress crawl toward ending abuse of vet pensioners (12 October, Tom Philpott, 1.5M online visitors/mo; Washington, DC)

In 2012, the Government Accountability Office found more than 200 financial planning firms and estate law offices enticing veterans or their survivors into costly annuities or irrevocable trusts intended to hide or reallocate their assets so they qualify for VA pensions that the claimants wouldn't be eligible for otherwise.

Since then, the Department of Veterans Affairs and Congress have been crawling toward actions to stop the abusive practices, which twist the intent of the pension benefit in ways to help some veterans, put others in financial binds, and generate fees or profits or streams of residents for the schemers.

The crawl toward reform continues. The VA is still working on a draft rule first released for public comment in January 2015. Final publication of the "Net Worth, Asset Transfers and Income Exclusions for Needs-Based Benefits" rule was expected this past summer. However, it remains "in VA's internal concurrence process," a VA spokesman said Wednesday.

Meanwhile, the House veterans' affairs subcommittee on disability assistance and memorial affairs held a first-ever hearing last month on legislation to address financial abuses of the pension program. The Veterans Care Financial Protection Act (now HR 3122) was first introduced in 2014.

The VA pension program exists to help veterans in financial distress if they served at least a day of wartime service, at least 90 consecutive days on active duty and earned an honorable or a general discharge. To be eligible for the basic VA pension, veterans also must have only modest annual incomes or none at all.

They can qualify for more VA financial help, however, if they are disabled and unable to leave their homes unassisted, or they have unmet daily living needs or they face exorbitant medical, assisted care or nursing home costs. The additional financial help is called the VA Aid and Attendance benefit.

"It's an absolute lifeline for veterans who have significant health problems," John Katz, the American Legion's assistant director for pensions at the VA regional office in Philadelphia, told me late last year. "Many people who laid their lives on the line for their country are incapable today of taking care of themselves without housebound benefits or Aid and Attendance, in addition to the nonservice-connected [VA] pension. For them there's no other way they'd survive."

About 303,000 wartime veterans and 220,000 survivors draw VA pension benefits. Veteran advocates believe thousands more would qualify if they knew the program existed and applied. What has raised the profile of pensions recently, however, have been the reports of abuse and target marketing by unscrupulous financial planners, lawyers or even care facilities seeking vets who are ill or elderly.

The pension is a needs-based benefit with need determined using thresholds on annual incomes and on assets or net worth. For example, a wartime vet with no dependents can qualify for all or a portion of the basic pension benefit if he or she has income, including Social Security, less than $12,907 annually. If income is $10,000, for example, the benefit would be calculated by the maximum annual pension rate of $12,907 minus $10,000, for a total of $2,907 annually.

However, the pension benefit is unique in that it allows veterans to apply medical expenses to offset income calculations and raise the benefit. Even higher amounts are payable if the veteran or surviving spouse is housebound, and more Aid and Attendance dollars are available if claimants need help with daily activities.

A married veteran needing Aid and Attendance can qualify for at least some pension monthly if his or her income doesn't exceed $25,525. A survivor's pension is smaller but also based on need with consideration too of medical expenses.

The other threshold to determine eligibility is net worth. If assets other than primary residence and vehicle exceed $80,000, then VA can't assume eligibility without a closer determination. Again, medical-related expenses can be critical. For example, if a veteran with assets totaling $100,000 moves into an assisted-living facility that costs $5,000 a month, a VA service officer could determine the asset threshold quickly will be reached and can find the veteran eligible for pension.

Veterans and survivors who believe they might qualify should contact the veterans' service office for their county to fill out required forms. More program information can be found online at: benefits.va.gov/PENSION/index.asp.

A key purpose of regulatory reforms aimed at VA pension benefits is to ensure they are used by low-income veterans or those facing exorbitant medical expenses they can't pay, rather than as a tool to preserve family wealth.

One provision in VA's draft rule would impose a three-year look-back provision on assets to discourage new claimants from hiding assets. Other changes would reset the asset ceiling to the higher and "brighter line" used by Medicaid, and more clearly define medical expenses that can reduce income calculations. The new rule would not leave the threshold on assets open to interpretation as it is now.

Legislative reforms, which show signs of life, take a different approach. As Rep. Matthew Cartwright, D-Pa., testified last month on behalf of his bill, HR 3122, his measure would direct the VA and other federal agencies to work with state officials and outside experts to establish state and federal standards to end "dishonest, predatory or otherwise unlawful practices" that target VA aid and attendance dollars.

"Unscrupulous actors are increasingly exploiting this assistance program by preying on our older veterans' vulnerability," to waste federal dollars and turn "this well-deserved benefit into a financial nightmare for those who can least afford it," said Cartwright.

Some charge veterans “a non-existent application fee to obtain the benefit,” he added. Others collect “consultation fees” with “promises to expedite the application process. Yet another scam is an offer to help veterans qualify for the benefit even when their net worth is too high to qualify.”

In this way, Cartwright explained, financial planners gain control of the veteran’s assets and “move them into an irrevocable trust or annuity, which the elderly veterans often cannot access for many years.”

Increasingly, he said, retirement homes are recruiting veteran residents with promises that they will qualify for VA aid and attendance to cover cost of the home.

“If the A&A claim is later denied, however, the nursing home then demands back payment from the veteran. This is a practice that leaves vulnerable elderly veterans with the undesirable choice of draining their own remaining assets or giving up their new home,” Cartwright said.

He first introduced his bill on learning of companion legislation in the Senate (now S. 1198) from Sen. Elizabeth Warren, D-Mass. The bill now has bipartisan support in the subcommittee. Witnesses for VA and veteran service organizations expressed support. Cartwright promised some changes to reflect concerns from the GAO that it shouldn’t be given a role in establishing the new protection standards given its existing responsibilities for reviewing how the standards are implemented.

With no costs attached, the bill is expected to clear the subcommittee this fall. Full committee action and passage by the House isn’t expected this year.

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1.10 - Public Radio International (Audio): Meet the women combing through Puerto Rico, searching for veterans in need (12 October, Jasmine Garsd, 1.2M online visitors/mo; Minneapolis, MN)

It’s early in the morning, and the entire city of San Juan, Puerto Rico, seems to be gazing at the sky with concern. It looks like rain but the island just can’t handle any more flooding.

On the highway, under the dark, heavy clouds, a small car makes its way through traffic. In it are four women, Ghislaine Rivera, Mia Lind, Janine Smalley and Katie Blanker, with whom I'm spending the day — it's Oct. 5.

Our first stop? A school that’s been turned into a hurricane shelter.

Lind, an occupational therapist for the VA Caribbean Healthcare System in San Juan, goes to the door, asking, “Are there any veterans here?”

Every day since the hurricane hit, she and her team have been roaming from shelter to shelter, looking for veterans who need medical attention.

There are somewhere around 75,000 US Army veterans living in Puerto Rico. Most served during the Vietnam War. After Hurricane Maria, many are now living in shelters. Thousands, overall, have been displaced by the storm, and the shelters are packed.

At the school, a supervisor answers: Yes, there's a veteran here.

The VA team finds 70-year-old Luis Torres lying in bed. His dress shirt is wide open and his baseball cap is flipped backward. His bed is surrounded by piles of clothing and some bags of food.

The Air Force veteran was honorably discharged; he has his military ID, but the other paperwork was lost in the storm. “My house ... it disappeared,” he says, breaking down in tears.

His teenage son, Andrew Torres, who is also staying here, pulls out his phone to show us pictures of what's left of their house. It’s like the roof and the walls were just plucked out. On the second floor, a toilet stands alone in the open.

Janine Smalley takes Luis Torres's vitals. His blood pressure is 130 over 80, so that’s "perfect," she says, asking, "Do you take any meds?" Smalley is the VA team’s registered nurse and Disaster Emergency Medical Personnel trained by the Federal Emergency Management Agency. She’s here from Cleveland, Ohio. She volunteered to come help. She says when she saw what was happening in Puerto Rico, she asked to be sent here.

Meanwhile, Katie Blanker, who also volunteered for this assignment, brings Torres toothbrushes, heating pads and food. Blanker is from Stevens Point, Wisconsin. She’s a social worker with the VA and a veteran herself.

Katie Blanker is working in Puerto Rico as a social worker with the VA. She’s also a veteran. She's originally from Stevens Point, Wisconsin. Credit: Jasmine Garsd/PRI
Torres cheers up. “Where’s the T-bone steak?” he jokes. At least for a few minutes, the mood has lightened up.

Lind says that she, too, had been thinking about steak, just the day before. There is a meat shortage on the island. "I really want to have a meal for my kids that includes beef. That was my goal. To get my kids not canned food. When you have chaos like this, the only right you have is to stay alive. You stay alive, and you survive," she says.

Lind fights back tears. The others from her team hug her. Then she smiles and announces the next neighborhood they’re heading to: “Let’s go to Rio Grande!”

Let’s go “before we’re all crying. I was hoping to wait till noon to cry again,” Smalley says.

The next shelter is even more packed than the last one.

“May we come in and ask if anyone is a vet?” Lind asks.

A man says there aren't any vets there.

Lind asks the man how he knows.

The man bristles, saying, “I can’t force them to talk to you.”

Lind thanks him, and the team leaves. Later on, in the parking lot, Lind tells me she suspects some shelters just don't want the VA team coming in. She and her colleagues represent the federal government. And they have to report it if a hurricane shelter isn't providing enough food and water. Or if it's overcrowded.

A lot of these shelters are just repurposed schools, places for people to lie down and rest, with no running water or electricity. This is the new normal. Which is why the last shelter we go to takes us a little by surprise.

The team walks right in. There's a radio blasting pop music. There are kids painting murals. And then there's Benny Molina.

The residents cheer his name as he sits down for a checkup by nurse Smalley. Molina, 61, is a veteran — "National Guard in Riverdale, New Jersey. Specialized in tanks. Driving the tanks," he says.

"Benny that's perfect!" interrupts Smalley. Benny's blood pressure is normal. He jokingly offers to do pushups — in a while — he just had a big meal. The room erupts in laughter.

Ghislaine Rivera, a social worker, asks him what happened to his home. It's gone. Benny lost everything he owned to the storm. The team offers to give him aid packages, with basic supplies, but he refuses. "Right now, we have food and everything ... but some other people are sleeping on the street and they have nothing to eat."

As he fills out his paperwork, Smalley and Blanker take a quick break in the shade. They are red from the heat and visibly tired. They've come a long way, from Ohio and Wisconsin. But, they say, this is a responsibility they have. All of us do.

"We don't know them all, but we owe them all," says Smalley.

"All of the veterans we're here for served for the United States," says Blanker. "This is Americans helping Americans. These veterans were stationed in the US, went to war with the US. I think that's the thing that people forget."

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2. Veteran and Employee Experience

2.1 - The Washington Post (PowerPost, Video): House to vote on bill requiring discipline for officials who retaliate against whistleblowers (12 October, Eric Yoder, 43.9M online visitors/mo; Washington, DC)

Federal agencies would be required to discipline officials who retaliate against whistleblowing employees, and to fire them on their second offense, under a bill up for a House vote Thursday.

The bill, approved by the Senate in May, is one of many arising from the disclosures starting in 2014 of falsified patient records at the Department of Veterans Affairs. The revelations drew a surge of complaints from lower-level employees who said they had suffered workplace reprisal

from managers for pointing out the problems and that managers were not being held accountable for violating the legal protections for whistleblowers.

“While retaliation at the VA has captured the public’s attention most recently, retaliation against whistleblowers is not confined to any one agency,” a Senate report on the bill says, adding that mandatory discipline is designed to “ensure accountability throughout the Federal Government.”

The bill would require at least a three-day suspension of a federal official found to have committed retaliation by an internal government legal process or by a federal judge and firing for a second offense. The time to contest a notice of proposed discipline would be shortened from 30 to 14 days, but once the firing became final, regular appeal rights would apply.

Congress last year enacted a similar requirement applying only to VA officials who retaliate against employees who disclose fraud, waste or misconduct, with at least a 12-day suspension for a first offense and firing for a second. This year, a law shortening and restricting appeal rights for VA employees was enacted, and on Wednesday the House passed a measure somewhat widening whistleblower protections.

The measure requiring firing for retaliation would create an exception to the general rule that agencies have wide discretion over disciplining their employees. Currently, mandatory firing also applies at the Internal Revenue Service under a long-standing policy known as the “10 deadly sins” involving abuse of authority.

The George W. Bush administration attempted to impose mandatory discipline for certain types of misconduct as part of alternative personnel policies at the departments of Defense and Homeland Security, but neither took effect in the face of lawsuits and opposition from Congress.

Also, under the latest bill, agencies would have to give priority to a request for a transfer on behalf of an employee — including one still in a probationary period — who alleges retaliation; it would be an act of retaliation for an agency official to access the employee’s medical records following a disclosure; and more training on whistleblower rights would be required for new employees and for supervisors.

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2.2 - U.S. News & World Report (AP): Alaska Veterans Affairs System to Add 100 Staff Members (13 October, 24M online visitors/mo; Washington, DC)

ANCHORAGE, Alaska (AP) — The Alaska Veterans Affairs system has announced it's adding 100 staff members.

KTVA-TV reported Wednesday that Dr. Timothy Ballard said the staff is being added in response to negative reviews from both patients and staff.

Ballard said the new positions are focused on mental health care and support functions. The 100 new jobs boost the system's number of staff to 650 at a cost of $6 million.

Ballard said money to pay the new workers is being repurposed from other places in the budget.

He said the system is also increasing the speed at which it fills vacancies, bringing the wait time down from six months to six weeks.

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2.3 - Atlanta Journal-Constitution: Roswell getting $21K for veterans adaptive sports (12 October, David Ibata, 11.9M online visitors/mo; Atlanta, GA)

Roswell has agreed to accept $21,080 from the federal government to purchase equipment and hire instructors for new VA Wheelchair Softball and Adaptive Cycling programs for disabled veterans.

The City Council approved a resolution accepting the FY 201 Adaptive Sports Grant from the U.S. Department of Veterans Affairs. The grant does not require local matching funds, according to a staff report to the council.

The Roswell Recreation, Parks, Historic and Cultural Affairs Department will be responsible for the adaptive sports program.

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2.4 - The Hill: New whistleblower protections head to Trump's desk (12 October, Cristina Marcos, 11.8M online visitors/mo; Washington, DC)

The House unanimously cleared legislation on Thursday to ensure protections for federal employees who disclose government waste, fraud and abuse.

Passed 420-0, the measure would train federal workers so they understand their protections, as well as enhance penalties for supervisors who retaliate against whistleblowers.

The bill is named after Chris Kirkpatrick, a psychologist was fired from a Department of Veterans Affairs (VA) medical center after raising concerns about patients' medications. He committed suicide on the day he was dismissed.

The bill also orders the VA to create a plan for preventing unauthorized access to employee medical records and conduct outreach to employees about mental-health services.

The Senate passed the legislation, authored by Senate Homeland Security and Governmental Affairs Committee Chairman Ron Johnson (R-Wis.), in May. It now heads to President Trump's desk for his signature.

"Future whistleblowers who take a risk to expose wrongdoing and waste in the federal government deserve the respect and support of our nation. I urge the president to quickly sign these important reforms into law," Johnson said in a statement.

Before final passage, House Democrats offered a procedural motion to amend the bill by extending protections to federal workers who reveal wrongdoing by an agency head or political appointee violating rules or regulations regarding travel.

Democrats offered the motion in light of Tom Price's resignation as secretary of Health and Human Services in September after Politico revealed his extensive use of private jets, instead of commercial alternatives, at taxpayers' expense. Politico estimated Price's travel costs at possibly more than $1 million.

"The resources invested to agencies to fulfill their missions of serving Americans should not be abused or frivolously flaunted for personal gain or convenience," said Rep. Tom O'Halleran (D-Ariz.), who offered the motion.

Rep. Rod Blum (R-Iowa) did not disagree with the substance of the proposal offered by Democrats, but urged swift passage of the underlying whistleblower legislation so Trump could sign it into law as soon as possible.

"Let's not let one good bill get in the way of another," Blum said.

The motion failed along party lines, as is typical in the House when it comes to procedural votes.

The House also passed two noncontroversial bills by voice vote on Wednesday to protect and encourage whistleblowers.

One measure, authored by Rep. Chuck Fleischmann (R-Tenn.), would allow federal agencies to pay up to $20,000 in cash rewards to workers who report waste. The other, sponsored by Rep. Steve Russell (R-Okla.), would allow whistleblowers outside the intelligence community to disclose classified information to supervisors in their chain of command.

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2.5 - Bangor Daily News: 'Dangerous surgeon' at Togus allegedly made mistakes in 88 cases, but VA kept it quiet (12 October, 1.2M online visitors/mo; Bangor, ME)

An explosive USA Today investigation into medical mistakes allegedly made under the watch of the U.S. Department of Veterans Affairs highlighted what the newspaper described as one particularly egregious case in Maine.

According to the report, podiatrist Thomas Franchini allegedly made mistakes in 88 cases while working at the Togus VA Medical Center near Augusta, the nation's oldest veterans' hospital.

"We found that he was a dangerous surgeon," former hospital official Robert Sampson said during a deposition in a federal lawsuit against the department, according to the newspaper.

U.S. Rep. Bruce Poliquin, R-Maine, described the case as "unacceptable behavior" and called the situation "nothing short of appalling" in a Thursday statement.

USA Today's report describes myriad examples: Franchini allegedly drilled the wrong screw into the bone of one patient, severed a tendon in another, conducted unnecessary surgeries and twice failed to properly fuse a woman's ankle, for instance.

Instead of being fired, the newspaper's investigation found, the department didn't report him as a problem doctor or fire him, but rather allowed him to quietly resign and open a private practice in another state.

The Franchini case was revealed as part of an investigation that uncovered about 230 secret settlement deals in which VA officials quietly cut ties with problem doctors and other medical staff across the country, allegedly promising to conceal serious mistakes and allow many of the personnel in question to go into the private sector with unblemished records.

Franchini, who was reportedly placed on leave by the VA in 2010 and resigned soon thereafter, told USA Today he never got to respond to the department's findings that he'd made serious mistakes, and that his attorney submitted two outside reviews that contradicted those findings.

He also said he has performed many surgeries since leaving the VA without complications.

"If I was so bad, I would be bad all the time," he told USA Today.

Six veterans are now suing the VA accusing the agency of fraudulently concealing Franchini's mistakes.

In response to the report, Poliquin, who represents Maine's 2nd congressional district, announced Thursday he is joining fellow Reps. Cathy McMorris Rodgers of Washington and Phil Roe of Tennessee to introduce a bill that would force agency officials to report to state licensing boards if they discover "unacceptable or unethical behavior from other medical professionals at the VA."

"Our Maine veterans depend on their services at Togus and other VA facilities across our state for critical care, and it is absolutely unacceptable for them to ever be subjected to medical malpractice," Poliquin said in a statement. "We must have accountability at the VA, to ensure our veterans are always getting the best care possible, and I am proud to be working on the Veterans Affairs' Committee to do that."

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2.6 - WFED (AM-1500, Audio): House passes bill to give TSP participants more withdrawal options (12 October, Eric White, 831k online visitors/mo; Washington, DC)

[…]

The Veterans Affairs Department stepped back a proposal to suspend a 50-year-old ethics law. The law, first passed in 1966, requires VA to fire any employee who also works for a school whose students receive VA benefits. The department had planned to completely stop enforcing that requirement by next Monday, since some of its employees also work as adjunct professors at for-profit colleges. But it abruptly walked back the regulatory change on Wednesday after

complaints from veterans groups who said the waivers should only be granted on a case-by-case basis. (Federal News Radio)

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2.7 - La Crosse Tribune: House approves whistleblower bill named for former Tomah VA doc (12 October, 822k online visitors/mo; La Crosse, WI)

The U.S. House passed a federal whistle blower protection bill Thursday named for a former VA psychologist who questioned over-medication of patients at the Tomah VA Medical Center.

The Dr. Chris Kirkpatrick Whistleblower Protection Act is designed to protect federal employees who come forward with allegations of waste, fraud and abuse and to set minimum disciplinary measures for supervisors found guilty of retaliation.

The bill also requires the VA to put together a plan to prevent supervisors from improperly accessing an employee's medical files in retaliation.

Kirkpatrick killed himself in 2009 the same day he was fired after questioning over-medication practices at the Tomah VA, which earned the nickname "Candy Land" because doctors there prescribed such high doses of opiates. Investigations later blamed those prescription practices for the deaths of at least two veterans.

U.S. Rep. Ron Kind, whose district includes the Tomah VA, spoke on the House floor in favor of the bill.

"Dr. Kirkpatrick was dedicated to improving the lives (of) and serving our nation's veterans," Kind said. "The bill before us today will honor the memory of Dr. Kirkpatrick by helping to make sure no one will have to go through what he did."

The bill, introduced by Sen. Ron Johnson, passed the House unanimously and now heads to President's desk.

Johnson, a Wisconsin Republican, said the passage brings the nation "

one step closer to better protecting federal whistleblowers and providing better health care to the finest among us – our veterans."

VA Secretary David Shulkin has pledged to bring greater accountability to the government's second largest agency, which provides medical care to millions of veterans. In July, Shulkin began posting employee disciplinary actions and announced that he would require approval by a senior official of any settlement with a VA employee over the amount of $5,000, citing unnecessary payments to bad employees. A month later, he ordered a review to expand VA reporting requirements for bad workers.

During the 2016 campaign, Trump described the VA as the "most corrupt," promising to "protect and promote honest employees" at the VA who expose wrongdoing.

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2.8 - WLOS (ABC-13, Video): Protesters at Asheville VA say being understaffed is dangerous (12 October, 480k online visitors/mo; Asheville, NC)

ASHEVILLE, N.C. (WLOS) — Veterans Affairs employees held a rally outside Asheville's Charles George VA Medical Center on Thursday to protest working conditions.

Protesters said low staffing levels are creating risks to patient safety and a hazardous work environment. They said Congress has failed to fill open positions, putting veterans' health care at risk.

"We're trying to get the word out and let Congress know that we're here to support these veterans," Brandee Morris, of AFGE Local 446, said.

Protestors said there are nearly 50,000 open positions at VA centers across the country, and t there's no plan in place to fill them.

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2.9 - HousingWire: Ginnie Mae, VA launch task force to look into lenders targeting veterans for quick refinances - Comes on the heels of Ginnie Mae opening investigation (12 October, Ben Lane, 438k online visitors/mo; Irving, TX)

Roughly one month ago, Ginnie Mae announced that it was launching an investigation into mortgage lenders that were aggressively targeting servicemembers and military veterans for quick and potentially risky refinances of their mortgages.

The investigation came on the heels of a letter from Sen. Elizabeth Warren, D-Massachusetts, who cited a report from the Consumer Financial Protection Bureau, which covered complaints received from veterans about Department of Veterans Affairs mortgage refinancing.

Warren’s letter claimed that there may be lenders “aggressively and misleadingly marketing the refinancing of mortgages backed by the Department of Veterans Affairs, generating fees for themselves at the expense of veterans and American taxpayers.”

Now, Ginnie Mae and the VA are launching a task force to “address mortgage refinancing issues” surrounding VA loans.

The task force, which is called the “Joint Ginnie Mae – VA Refinance Loan Task Force,” will focus on “examining critical issues, important data and lender behaviors related to refinancing loans and will determine what program and policy changes should be made by the agencies to ensure these loans do not pose an undue risk or burden to Veterans or the American taxpayer.”

But more specifically, the agencies say that the task force will review the “aggressive and misleading refinancing” marketing practices of certain lenders, and will address “loan churning and repeated refinancing.”

Loan churning is the practice of convincing an existing borrower to refinance their mortgage.

When announcing the investigation, Michael Bright, the acting president and chief operations officer of Ginnie Mae, said that the market for VA loans that is “somewhat saturated with lenders and brokers making dozens of calls and sending dozens of letters to veterans” trying to get them to refinance their mortgages.

And now, Ginnie Mae and the VA are working to address the issue.

“Both agencies agree that VA and Ginnie Mae programs work best when they are used by market participants in ways that provide a benefit to Veteran borrowers and, ultimately, lower Veterans’ costs,” Ginnie Mae said in an announcement.

According to Ginnie Mae, the task force has already started its work by examining data and information to “ensure loans provide a net tangible benefit to Veteran-borrowers, and consider establishing time frames regarding recoupment of fees associated with refinancing loans.”

Ginnie Mae said that the task force will also examine the impact of “establishing stronger seasoning requirements for VA-guaranteed loans that are securitized into Ginnie Mae Mortgage Backed Security pools.”

Additionally, Ginnie Mae said the task force will work to “ensure Veterans understand the costs and benefits of refinancing, and ensure robust borrower outreach and education programs are augmented for this purpose.”

The agencies also plan to arrange “joint discussions with individual lenders whose demonstrated origination practices may negatively affect Veteran borrowers or increase program costs and risks.”

The agencies also say that the task force will continue its work until “concrete solutions” are found that will “eliminate lender behavior that is unhelpful to Veterans and harmful to the American taxpayer.”

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2.10 - Citizen-Times: Disappointed VA employees voice concerns, lack of staffing and support (12 October, Alexandria Bordas, 318k online visitors/mo; Asheville, NC)

OTEEN - Ralliers gathered at Charles George VA Medical Center on Thursday afternoon to express disappointment in the 49,000 vacant staff positions nationwide, which veterans' supporters said are affecting local VA branches.

Months of delays in appointments, overworked employees and lack of internal support can no longer be ignored, said Brandy Morris, executive vice president of the local American Federation of Government Employees labor union in Asheville.

"Veterans want to come to the VA and not be sent to private doctors because it will take us over a month to treat them," said Morris, who has worked for the VA for 17 years.

Ralliers also said they were upset with the Trump administration's recent decisions in regards to veteran care.

In August, Trump signed a $3.9 billion funding bill to save the nearly bankrupt Choice Program, which is a temporary benefit that allows eligible veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility, according to the Department of Veterans Affairs.

The Choice Program was created in 2014 after numerous reports revealed an alarming rate of cover-ups in veteran wait times at a handful of VA hospitals across the nation.

This summer, it was determined the Choice Program would no longer be able to offer the temporary benefit because it was running out of money.

Originally, the proposed bill was smaller and would solely fund the Choice Program, without an additional $1.8 billion for hiring and clinics.

Backlash from veterans organizations, who said the bill prioritized privatized care as opposed to buffing up VA staff, led to the revised $3.9 billion bill, which Trump signed in August, according to Stars and Stripes. The money is expected to keep the Choice Program afloat for six more months.

But, despite the new bill, there is still dissatisfaction among VA employees.

Paul Stone, a veteran who works at the VA as an electrician, was not inspired by the surge of support for the Choice Program under the Trump administration.

"If veterans had a choice, they would rather see their doctors here, but they don't have a choice so they are forced to see someone else," said Stone, who was holding a sign that said "I Love My VA".

Torre White comes from a family of servicemen and women. She works as a program support assistant with geriatrics at the VA.

It took her months to get hired, despite hundreds of job vacancies posted online, she said.

"There are plenty of openings, but why aren't people getting hired?" she asked. "With so many people applying and wanting jobs, it shouldn't take that long, and now our veterans are not able to get immediate care because of that."

These issues also bother Kay Murray, who has worked as a nurse at the VA for 8 years.

The VA can provide services in-house without the Choice Program if it had the right staffing, she said.

One of Murray's biggest concerns is veteran patients with mental health needs.

A lot of veterans come to the VA because they can trust their doctors, many of whom are veterans, which many not be the case if they go elsewhere, she said.

"The VA is home to veterans, their family, and they come to us wearing their buttons, hats and t-shirts," Murray said. "Half of our employees are veterans too, this is where all of them should be treated."

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2.11 - WEAU (NBC-13, Video): House members pass Whistleblower Protection Bill (12 October, Ruth Wendlandt, 276k online visitors/mo; Eau Claire, WI)

Washington, D.C. (WEAU) In a bi-partisan vote, House members unanimously passed Representative Sean Duffy's Whistleblower Protection Bill.

The Dr. Chris Kirkpatrick Whistleblower Protection Act ensures no one is retaliated against for coming forward with concerns about waste, fraud, and abuse at the veteran affairs. It also requires the VA to come up with a plan to restrict unauthorized employee access to medical files.

The bill is named after a Wisconsin doctor who worked at the Tomah VA Medical Center, and was fired after he questioned the over-medication of veterans. On the day of his firing, Dr. Kirkpatrick committed suicide.

Representative Ron Kind says he's happy the bill received support from across the aisle. Kind says, “We need people who are working with our veterans who feel confident and safe to come forward when they see things that aren't working the way they're supposed to, when veterans aren't getting the treatment they need, and they deserve, without fear of retaliation without fear of being retired.”

Representative Duffy says, “This legislation strengthens protections for patriots-for those who are trying to do the right thing, for those who care about veterans and their safety."

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2.12 - Parkersburg News & Sentinel: Outrageous: VA culprit deserves more than a lecture (13 October, Editorial Board, 187k online visitors/mo; Parkersburg, WV)

How should a Department of Veterans Affairs manager who defrauded the government, took chances with veterans’ health care, then devised a coverup be punished? Readers probably have their own ideas about that.

But according to the federal government, the answer is … counseling.

One of U.S. Rep. David McKinley’s constituents reported to him last year that something was wrong at the Louis A. Johnson VA Medical Center in Clarksburg. McKinley represents much of our area; and many veterans in our region rely on the VA hospital in Clarksburg.

McKinley went straight to the VA. The U.S. Office of Special Counsel, which also had been contacted by a whistleblower from the hospital, looked into the matter.

Investigators found that during a seven-year period, a manager at the hospital engineered a scheme whereby patient data was “intentionally manipulated” at the facility. The purpose was to make it appear at least some veterans were not kept waiting for care as long as actually was the case. In addition, the volume of patient visits was inflated.

Part of the scheme involved nurses being pressured to place patients in unofficial “clinics,” rather than record them as emergency department visits.

Whether any veterans were harmed by the manager’s actions was not reported by the Office of Special Counsel. Obviously, that should be checked.

One ramification of the misconduct was that 602 veterans were charged incorrect co-payments. That cost the VA $21,070.

However, according to the Office of Special Counsel, the VA “is currently determining how to recoup lost payments.” In other words, the bureaucrats are looking into how they can go back to the 602 veterans and tell them they owe Uncle Sam money.

What about the culprit? According to the Office of Special Counsel, “the VA counseled the manager responsible …”

That’s it. No punishment, just a good talking to.

We sometimes refer to the bureaucracy in Washington as “the swamp.” That may be a disservice to the snapping turtles, cottonmouth snakes, alligators and quicksand of the real thing.

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2.13 - WAGM (FOX-8): After Report Shows VA’s Failure to Disclose Medical Malpractice at Togus, Rep. Poliquin Acts to Make Changes (12 October, 35k online visitors/mo; Presque Isle, ME)

Congressman Bruce Poliquin, along with House Conference Chair Cathy McMorris Rodgers (WA-05) and House Veterans Affairs Committee Chairman Phil Roe (TN-01), today introduced the Ethical Patient Care for Veterans Act of 2017. This legislation requires Department of Veterans Affairs (VA) medical professionals to report directly to state licensing boards if they witness unacceptable or unethical behavior from other medical professionals at the VA. The legislation is in response to the alarming USA Today article out yesterday that revealed the VA failed to disclose bad medical practitioners to the public, risking the public’s exposure to these bad actors.

One of the most notorious offenders was Thomas Franchini, a practitioner at Togus who had committed malpractice in 88 separate cases, according to the VA’s conclusions.

“These most recent reports are nothing short of appalling,” said Congressman Poliquin. “Our Maine Veterans depend on their services at Togus and other VA facilities across our State for critical care, and it is absolutely unacceptable for them to ever be subjected to medical

malpractice. We must have accountability at the VA, to ensure our Veterans are always getting the best care possible, and I am proud to be working on the Veterans Affairs' Committee to do that. I'm now pleased to work with Chairwoman McMorris Rodgers and Chairman Roe to help prevent this unacceptable behavior from occurring again."

"These newest reports out of the VA are deeply troubling," said Chair McMorris Rodgers. "Our veterans deserve the best care imaginable, but as we've seen, far too often that's not the case. This bill will help reform the culture at the VA by holding bad actors accountable and keeping them from continuing these mistakes at the VA or elsewhere. We should be rolling out the red carpet to our nation's heroes in Eastern Washington and around the country, and that starts with ensuring that the best and brightest are at the VA caring for our veterans."

"The findings of the USA Today investigation are intolerable," said Chairman Roe. "The committee has long been concerned about VA's settlement agreements, and even held a hearing on the topic last year. While I can appreciate VA's recent decision to more closely vet settlement agreements, malfeasance within the department will not be ignored. It certainly cannot be rewarded and hidden from state licensing boards. As a physician, I find this deeply troubling, and I thank Reps. McMorris Rodgers and Poliquin for their leadership on this issue."

NOTE: Currently, if the VA receives a report of substandard health care practices, it takes at least 100 days to decide whether to refer the matter to a state licensing board. This legislation will require timely reporting to state licensing boards so there is proper notice of these serious allegations.

As reported by USA Today, "the VA — the nation's largest employer of health care workers — has for years concealed mistakes and misdeeds by staff members entrusted with the care of veterans." The article lays out a number of cases where doctors provided poor, unethical, or irresponsible care, and faced zero medical licensing reviews.

By requiring malpractice to be reported to state licensing boards, this legislation ensures that if poor care happens, doctors and clinicians will no longer be shielded by the VA and could face consequences just like they do in private practice.

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2.14 - WAGM (FOX-8): Rep. Poliquin's Bill to Ensure VA Headstones For Veterans' Families Buried in Cemeteries Advances in the House (12 October, 35k online visitors/mo; Presque Isle, ME)

Today, Congressman Bruce Poliquin had his Veterans bill pass out of committee with unanimous, bipartisan support.

Congressman Poliquin's legislation would ensure that Veterans' family members who are buried at tribal Veterans cemeteries—such as the Houlton Band of Maliseet Indians Tribal Veterans Cemetery in Aroostook County—are provided government furnished headstones, the same treatment as those buried at national and state Veterans cemeteries.

Congressman Poliquin, who represents the Houlton Band of Maliseet Indians and their Tribal Veterans Cemetery in Aroostook County, released the following statement:

"Our Veterans, who served and sacrificed for our Nation and who are now laid to rest in tribal Veterans cemeteries, should have the honor of being buried with their families and all should have access to headstones commemorating their sacrifices," said Congressman Poliquin. "I'm proud to represent the Houlton Band of Maliseet Indians, who created the first Tribal Veterans Cemetery not only in Maine, but on the entire East Coast. It is a great honor to serve them and to push forward this commonsense fix so all our Veterans and their families can be properly honored when they are laid to rest. I'm extremely pleased to have the unanimous support of my Republican and Democratic colleagues on the Veterans' Affairs Committee for this commonsense legislation, and I will continue to push this important bill through Congress and onto the President's desk."

Clarissa Sabattis, Chief of the Houlton Band of Maliseet Indians, said when the bill was introduced, "The Houlton Band of Maliseet Indians is honored to have the first Tribal Veterans Cemetery, East of the Mississippi. We all know that when a loved one serves in the military, especially when deployed overseas, that the family serves as well. Spouses take on the additional duties and stresses of taking care of their homes, being single parents, raising and comforting their children in times of great stress and ensuring our veterans have a home to return to. Congressman Poliquin's Bill honors the families and acknowledges the sacrifices made by those who stay behind by providing headstones for the spouses and children of veterans who are buried in tribal cemeteries."

Under current law, government furnished headstones are only available to Veterans' eligible spouses and dependents buried in national and state Veterans cemeteries. This bill would authorize the Department of Veterans Affairs (VA) to provide headstones and markers to eligible spouses and dependents interred at tribal Veterans cemeteries.

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2.15 - KOBI (NBC-5, Video): Oregon politician concerned about Roseburg VA medical facility (12 October, 27k online visitors/mo; Medford, OR)

Washington, D.C. – An Oregon congressman is asking the U.S. Department of Veterans Affairs to address "substandard management" at the Roseburg VA hospital.

Congressman Peter DeFazio (D-OR 4th District) said the VA Roseburg Health Care System (VARHS) is a source of concern for constituents, who complained to the governor about the lack of effective and accountable management.

DeFazio claims nothing has changed at VARHS despite repeated outreach with VA leadership, including a direct appeal to VA Secretary David Shulkin last week.

"Poor management has resulted in degraded patient care and difficulty in recruiting and retaining talented medical professionals to help Oregon's veterans. It's outrageous that in addition to delays and government bureaucracy veteran care is being hampered by management issues," Rep. DeFazio said. "Doctors, nurses, and other VA employees are putting their careers on the line to improve the system, risking potential retaliation from the same inadequate leadership. The status quo is entirely unacceptable, and it is time for the VA to stop passing the buck and take immediate action. Our veterans deserve better."

Rep. DeFazio voiced his concerns while speaking in support of the Dr. Chris Kirkpatrick Whistleblower Protection Act. The legislation would create harsher penalties for those who retaliate against whistleblowers.

According to DeFazio's office, in 2015 35% of whistleblower complaints came from VA employees.

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2.16 - The M Report: Ginnie Mae and VA Create Refinance Loan Task Force (12 October, Nicole Casperson, 20k online visitors/mo; Dallas, TX)

Ginnie Mae and the Department of Veterans Affairs (VA) recently announced the shaping of the "Joint Ginnie Mae – VA Refinance Loan Task Force," in an effort to address loan churning and repeated refinancing issues.

Specifically, the task force is set to focus on examining critical issues, important data, and lender behaviors related to refinancing loans. In addition, the task force will "determine what program and policy changes should be made by the agencies" as a way to ensure these loans do not pose an "undue risk or burden to Veterans or the American taxpayer."

According to the enterprise, this task force has begun its efforts in two ways. First, by examining data and information to ensure loans provide a "net tangible benefit" to Veteran-borrowers. Second, the task force is considering to establishing time frames regarding "recoupment of fees associated with refinancing loans."

The purpose of the task force is to also determine the effects if implementing stronger seasoning requirements for VA-guaranteed loans that are securitized into Ginnie Mae Mortgage Backed Security pools, according to Ginnie Mae's release.

Furthermore, the task force will "work to ensure Veterans understand the costs and benefits of refinancing, and ensure robust borrower outreach and education programs are augmented for this purpose."

Last year, the Consumer Financial Protection Bureau revealed a snapshot of service member complaints and issues related to VA mortgage refinancing. In light of these issues, the task force will examine aggressive and misleading refinancing propositions.

The release notes that Ginnie Mae and the VA will continue to work together until concrete solutions have been implemented to eliminate lender behavior that is unhelpful to Veterans and harmful to the American taxpayer.

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2.17 - KSNW (NBC-3): Kansas nurse in Puerto Rico to help Hurricane Maria victims (12 October, 9.1k online visitors/day; Wichita, KS)

A Cheney nurse is in Puerto Rico helping victims of Hurricane Maria. Linda Sue Bayless is a provider at the Robert J. Dole VA Medical Center.

As part of the VA's Disaster Emergency Medical Personnel Program System, she signed on to deploy where she was needed most. Bayless left October 4 and is due back on the 18.

Her husband, Greg, says she is now living in a tent and has had no hot water since she arrived. He describes her as working side by side with FEMA, the Red Cross, and Homeland Security. "She is an honorable woman," He said. "She wants to help. She is patriotic. She has been a caregiver her entire life. She wanted to volunteer."

He describes his wife's conditions as "difficult" and she is currently working nights on the 7 p.m. to 7 a.m. shift.

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3. Access to Healthcare

3.1 - Newsweek (Video): PTSD Treatment: How Ai Is Helping Veterans With Post-Traumatic Stress Disorder (12 October, Joseph Frankel, 9.4M online visitors/mo; New York, NY)

There is a real appeal to shouting into the void: the ubiquity of Google search as confessional, the popularity of PostSecret, the draw of confiding in a trusted friend with the hope verging on understanding that our secrets won't be shared all point to this. A group of researchers from the University of Southern California, with funding from the DARPA wing of the Department of Defense, believe that desire might drive a preference among veterans with PTSD to anonymously discuss their symptoms with a computerized avatar.

They found that the service members who volunteered for the study disclosed more symptoms of PTSD when speaking with a computerized "virtual human" than when filling out a symptoms checklist on the military's Post Deployment Health Assessment (PDHA). They also reported more symptoms even when filling out a completely anonymized version of the PDHA. The idea, the researchers suggest, is that people are more willing to disclose their symptoms when they know the data is anonymous.

It's unclear if that will fly in real life. Whether the program will truly help veterans remains to be seen. And its implementation raises questions about medical ethics and the stigma around mental-health in the military and culture at large.

The Institute for Creative Technologies at USC got lots of buzz for its original research, and introducing the world to Ellie, a digital diagnostic tool that strongly resembles, but cannot replace a human therapist. Ellie, an avatar of a woman in a cardigan with olive-toned skin and a soothing voice, listens to the people who come to her, and does what any human sounding board does. She listens to the content of their speech, and scans their facial expressions, tone, and voice, for cues that hint at meanings beyond speech. Ellie's design was decided upon by the research group's art team. As for how Ellie sounds, "she has a very comforting voice," Lucas told Newsweek.

(Unlike a human, of course, this kind of reading is made explicit enough to show in a video.)

Based off their results, Lucas says, the researchers believe that for veterans with PTSD, Ellie combines the best of both worlds: her warm demeanor and sympathetic responses establish the kind of rapport that a therapist would create, and the knowledge that she's not actually a person, and crucially, that she's not built into a chain of reporting, mean you can say whatever you want. This builds off past research this same team did, in which participants more intensely expressed feelings of sadness and reported lower rates of fear when going through a health screening with a virtual human rather than one they were led to believe was controlled by an actual human.

The way Lucas envisions it, Ellie is an economical and efficient solution. "All you need is a webcam, a, laptop, and a microphone." She imagines Ellies existing in a kind of kiosk that can be tucked into a local VA. ""I know it sounds creepy to put it in a closet, but you could put it in a closet."

And at least one psychiatrist thinks Ellie has potential. "This technology has amazing potential to drill down into the elements of rapport, and whether it differs by patient characteristics; something that is not possible with real life therapists or clinicians. A simple example is whether the sex and age of the avatar alters the effect," says Joseph Hayes, a psychiatrist at University College London.

However, Hayes believes the anonymity that drives the study's result might be impossible in real life. The participants in the study may feel more comfortable disclosing to Ellie because, unlike with the PDHA, which soldiers know will go on their permanent health record, what they say to Ellie will not. But If Ellie were really integrated into a care center, it's hard to imagine that the data she collects wouldn't also be accessible by treating clinicians.

"For an intervention to be possible ultimately, the disclosure would have to be shared with the same commanding officers who have traditionally received the results of the service members PDHA, and entered into their military health record. Once this is made explicit, would disclosure reduce to levels seen previously?" Hayes wrote. "If so, it is a culture change (reducing public stigma–within the military and more broadly) which is truly going to impact on disclosure and provision of appropriate treatment," Hayes wrote.

Lucas and her colleagues have been thinking about this problem, and she's optimistic they can work out a solution. She maintains that since the research is being implemented within the department of defense, it's under different rules than treatments marketed to civilians.

The way Lucas envisions it, even in real life, a session with Ellie can stay fully anonymous. A veteran can go in, talk with 'her', and at the end of the session Ellie can suggest they follow up with a clinician if the person needs further treatment. But, Lucas hopes, that choice will be up to the patient.

With one big exception.

If a therapist or doctor learns of a person's intent to harm or kill, among other acts, they are compelled to break confidentiality and intervene. But Ellie, Lucas maintains, can't be mandated to report these things because she isn't human. Lucas's ideal solution is that, if a veteran comes to Ellie expressing thoughts of self-harm, the program would send out a red flag of sorts to a human clinician who would then be compelled to act.

It has yet to be determined whether that approach is legally, ethically, or practically feasible.

Even if it is feasible, there are still many other problems to tackle when it comes to PTSD in veterans, Hayes says.

"As a clinician, I'd want to know that this technology could effectively detect cases of PTSD, rather than just increasing disclosure of less severe, potentially non-diagnostic, responses to trauma. The bottleneck is not necessarily in the shortage of resources for diagnosis, but a shortage in the resources to deliver effective evidence-based care following diagnosis," Hayes wrote. And while AI technologies that do exactly that are being developed and tested, he thinks it's a long ways away before they can take over that work.

And help is needed.

"Veterans account for 20% of suicides in the US," Hayes said. "Better support systems, beyond the brief provision of therapy may help reduce this shocking statistic."

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3.2 - KTVU (FOX-2): Services available for veterans at Napa Valley College evacuation center (12 October, 2.1M online visitors/mo; Oakland, CA)

NAPA, Calif. (BCN) - The Vet Center, a subsidiary of the U.S. Department of Veterans Affairs, deployed personnel today to the wildfire evacuation center at Napa Valley College from Concord and Fairfield to provide mental health services and paperwork assistance for any displaced veterans.

They were at the shelter today with a trailer set up for three separate counseling sessions to be conducted simultaneously.

"Say you're having a panic attack," readjustment counselor Lori Shepherd said. "You come in here and have a counseling session."

Shepherd said the smoke, smells and sight of burnt buildings can be stressful for veterans who served in Iraq, Afghanistan or other war zones.

"It can definitely be triggering," said Joseph Moglia, a veteran of the U.S. Marine Corps who served in Iraq.

Shepherd and Moglia are available at Napa Valley College for any veterans who have been displaced by the North Bay wildfires and are in need of assistance. They can be reached at (925) 433-3407.

They've also set up an area with seating and a television for veterans at the shelter who just want to spend time with other veterans.

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3.3 - The Gazette: Mayor, nonprofits plead for Colorado Springs landlords to help homeless vets (12 October, Jakob Rodgers, 870k online visitors/mo; Colorado Springs, CO)

Colorado Springs landlords reportedly are spurning federal housing vouchers in favor of renting to higher-paying tenants, thwarting efforts to help homeless veterans get off the streets, city officials and nonprofits say.

Mayor John Suthers, the National League of Cities and local advocates for the homeless called on landlords Thursday to accept the vouchers from veterans needing a place to live rather than taking advantage of the hot rental market.

Suthers stressed that local landlords hold the key to effectively ending veteran homelessness - a goal that has eluded the city for years.

"They're private businesses, they're there to make money and they don't have to engage in this," Suthers said. "But we're just trying to impress upon them that it's part of being a citizen of the community."

As an example, Suthers mentioned one homeless veteran who got a job while using his voucher - allowing him to pay more for rent.

"We're hoping they'll (landlords) see the long view that helping house people is in their interest as well as the community's," Suthers said.

Their message highlighted the latest in a series of meetings at the Apartment Association of Southern Colorado's offices, which seek to woo hesitant property owners.

As Colorado Springs' affordable housing crunch has worsened, rents have climbed to record territory, fed by Colorado's bustling economy and an influx of newcomers seeking cheaper housing outside the Denver Metro area.

In spring and early summer, the city's average monthly rate - not including utilities - was $986 for a one-bedroom apartment and $1,523 for a three-bedroom unit.

But the VA's vouchers are capped. For someone here without an income, they are from $751 a month for a one-bedroom apartment and $1,355 a month for a three-bedroom unit. Importantly, while those rates can rise with a person's income, they must include the cost of utilities.

That's kept landlords and property owners away, acknowledged Laura Nelson, the apartment association's executive director.

The plight of veterans seeking housing is "truly sad," said Carmen Azzopardi, vice president of multifamily property services for Griffis/Blessing.

Her company was among a few touted by the association as being more open to accepting vouchers.

But Azzopardi said many landlords feel hamstrung by the program's red tape. Many also fear violating the Fair Housing Act by prioritizing veterans above others, and accepting them at reduced rates.

"How can we help, when it's almost like our hands are tied on being able to help?" Azzopardi said.

Elisha Harig-Blaine, principal housing associate of the National League of Cities, disputed that notion.

"I can definitely tell you - it does not violate fair housing," Harig-Blaine said.

Homeless advocates also stressed a willingness to work with landlords and address any issues that arise, including landlords' concerns about renting to vets with felony convictions or past evictions.

The vouchers include a caseworker for each veteran who can help them find jobs, access health care and, if need be, find addiction treatment.

"We want to help you have success," said Erika Huelskamp, who coordinates the VA's local voucher program. "We are just a phone call away. We're here for you, just as much as that veteran."

Fifteen individuals and 13 families are searching for landlords willing to accept their Department of Veterans Affairs vouchers, said Huelskamp.

That's only a fraction of the homeless veterans in need of apartments here, and an even smaller portion of the city's overall homeless community.

People who haven't served in the military also face similar problems using different vouchers, nonprofit leaders say.

The pleas come as Colorado Springs tries to join the growing list of cities that have effectively ended homelessness among veterans.

The goal is to ensure no veterans are forced to live on the streets, and that their homelessness is brief, rare and nonrecurring.

A coalition led by Rocky Mountain Human Services almost succeeded in eliminating veteran homelessness in 2015 by creating an intensely-data driven program unlike anything ever seen in the Pikes Peak region.

Volunteers found people living on the streets. The nonprofit's employees helped them apply for VA benefits and seek housing.

But two main barriers - the city's severe lack of shelter space and affordable housing - kept the coalition from meeting its goal.

One impediment has since been eased.

The opening of Springs Rescue Mission's new shelter in November 2016 helped more people find beds indoors. The facility has routinely accommodated between 260 and 300 people a night.

But the other - a dearth of affordable housing - has only worsened.

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3.4 - Daily Press: Virginia lawmakers cite payment delays in veterans health program (12 October, Hugh Lessig, 863k online visitors/mo; Newport News, VA)

The Department of Veterans Affairs owes Virginia health care providers millions of dollars for services provided to veterans who sought treatment outside the VA system, says the state's congressional delegation, who want the VA to pay its bills.

At issue is Veterans Choice, a popular but controversial program that allows former service members to seek care in the community if they have to wait too long for an appointment or live too far from a Veterans' Affairs facility.

The 13-member Virginia delegation sent a letter to VA Secretary David Shulkin on Oct. 3 that states "the level of late payments is unacceptable" and adds, "We urge you to fix this problem and immediately develop a long-term solution aimed at ensuring that payments are made within 30 days of receiving an invoice."

Riverside Health Systems reported that 227 of 504 claims under Veterans Choice, totaling more than $2 million, have languished more than 120 days without payment, the letter states.

Mark Duncan, Riverside's director of government relations, said, "VA related claims have taken an average of 177 days to be paid, or 3.5 times longer than the average of all third-party payers."

In one case, Riverside was reimbursed 961 days — more than 2 ½ years — after a veteran's discharge. Duncan said.

Carilion Clinic, with facilities in Roanoke, Danville, Martinsville and elsewhere, has seen its money owed go from $28 million to $58 million over the past year, the letter states. Late payments also hit Wellmont Health System and Lewis-Gale Hospital in southwestern Virginia.

A single dental facility in Northern Virginia is owed $203,000.

"The situation has gotten so dire that a veteran who had used this facility to get VA-approved dentures ultimately had them withheld due to the Veteran Affairs medical center non-payment," the letter states.

Rep. Rob Wittman, R-Westmoreland, who released a copy of the letter with a news release, said the problem has been brewing across Virginia for months. Lawmakers and hospitals tried to resolve it without writing directly to Shulkin, but that now appears to be the only recourse, he said.

"The whole system needs to be looked at," Wittman said. "Payments and access and appointments, they're all related. It's about people not going through another layer of bureaucracy. This needs to be flattened and simplified so people can quickly get an appointment and providers and quickly be paid."

The letter points out that health care providers in Virginia "are now evaluating whether they can continue to provide services to veterans under the Choice program."

Peter Glagola, a spokesman for Riverside, said the system wants to serve veterans, calling it "an honored duty." But it also wants to be reimbursed in a timely manner. Since 2015 about 3,000 veterans have received care through Riverside via Veterans Choice.

"We want to come up with a solution," he said. "That's the key."

A related problem concerns duplicate payments to third-party providers, the subject of a September report from the VA Inspector General. The IG's office said it has identified tens of millions of dollars in overpayments across the program. The office is currently auditing Veterans Choice. The congressional letter said these problems could have been avoided through better training and communication.

VA hospitals have struggled to deal with the workload caused by Veterans Choice. In March, officials at Hampton VA Medical Center said they had more than doubled the staff to coordinate non-VA care. Veterans Choice also made the work more complex, they said, because it required coordination with a third party to refer patients outside the VA system, and that required a lot of back-and-forth communication.

VA officials in Washington had no comment Thursday on the congressional delegation letter.

In August 2017, President Donald Trump signed the VA Choice and Quality Employment Act of 2017 which authorized $2.1 billion in additional funds for Veterans Choice. VA officials said it reflected the agency's long-term commitment to the program, but the $2.1 billion was seen as a short-term solution.

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3.5 - KLTV (ABC-7, Video): Veteran says medications from VA repeatedly lost in the mail
(12 October, Sophia Constantine, 837k online visitors/mo; Tyler, TX)

An East Texas woman who is a military veteran of over fifteen years is struggling after her medications have been misplaced in the mail twice over the past six months.

Jill Morehouse receives mail order prescriptions from the VA once a month. Each time, a 240-count bottle of Vicodin. Over the past six months, she says two of those prescriptions never arrived.

The first time, she thought it was an honest mistake, lost somewhere at the post office. "But when the same thing happened twice, to the same medication…" she started to believe the medication was being stolen.

Morehouse says she filed a police report both times and contacted her postmaster at the United States Postal services, but says she was told there was nothing they could do.

We reached out to the USPS and Twana Barber, the Regional Communications Specialist provided us with a statement saying in part, “The Postal Service strives to provide exceptional service to our customers with every delivery, and the vast majority of mail reaches its destination on time, safely and securely. In extremely rare occasions, a package may fail to reach its destination or get damaged in processing. We certainly apologize to this customer for any inconvenience they may have experienced and we are committed to working with them until the matter is resolved to their satisfaction.

Following our story, the USPS has reached out to Morehouse to formally apologize.

According to Morehouse, the VA replaced her medication both times. She also tells us her packages have tracking numbers and require a signature upon arrival.

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3.6 - The Daily Reporter: **VA Clinic to stay in Spirit Lake** (12 October, Seth Boyes, 45k online visitors/mo; Spencer, IA)

SPIRIT LAKE — Anticipation had been building as to where the Sioux Falls Veterans Affairs Medical Center would place its new clinic. Several locations in the region were considered, but Director Darwin Goodspeed with the Sioux Falls VA Health Care System announced Thursday a new clinic will be built in Spirit Lake, near the intersection of Highway 9 and Royal Avenue, just west of the Great Lakes Mall. The announcement was part of the public meeting circuit Goodspeed conducts each quarter.

Ann Miller, Dickinson County Veterans Affairs director, said the new clinic will be under the umbrella of the Sioux Falls Medical Center, as the current clinic is, making Goodspeed the clinic's director. She said Goodspeed is director of several clinics in both Iowa and South Dakota.

Miller said both she and the clinic staff were unaware Spirit Lake had been chosen for the clinic until Goodspeed's announcement.

“I think it's very exciting,” Miller said. “The whole staff at the clinic, you could tell they're very excited about the new facility.”

The current clinic has effectively reached its capacity, according to Miller.

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3.7 - BeyondChron: **New VA Privatization Threat To Vets** (12 October, Suzanne Gordon, 39k online visitors/mo; San Francisco, CA)

On Thursday October 5th, the American Federation of Government Employees (AFGE) the union that represents federal employees, held a briefing on the threat to privatize the Veterans Health Administration (VHA), on Capitol Hill in Washington, D.C. Veterans, VHA caregivers, and policy analysts warned Congressional staff and the media on the cost to veterans if more and more VHA care was outsourced to the private sector.

Representatives Julia Brownley (D, CA-26), Mark Takano (D. CA-41) and Anthony Brown (D MD-04) spoke before the panel began, and pledged their support for the VHA and opposition to privatization. Senator Bernie Sanders was supposed to appear but was forced to cancel because of a conflict.

Joe Flynn, AFGE's Treasurer, introduced the panel and Jackie Maffucci, Research Director Iraq and Afghanistan Veterans of America, was its moderator. The first speaker was clinical psychologist Thomas Kirchberg, representing the Association of VA Psychologist Leaders (AVAPL). Kirchberg warned of current efforts to outsource the Compensation and Pension (Comp & Pen) exams that the VHA conducts when veterans make claims for eligibility for VA services, compensation for service connected problems, and pensions.

VA psychologists and medical staff– experts who understand the complex conditions and problems from which veterans suffer – have traditionally conducted these exams. Now, in the name of easing the backlog of claims at the chronically underfunded and understaffed VHA, they are being farmed out to for- profit firms who have little expertise in veterans' health problems and may not conduct comprehensive examinations of veterans.

In an impassioned plea, Kirchberg explained that, "When I sit with a Veteran who has never had the opportunity to tell his or her story he or she may break down and begin weeping, lost in the past, embarrassed, and wanting to get up and leave."

His own voice breaking as he spoke, he said, "I'm able to sit with them and help them so they can regain composure and then in an unhurried way either walk them to a clinic for a warm handoff to a mental health provider or talk with them knowledgeably about a referral. These comp and pen exams are often the first face of the VA for Veterans. The compensation and pension exam should not be a bureaucratic checklist. It's a critical encounter requiring deep knowledge and compassion."

Adrian Atizado, Deputy National Legislative Director for the Disabled American Veterans (DAV), also spoke to the group and raised their concerns about and opposition to privatization. Kathleen Pachomski, President of AFGE Local 3930, and a Registered Nurse at the Memphis VA Medical Center, spoke eloquently about her commitment to deliver high quality care to veterans. Pachomski is also a veteran herself and receives care at the VHA. "I would not get care anywhere else," she stated.

Eric Young, AFGE Council of Prison Locals President, spoke not only as a federal employee opposed to privatization and the denial of due process rights to federal employees but as a Navy veteran.

" I joined the Army and served abroad during Operation Desert Storm…. Frankly, I wouldn't be sitting here today talking to all of you if it wasn't for the VA. Had it not been for the care I received after I got home I would be dead today and that's a fact!" he said.

"If you would have looked at me during that time, you'd have never known how sick I was," he continued. "To the outside world I looked like a young, healthy soldier returning home, but inside my body was tearing itself up. My blood pressure was sky high, almost at stroke level, and my kidneys were failing.

"Even though I couldn't understand why this was happening to me, my VA primary care team made sure I was taking the steps I needed to recover. My nurse practitioner literally mothered me through my recovery. She made sure that I went to my appointments and took my medicine. And when I didn't she chewed me out. The relationship that I developed with my VA healthcare team was more than transactional. It was personal. They didn't just provide care – they actually cared."

Finally I spoke about the salami strategy of privatization that I have described in a document entitled Ten Ways to Privatize and Kill the VHA. I concluded my remarks by holding up a bumper sticker produced by the San Francisco based group Fighting for Veterans Health Care (FFVHC).

The bumper sticker asks the public to join to "Save Our VA" "I am not a veteran, " I told the group. "But I consider the VHA my VA as well as veterans'. I pay for it as a taxpayer. I benefit from its research, teaching and models of clinical care. It is my VA, Our VA, even if we are not veterans. Congress," Please, Save Our VA."

The panelists supported Bernie Sanders "Strengthening Veterans Health Care Act of 2017 would allocate $5 billion to the VA to hire more doctors, nurses and other medical professionals to fill these vacancies and ensure that veterans continue to get the best care in a timely manner."

They also supported a bill put forward by Representative Anthony Brown. — The VA Staffing and Vacancies Transparency Act of 2017 would require the Secretary of the U.S. Department of Veterans Affairs (VA) to post the number of job vacancies at the VA and report to Congress on what steps the Department is taking to reach full staffing capacity.

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3.8 - The Laughlin Nevada Times: VA clinic expands services (12 October, Jennifer Denevan, 300 online visitors/mo; Bullhead City, AZ)

The MCPO Jesse Dean VA Clinic is getting some help in providing services to local veterans. The clinic will be expanding services via telemedicine to help ensure veterans are getting the care they need. Some services were recently expanded and more times offered and more services are coming at the end of the year. The big difference comes in expanding the number of slots available for care to be given.

Dr. Monica Rawlinson-Maynor said the clinic will be offering more services for primary care through the telehealth program beginning Oct. 23. The clinic will have three providers that will provide for primary care via telehealth, she continued.

The clinic currently offers services such as teleaudiology, telemental health and telepain, she said. There will be more services coming in soon and an expansion of how often services are offered will soon be available.

She said the clinic currently offers laboratory services, immunizations and do simple procedures such a toenail care and ear care. If patients need help with their glucometer they can get that at the clinic, she added.

Rawlinson-Maynor said staff is aware of the difficulty for veterans to get care due to distance when it comes to having to drive to Las Vegas. This will account for increased access to care to veterans for specialty care, she continued.

Dr. Lowryanne Vick, a nurse practitioner who focuses on telehealth, said starting Oct. 23 there will be more slots available per day and more days per week. The telecardiology should be available starting in December and the telemental health will also be available by December if not sooner, she added.

Some of the services already available at the clinic include teleretinal and it provides eye exams for patients with diabetes. There is teledermatology and that allows for a patient to get care in relation to any skin issues and there is psychiatry and psychology through telehealth, Vick said.

The clinic has a telepain clinic which is run by a pain specialist, Vick said. There is telekinesiology, or TK, and that helps veterans who are in need of assistive devices such as a cane or walker. An evaluation can be done at the local clinic and the device is ordered and sent to the Laughlin clinic. That recently started, she added.

Teleaudiology, as mentioned by Rawlinson-Maynor, can’t do screenings as of yet, but patients who’ve already been screened can still get help such as receiving hearing aids, Vick said. Adjustments can also be performed.

Vick said there is the teleVCamp and that helps patients with cognitive and memory impairment. Those are in place and in the near future, there will be telecardiology and will enhance the mental health services, she continued.

There is a program call VA Video Connect and that program allows patients can access healthcare services from home or out in the community and they use either a smart phone, tablet or desktop computer and the Internet to do a video conference with a provider, Vick said. That can be a challenge with patients who don’t have those devices but they can come to the clinic for that care, she added.

Telemedicine is definitely different, but there are strategies the provider can use to help make the visit more personal, Vick said. Little strategies such as how they position themselves in front of the camera and there is a nurse with the patient to help with the personal touch as needed, she continued.

Rawlinson-Maynor said it helps patients to be paired up with a consistent provider, which they will be at the Jesse Dean Clinic. The more patients interact with their provider via telehealth, the more comfortable they will become, she continued.

The schedule is teleretinal is available at 9 a.m., 10 a.m. and 1 p.m. Thursdays and at 1 p.m. Fridays. Teledermatology is available on Mondays at 8 and 8:30 a.m. and Thursdays at 3:30 p.m.

Telepsychiatry is available Tuesdays and Thursdays from 8 a.m. to 2 p.m. Telepain is offered on Wednesdays from 8 a.m. to noon.

Telekinesiotherapy is on Tuesdays from 8 a.m. to noon. The V Camp is on Tuesdays at 9 a.m. and Fridays at 1:30 p.m.

Telepsychology is offered on Tuesdays at 2 and 3 p.m. and on Thursdays from 8 a.m. to noon. Teleaudiology is offered on Mondays from 1 to 4 p.m.

Teleprimary care will be all day Monday, Tuesday and Friday starting Oct. 23. There isn't a set start date for telecardiology but it's anticipated it will be offered on Fridays for half a day.

Vick said the big thing is to expand and offer more times to help provide care because the population is steadily growing in the area.

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3.9 - Northeastern Public Radio: Young Meets With VA Officials To Discuss Veteran Wait Times (12 October, Jill Sheridan, 900 online visitors/day; Fort Wayne, IN)

U.S. Sen. Todd Young (R-Ind.) met with federal Veterans Administration officials to discuss the long waits many veterans face to have claims processed, and says he wants to work directly with the office to make significant changes.

Young says the amount of time veterans have to wait for a claim to be processed is around two years and appeals take even longer.

"One veteran that we discussed today has been on appeal for almost 10 years," he says.

After sitting down with regional VA leaders Thursday, he says that case has finally been resolved but that it shouldn't take a lawmaker's intervention to help get a claim processed. Young says a new federal law may help.

"There is new legislation in place to help these government employees better serve our veterans, that legislation will finally be implemented early next year," Young says.

Young says the problems stem from personnel issues and outdated management processes.

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4. Women Veterans

4.1 - ABC News: Women vets pose for pin-up calendar to raise money for fellow vets' health care (12 October, Joi-Marie McKenzie, 24.1M online visitors/mo; New York, NY)

Nearly two dozen female veterans traded in their uniforms for sky-high heels in an effort to cheer up their fellow veterans -- and more importantly, raise money to provide financial assistance for veterans' health care needs.

Twenty-one veterans, serving a total of 145 years in all branches of the military, posed for Pin-Up for Vets 2018 calendar. The 1940s-style calendar features a weapons' instructor, a surgery technician, an intelligence officer and a military vehicle operator, among others.

The calendar, which serves as a fundraiser to help veterans' hospitals and health care programs, was started in 2006 by Gina Elise. Her grandfather served in World War II.

"At the time, there were many stories in the news about our troops coming back from Iraq, needing medical care that I felt so strongly that I wanted to do something to support our troops and veterans," she told ABC News.

Elise, 35, was inspired to create a pin-up style calendar because "pin-ups were really a symbol of hope to support troops and veterans."

Jennifer Marshall, who served in the Navy for five years, is part of the 2018 calendar.

"It was wonderful," Marshall said of the photo shoot, held on Hofer Ranch in Ontario, California, over three days last summer.

The veteran said the shoot was made even more special because she could bond with fellow service women.

She continued, "And speaking for the other ladies, everyone has expressed how much it means to them to recapture our femininity, give back to the community and have that long-lasting friendship with other veterans."

Since 2006, the calendars have raised nearly $60,000 for veteran hospitals to purchase new equipment as well as provide financial assistance for veterans. It's also help fund the non-profit organizations' "50-State VA Hospital Tour," where they hand-deliver many of the calendars to vets.

"Some of these veteran patients are in the hospital for weeks and months and they won't have any visitors," Elise said of why she began visiting hospitals. "It's essential to let our nation's heroes know how much we value them."

“”I feel it is my duty ... my responsibility to extend a helping hand to my fellow veteran. "Undoubtedly, there are a lot of people living in this world who are in need of care, time, and attention," United States Marine Corps veteran Tess Rutherford, who is featured in the 2018 calendar, said in a statement. "But for me, I feel it is my duty ... my responsibility to extend a helping hand to my fellow veteran."

Marshall, who is now an actress living in Los Angeles, agreed. She was initially hesitant to be part of the calendar, but after being involved in Pin-Up for Vets since 2015, she is now one of the organization's most active volunteers, visiting a veterans hospital every six weeks.

"Because they mean so much," she explained. "The visits that break my heart are when veterans tell us that we are their first visitor. That is so upsetting to me. It kind of reminds us why these non-profits that go into hospitals ... are so important."

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5. Appeals Modernization

6. Strategic Partnerships

6.1 - Lake County News-Sun: Durbin: Lovell Center ideal 'test case' for sharing health records between VA, active-duty personnel (12 October, Yadira Sanchez Olson, 41k online visitors/mo; Chicago, IL)

U.S. Sen. Dick Durbin met with physicians of the Captain James A. Lovell Federal Health Care Center Thursday to hear what challenges they face while caring for the nearly 67,000 veterans and active-duty military men and women, along with the families of active-duty personnel.

Although his visit to the North Chicago facility was brief, physicians quickly conveyed to Durbin the need for the facility to streamline its technology systems, in order to more efficiently share information between the Department of Defense and the Department of Veterans Affairs.

Durbin, D-Ill., spoke with administrators and a handful of doctors from a variety of departments that included geriatrics, pediatrics, radiology, family medicine, mental health and primary care. They all agreed that communication between the two departments' technology systems takes up time and presents hiccups in things like billing.

In June, U.S. Secretary of Veterans Affairs David J. Shulkin announced that to improve patient safety and care, the VA would be adopting the same Electronic Health Records (EHR) system as the Department of Defense.

On Thursday, Lovell staff asked Durbin to help make the facility the first to make the changeover, hopefully resulting in all patient data residing in one common system to enable seamless care between the departments, officials said.

Physicians told Durbin Lovell would be the perfect test tube to try the new integration, because it is a first-of-its-kind health care center that combines the two departments and integrates medical care.

During Durbin's visit, administration and staff praised the unique facility for its quality care, which they said attracts patients from across the nation with its reputation. But they were forthcoming with its hurdles, too, which they described as mainly centering on technology.

Durbin told them he sympathizes. "The federal government is way too slow at evolving on every level of technology," he said.

At the roundtable discussion Thursday, Lt. Cmdr. Eric Shafer, a Navy cardiologist, expressed his frustration with the current systems, saying his daily work often has him navigating through six different electronic health record systems to get his patient information.

After listening to the doctors, Durbin asked how he could help.

"Let us be your Petri dish," said Navy surgeon Capt. Paul Roach. "It has to be the same system to get standardization across the board from recruit to veteran."

Durbin also toured some parts of the facility Thursday, and before he left he assured the staff that their frustration with the technology was of high priority.

"I'm going to push to make Lovell the test case, because it really does bring under one roof the two different agencies," Durbin said, adding that it will not happen overnight and will be a unique challenge to get right.

Lovell spokesperson Julie Ewart said when the health care center was established, each department had invested in distinct and separate health-record systems. Further, Lovell was originally created as a five-year demonstration project, which did not support adoption of one department's electronic system over the other.

"Instead, several measures were implemented that allow the two EHR systems to 'talk' to each other, enabling Lovell to be a functional medical center without fully resolving the issues associated with operating two EHR systems," Ewart said. "We look forward to the possibility of a new single EHR that will be seamlessly integrated across the VA and the (Department of Defense)."

Other issues brought up at the discussion was more training on policy and procedure for those coming in from different areas in either the VA or DoD.

Yadira Sanchez Olson is a freelance reporter for the News-Sun.

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7. Supply Chain Modernization

7.1 - Stars and Stripes: BRAC for VA: Lawmakers search for ways to reduce the number of VA facilities (12 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

WASHINGTON — The House Committee on Veterans' Affairs on Thursday initiated what could be a long and politically arduous process to get rid of aging and underused Department of Veterans Affairs facilities nationwide.

Committee Chairman Rep. Phil Roe, R-Tenn., and Rep. Tim Walz, D-Minn., the ranking Democrat, presented a draft bill that would create an 11-member, paid commission to recommend which facilities to close and where the VA should invest. While major veterans service organizations applauded efforts to "right-size" the VA, they opposed the commission-style process, comparing it to the Defense Department's unpopular Base Realignment and Closure program.

There are also concerns that divesting facilities could create gaps in access to VA medical care, causing the department to send more veterans into the private sector.

Roe conceded the proposal, called the Asset Infrastructure Review Act – or AIR – would take "a significant amount of political courage." The bill is still in its early stages, he said, and would likely change.

"It is an understatement to say the deck is stacked against the AIR Act," Roe said. "This bill is bold, transformative and controversial. That said, veterans, VSOs and VA employees, and taxpayers alike, deserve more from each of us and to recognize how serious the problem before us is. If there's any committee in Washington, D.C., that has the political courage to do what is necessary, it's this one."

VA Secretary David Shulkin said during a "State of the VA" address in May that dealing with bad infrastructure is one of his top priorities. About 57 percent of the thousands of VA facilities nationwide are more than 50 years old.

The VA is in the process of disposing of or finding another use for 430 vacant or nearly vacant buildings. The department is also reviewing another 784 buildings that are still in use. Regan Crump, a VA assistant deputy undersecretary for health, said Thursday that process would take about 18 months.

Crump said the VA wasn't certain there was a need for a commission like what's proposed in the AIR Act but that the agency would need "legislative flexibility" to support its infrastructure review.

The idea to divest VA facilities isn't new. It's been proposed by veterans service organization, the Government Accountability Office and the Commission on Care, which was established under former President Barack Obama to broadly examine the future of VA health care.

"We would recognize this as a necessary evil," said Carl Blake, associate executive editor of Paralyzed Veterans of America. "I don't know anyone who was involved in BRAC who didn't think BRAC was in some form evil, and yet it's probably a necessary process. We don't oppose what you're trying to do, but we don't believe a commission is the right way forward."

Nearly everyone involved in the hearing stated the importance of involving local veterans when a VA facility is recommended for closure. The draft bill calls for public field hearings.

The bill also requires Shulkin to publish in the Federal Register by Jan. 15 the criteria to be used in choosing which facilities to close, modernize or realign. Veterans advocates warned against the speedy deadline.

Louis Celli, a director with the American Legion, called Thursday's discussion a first step to "get the conversation started." Like other organizations, the Legion is against the idea of a commission, which Celli said could be susceptible to corruption.

Walz said Democrats and Republicans on the committee would be working together on the proposal.

“We are working side by side in this, but it’s a journey – and it’s a tough one,” he said. “There’s probably not any more difficult thing in the realm of veterans and veterans’ issues than this topic. We have to get this right.”

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7.2 - Government Executive: Lawmakers Debate Bringing BRAC to VA Health Care Facilities (12 October, Eric Katz, 852k online visitors/mo; Washington, DC)

House lawmakers are pushing for the Veterans Affairs Department to go through a process to close down or realign underutilized medical facilities, similar to the Base Realignment and Closure process at the Defense Department.

The measure would require the VA secretary to assess the department’s current capacity to provide health care in each of its networks and ultimately recommend facilities to close, modernize or realign. The secretary would by November 2018 pass those suggestions along to a presidentially-appointed, Senate-confirmed commission. That panel would submit its recommendations on to the president the following year, who would then have have two weeks to approve of the plan in full, in part or reject it altogether. Congress would then have 45 days to vote down the plan or it would automatically go into effect.

The VA secretary would first have to post guidance on the Federal Register for the metrics by which he would determine whether facilities were underutilized. The secretary must consider whether a site is meeting VA standards, the cost savings from a closure, when those savings would occur, if it would harm VA’s ability to carry out its mission, and input from local stakeholders. The Asset and Infrastructure Review Commission would have 11 members, with each party in Congress suggesting four and the president choosing the rest. The members would have to reach certain qualifications, such as one with experience managing a large, private sector health care system and another with experience in capital asset management in the federal government.

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If the president and Congress allowed the commission's recommendations to move forward, then VA would have three years to implement or begin planning for the closures and modernizations. The bill would require the department to provide “outplacement assistance” to all employees at facilities slated for closure.

At a House Veterans' Affairs Committee hearing Thursday, lawmakers acknowledged the political difficulty in moving the Asset and Infrastructure Review (AIR) Act forward.

“The deck is stacked against the AIR Act,” said Rep. Phil Roe, R-Tenn., who chairs the committee and authored the draft legislation. “This bill is bold, transformative and controversial. Moving forward will require a significant amount of political courage and let’s face it, members are not known specifically for that.”

Democrats on the panel acknowledged Congress must do something to address VA’s excess and misaligned medical facilities, but expressed some reservations about applying a BRAC process to VA. Rep. Tim Walz, D-Minn, the committee’s ranking Democrat, called it a “top

priority" to give VA more authority to assess and ultimately realign department resources. He was concerned about the emphasis on cost savings, an overly ambitious timeline and the power entrusted to the president. Many of the 1,400 buildings VA has already identified for closure are vacant—fewer than 20 currently provide medical services to veterans, Walz said—meaning the low-hanging fruit will not deliver much in the way of savings.

Veterans service organizations at the hearings voiced similar apprehensions while supporting the larger goal. Any savings, they said, should be reinvested back into the VA system.

"We do not believe the BRAC-like model is the most appropriate way to address capital asset needs," said Joy Ilem, national legislative director for Disabled American Veterans. She said DAV supports making VA "more nimble," but added Congress should not move forward with an asset closure plan before first determining the future of the Veterans Choice Program and the role of private care in the department's health care delivery. She added VA should not close any facility before it opens an alternative building or it establishes a private facility partnership.

Roe said the committee will take up legislation addressing the future of the choice program, which gives veterans struggling to receive care or living more than 40 miles from the closest VA facility, access to private care on the VA's dime, in three weeks. The pairing of the AIR Act to the new choice bill will enable the committee to identify savings while injecting new VA spending on health care.

Regan Crump, VA's assistant deputy under secretary for health for policy and planning, said VA is currently assessing its current and future needs for veterans. Achieving its goals, he said, may require "significant capital investments" to accompany the closures of underused facilities.

While some disagreements persist, Walz pledged to work with his Republican counterparts to advance some form of the legislation.

"We are working side by side in this, but it's a journey," Walz said, later emphasizing the pressing-nature of the issue. "Time is not on our side. This is one of those things that must be dealt with, it cannot be kicked the can down the road. But among that, it must be done right. We're not going to get another bite at this thing."

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8. Other

8.1 - Stars and Stripes: Lawmakers consider pushing VA to sell Pershing Hall, its 5-star Paris hotel (12 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

WASHINGTON — There's an effort underway in Congress to have the Department of Veterans Affairs sell an 18th century building it owns in Paris that's leased as a five-star boutique hotel and spa.

Members of the House Committee on Veterans' Affairs voiced support Thursday for a bill authorizing the sale of Pershing Hall, which was established as a World War I memorial by the American Legion in 1928 and transferred to the VA in 1991. The Legion is asking the property remain under ownership of the federal government for posterity.

“While Pershing Hall is probably a terrific hotel, it makes no sense that the VA keeps a luxury hotel in Paris on its books,” said Rep. Mike Coffman, R-Colo. “The VA needs to focus its time and resources on its core mission: taking care of our nation’s veterans.”

Coffman introduced the legislation, HR 2773, authorizing VA Secretary David Shulkin to sell the property on the condition that whoever buys it agrees to preserve its architecture. The money from the sale and any historical memorabilia inside would be given to the American Battle Monuments Commission, which is responsible for maintaining American military cemeteries, monuments and memorials.

Louis Celli, a director of the American Legion who testified Thursday, said the property has “deeply personal meaning” to the organization.

Above the building’s entrance is the Legion’s wreath and star emblem, in stone and iron. At one time, it was full of fine art, furnishings, plaques and other memorabilia with some tie to WWI. After the VA took over the building, the items were placed in multiple storage areas in the United States and France.

The American Legion got its start in Paris in 1919, created by members of the American Expeditionary Force in WWI. The Legion purchased the property, which had been a townhouse, to recognize the American Expeditionary Forces and Gen. John Pershing and maintain the Legion’s presence in Paris.

Since management was transferred to the VA, the Legion has been disappointed with what’s happened with the building, Celli said.

The group thought it would remain a memorial and space for U.S. veterans in Paris to go for VA aid. Instead, the VA signed a 99-year lease in 1998 with a private French firm that operates the hotel and spa.

Coffman criticized the lease, calling it a bad deal that significantly decreases the property’s market value. Without the lease, the appraised value is about $82 million, according to the Legion. If the building is sold and the new owner is required to honor the lease, its value could drop to about $8 million.

The Legion asked that the property be kept under federal control until the lease is complete in 2097.

“We are displeased as to how VA decided to use the building but also understand that America, its people, and the need for memorials and VA assistance will be around in 99 years once the lease is terminated,” Celli said. “Selling this in a fire sale is the wrong thing to do.”

But Republicans and Democrats on the House committee said the VA “should not be in the business of managing hotels.”

Rep. Phil Roe, R-Tenn., chairman of the House committee, said he was uncertain what to do and needed to think about the issue.

“I think we need to be sensitive and aware of that history,” he said.

Coffman previously attempted to have the VA sell Pershing Hall in 2015 to help pay for cost overruns at the under-construction VA hospital in Aurora, Colo., but the legislation stalled.

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From: [redacted]
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(fydibohf23spdlt)/cn=recipients/cn=vaallusersd03>
Cc:
Bcc:
Subject: VA Stories of Note: September 23 – September 29, 2017
Date: Fri Sep 29 2017 15:46:25 CDT
Attachments:

A MESSAGE FROM THE OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS

Stories of Note: September 23 - September 29

Military Times, Sept. 29: Amid Cabinet controversies, VA promises to post secretary's travel details online In response to the growing scandal of Cabinet officials using pricey private aircraft for business trips, Veterans Affairs officials announced Friday they will post details of all official travel by department Secretary David Shulkin online to provide transparency about his travels. “Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that,” Shulkin said in a statement.

The Washington Times, Sept. 27: Shulkin: VA will address high suicide rates in veteran population While suicide rates rise across the general U.S. population, they are increasingly rising faster in the veteran population, Veteran Affairs Secretary David Shulkin said Wednesday morning, speaking to a conference audience ahead of a Senate hearing to address preventive measures of suicide. Over 42,000 people committed suicide in 2014, and of those, at least 20 suicides a day were veterans, according to the most recent data from the Centers for Disease Control and Prevention.

WITF (PBS-33) (Harrisburg, Pa.), Sept. 22: VA Secretary visits midstate, promoting efforts to modernize system for veterans Veterans Affairs Secretary David Shulkin participated in a panel discussion in Mechanicsburg Friday, stressing the agency's commitment to improve care for veterans. The VA has been mired in controversy since reports emerged in 2014 of patients dying while awaiting appointments and of coverups at the Phoenix VA center.

NPR (Audio), Sept. 27: VA Studying Suicide Prevention In Veterans Suicide among veterans is 22 percent higher than for civilians of the same age, and broken out by gender, the rate is a startling 2.5 times higher for women. That's according to the latest Department of Veterans Affairs data released this month. Now, the military used to have lower rates of suicide, but as that changed about a decade ago, the VA and the Pentagon started pouring resources into studying this problem.

MedicalXpress (Raleigh, N.C.), Sept. 27: VA models provide guidance for care of hepatitis C infection The U.S. Department of Veterans Affairs (VA) has developed models of care that can be used to reduce the overall burden of hepatitis C virus (HCV) infection, according to a study published online Sept. 25 in the Annals of Internal Medicine. Pamela S. Belperio, Pharm.D., from the VA Palo Alto Health Care System in California, and colleagues discussed best practices for HCV care…

The Washington Post, Sept. 27: Agency warns that questionable refinancings may be costing veterans big money Federal officials plan to crack down on what they view as predatory lending schemes - reminiscent of the toxic practices seen during the housing boom - targeted at thousands of veterans

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nationwide who have VA home loans. The abuses involve serial refinancings that generate hefty fees for lenders and loan brokers but leave borrowers in worse financial shape than they were before the transaction.

Mississippi Today (Ridgeland, Miss.), Sept. 27: Mississippi hospitals take in evacuees from Puerto Rico, U.S. Virgin Islands Eight hospital patients receiving medical care in Puerto Rico and the U.S. Virgin Islands have been evacuated to Mississippi hospitals after Hurricane Maria has left many of Puerto Rico's medical services hospitals in critical condition. The G.V. “Sonny” Montgomery VA Medical Center announced Wednesday that the patients have arrived via the Allen C. Thompson Air National Guard Base Field and are being assisted by staff from the Mississippi State Department of Health…

WXIN (FOX-59, Video) (Indianapolis, Ind.), Sept. 26: Howard County starting court to help keep veterans out of jail Veterans facing criminal charges could soon avoid jail time thanks to a new program. The county is setting up a veterans court, aimed to give military men and women a chance to seek treatment, rather than spend time behind bars. Howard County Judge, Brandt Parry said the new program is a problem-solving court, much like the county's drug and mental health court. Both programs have helped veterans in the past.

KRGV (ABC-5, Video) (Weslaco, Texas), Sept. 27: Housing Program Aims to Assist Homeless Veterans The Housing Urban Development and Veteran Affairs Supportive Housing is a program designed to help homeless veterans find a permanent living situation. The program allocates more than 78,000 vouchers to veterans across the U.S. every year to help veterans with their monthly rent. One Rio Grande Valley veteran finds himself with a roof over his head tonight through the HUD-VASH program. Juan Lopez lost his house and eight pets to a fire.

CMT (Video) (Nashville, Tenn.): Dallas Cowboys Cheerleaders: Making The Team Dallas Cowboys Cheerleaders (DCC) come to Dallas VA every year to visit patients during National Salute Week.

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From: [redacted]

Cc:

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Subject: [EXTERNAL] 10 October Veterans Affairs Media Summary and News Clips

Date: Tue Oct 10 2017 04:15:32 CDT

Attachments: 171010_Veterans Affairs Media Summary and News Clips.docx
171010_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Owner:	[redacted]>
Filename:	171010_Veterans Affairs Media Summary and News Clips.docx
Last Modified:	Tue Oct 10 04:15:32 CDT 2017

Veterans Affairs Media Summary and News Clips

10 October 2017

1. Top Stories

1.1 - The Washington Post (Wonkblog): Why so many veterans go hungry — and VA's new plan to fix it (9 October, Caitlin Dewey, 43.9M online visitors/mo; Washington, DC)
Now, in a first-of-its-kind program, the Department of Veterans Affairs will screen all vets who visit its health-care facilities for hunger, asking them whether they've struggled to afford food in the past three months. That's welcome news to Stegall and other advocates, who say vets are especially hard to reach because they're often unwilling to seek help.

Hyperlink to Above

1.2 - U.S. News & World Report (AP): Delegation Calls for Improved Care for Women at VA Hospital (9 October, 24M online visitors/mo; Washington, DC)
New Hampshire's congressional delegation is calling for improved facilities for women who receive care at the only veterans' hospital in the state. The Democratic delegation says the current women's health clinic on the sixth floor of the Manchester VA Medical Center was damaged during a flood in July. They want to make sure women receive care in an appropriate setting during the rebuilding period.

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Feds Providing up to $2.7M to Renovate Maine Veterans Home (9 October, 24M online visitors/mo; Washington, DC)
Maine's U.S. senators say the state is going to benefit from up to $2.7 million for a renovation and expansion project at the Maine Veterans' Home facility in Bangor. Republican Sen. Susan Collins and independent Sen. Angus King say the funding is coming from the federal Department of Veterans Affairs' State Home Construction Grant Program. The renovations at the Bangor facility are underway.

Hyperlink to Above

1.4 - Newsday: LI veterans groups worry about VA move to private care (8 October, Martin C. Evans, 3.2M online visitors/mo; New York, NY)
As policymakers in Washington weigh how the Department of Veterans Affairs provides health care for those who have served the nation, advocates on Long Island are seeking assurances that an accelerating shift of some medical functions to the private sector will not deprive the region's only VA hospital in Northport of precious dollars.

Hyperlink to Above

1.5 - Military Times: Senators want more oversight of VA budgets, spending (9 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Tired of emergency funding requests from Veterans Affairs officials, a bipartisan group of senators is pushing new legislation mandating new outside oversight of the department to spur better budgeting practices. "Over the past several months, we've seen the VA lurch from funding crisis to funding crisis because of its inability to effectively manage its budget," said Sen. John McCain, R-Ariz. and one of the proposal's sponsors.

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1.6 - WXIA (NBC-11, Video): Army vet finally gets help after V.A. delays life-saving chemo treatment (9 October, Andy Pierrotti, 1.5M online visitors/mo; Atlanta, GA)
When George Geiger served in Vietnam, gunfire shot down his helicopter six times. He was wounded twice. Forty-nine years later, the 71-year-old Purple Heart recipient is fighting to survive throat cancer and the bureaucracy of the Veteran Health Administration to get appropriate treatment. This past summer, doctors at the Atlanta VA hospital broke the bad news.

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2. Veteran and Employee Experience

2.1 - The Washington Post (The Fed Page): Traveling in style: Trump's White House wrestles with Cabinet costs (8 October, Drew Harwell, Lisa Rein and Jack Gillum, 43.9M online visitors/mo; Washington, DC)
Travel by Trump and the Cabinet has highlighted tensions among agencies and the White House over contradictory federal spending messages from Republican leaders. After The Post reported that Shulkin, an Obama administration holdover, mixed business and pleasure during a July outing to Denmark and England with his wife and three agency officials, administration officials familiar with White House thinking said they had warned Shulkin's staff about paying for such a large delegation.

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2.2 - Providence Journal: Veterans Journal: Differing opinions on VA Secretary Shulkin's travel transparency (8 October, George W. Reilly, 1.2M online visitors/mo; Providence, RI)
VA Secretary Shulkin and a group of six people, including his wife, traveled to London and Denmark in July, where Shulkin met with British and Danish officials to discuss veterans' health issues, according to an itinerary of the trip obtained by The Washington Post. The VA secretary traveled in coach on a commercial flight during at least one part of the trip.

Hyperlink to Above

2.3 - Dayton Daily News: Ohio's Hospice hires top leader leaving Dayton VA Medical Center (9 October, Kaitlin Schroeder, 1.1M online visitors/mo; Dayton, OH)
The outgoing chief executive at the Dayton VA Medical Center will be moving on to a leadership position with Ohio's Hospice. CEO Glenn Costie, who is retiring at the end of October from the VA, will be the new chief of veteran services at Ohio's Hospice, according to the nonprofit. "Glenn Costie's proven leadership of Veteran care will be a great asset to Ohio's Hospice mission and care," Ohio's Hospice President and CEO Kent Anderson said in a statement.

Hyperlink to Above

2.4 - Arkansas Democrat-Gazette: New Arkansas clinic staffed by VA; facility joins shift away from contractor-run services for vets (9 October, Hunter Field, 871k online visitors/mo; Little Rock, AR)
The Central Arkansas Veterans Healthcare System has opened a new outpatient clinic in Mena, staffed entirely with U.S. Department of Veterans Affairs personnel. One of 16 community-based outpatient clinics in the state, the new Mena clinic is the most recent in the state to shift away

from the contractor-run format to strictly VA staff. The Pine Bluff clinic will be the next to make the change, a Little Rock VA spokesman said last week.

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2.5 - WFED (AM-1500): DHS, GPO get 'new' IT executives; VA losing long-time acquisition leader (9 October, Jason Miller, 831k online visitors/mo; Washington, DC)
It's not all promotions and job changes. Two agencies are looking for new executives. Greg Giddens, the Veterans Affairs Department's acting director of the Office of Enterprise Integration, is retiring at the end of November. In an email to staff obtained by Federal News Radio, Giddens said he announced his decision a little earlier than normal in order to give VA time to begin the process to fill his former role…

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2.6 - WFED (AM-1500, Audio): TIGTA: IRS didn't just target conservative groups (9 October, Eric White, 831k online visitors/mo; Washington, DC)
Sen. Bernie Sanders (I-Vt.) wants to give $5 billion to the Veterans Affairs Department to fill almost 50,000 vacant positions and to continue minor construction projects at VA facilities. The American Federation of Government Employees said it prefers this bill to others, which would permanently change the Veterans Choice Program. AFGE said Congress should focus on changes it can make to improve VA, not shift more veterans-related services to the private sector.

Hyperlink to Above

2.7 - Becker's Hospital Review: VA's acting undersecretary for health steps down (9 October, Anuja Vaidya, 441k online visitors/mo; Glencoe, IL)
Poonam Alaigh, MD, acting under secretary of health at U.S. Department of Veterans Affairs, left her role Oct. 7, according to a Military.com report. Dr. Alaigh has served in the role since May. She told VA employees that she was "resigning for family reasons," according to the report.

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2.8 - KSFY (ABC-13, Video): Pin-Ups for Vets volunteers will visit Sioux Falls VA hospital (9 October, Bridget Bennett, 157k online visitors/mo; Sioux Falls, SD)
Volunteers from the non-profit organization Pin-Ups for Vets will visit the Sioux Falls VA Hospital Tuesday after a long week of online debate. Last week the Sioux Falls VA sent the group a letter denying their visit, but after the letter was posted online, a social media storm followed largely filled with support for the volunteer organization.

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2.9 - Beaufort Gazette: Veterans: This card (coming soon?) from the VA can help you get business discounts (9 October, Wade Livingston, 66k online visitors/mo; Bluffton, SC)
It took a couple of years, but it appears the U.S. Department of Veterans Affairs will soon start issuing veterans ID cards so those who've served can prove they've done so, and take advantage of promotions and discounts. Beginning sometime in November, the cards will be available to all honorably discharged veterans who apply through the VA's website, Military.com reported.

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2.10 - KRXI (FOX-11, Video): Nevada Department of Veteran Services to receive $46,000 federal grant for sports program (9 October, Sanaz Tahernia, 65k online visitors/mo; Reno, NV)
The U.S. Department of Veterans Affairs approved a $46,000 federal grant request by the Nevada Department of Veterans Services that will go toward an "Adaptive Sports Program" to be implemented in the City of Reno, the City of Las Vegas and the Sky Tavern Ski Academy. These sports programs are community-based programs that provide therapeutic recreational services to allow disabled veterans and injured members of the military stay active and involved in their communities.

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2.11 - Reveal: Fifth senator slams Trump administration over blanket ethics waiver on for-profit college payments (9 October, Aaron Glantz, 39k online visitors/mo; Emeryville, CA)
U.S. Sen. Tom Carper of Delaware has become the fifth Democratic lawmaker to demand the Trump administration scrap its plan to waive a 50-year-old anti-corruption law that prevents officials who administer the GI Bill from accepting money from for-profit schools backed by taxpayer subsidies. In a letter sent Friday to Secretary of Veterans Affairs David Shulkin, Carper called the administration's plan to allow all VA employees to accept money from for-profit colleges "legally dubious."

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2.12 - CBS News Radio (ConnectingVets.com): 9 tips to save you time at the VA (9 October, Jonathan Kaupanger, 23k online visitors/mo; New York, NY)
Wait times at Veterans Affairs medical centers continue to be an issue. Here are a few tips to help save you time and energy as you manage your way through the VA. Schedule your appointment first thing in the morning or right after lunch. Many doctors, outside of the VA, are bound by quotas and have to see as many patients as possible. VA doctors focus on quality instead of quantity. Because of this, they tend to run over scheduled times. Making an appointment for either first thing in the morning all but guarantees that you'll be seen on time.

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3. Access to Healthcare

3.1 - New York Daily News: Lincoln Hospital patient paralyzed after ER blunder leaves him waiting two hours for treatment (9 October, Greg B. Smith, 26M online visitors/mo; New York, NY)
In the months after he became paralyzed, he said, he "gave up" on everything, realizing he would never walk again. But recently, he's been working with doctors at the Bronx Veterans Affairs Medical Center on Kingsbridge Road to use a robotic device that allows him to walk with the aid of canes.

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3.2 - WVEC (ABC-13, Video): New VA outpatient clinic proposal on the table for Va. Beach City Council (9 October, Megan Shinn, 607k online visitors/mo; Norfolk, VA)
A Veteran's Outpatient Clinic may soon open in Virginia Beach. The city is set to discuss the clinic proposal during the city council meeting tomorrow. Congress authorized construction of the VA clinic, and the President has signed legislation and funding is available. However, choosing a location depends on finding a 155,000 square-foot facility and a developer to build it. The idea though has veterans like Joseph Brady excited.

Hyperlink to Above

3.3 - The Day: Veterans binge eating is serious problem (9 October, 438k online visitors/mo; New London, CT)
We at the VA have an urgent imperative to address suicide, PTSD, and opioid addiction among our veterans. The study of overweight and eating behavior in no way diminishes these initiatives. Being overweight is an American problem affecting 68 percent of the population, but an even greater veteran problem affecting close to 80 percent of those utilizing the VA Healthcare System.

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3.4 - News & Sentinel: Counsel: Clarksburg VA manipulated patient data (10 October, Jess Mancini, 187k online visitors/mo; Parkersburg, WV)
Patient data was intentionally manipulated at the Louis A. Johnson VA Medical Center in Clarksburg to artificially reduce reported wait times and the volume of patient visits, the U.S. Office of the Special Counsel said in a press release. A VA investigative report said a manager at the hospital over the last seven years attempted to influence nursing staff to place emergency patients in two unofficial clinics…

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3.5 - 5280 Magazine: Colorado Veterans Face Higher Suicide Rates - Veterans in the Western States die by suicide at significantly higher rates than the rest of the country, according to the Department of Veterans Affairs' latest data. (9 October, Lisa Wirthman, 138k online visitors/mo; Denver, CO)
Rural isolation, high gun ownership, and a sense of rugged individualism may contribute to higher rates of suicide among military veterans in Colorado and the Western States. The United States Department of Veterans Affairs (VA) first state-by-state report on veteran suicide, released in September, examines 35 years of data through 2014. The findings reinforce known patterns—but also offer new insights into who is at risk, including veterans over age 50 and female veterans.

Hyperlink to Above

3.6 - WUSF (NPR-89.1): Veterans Health Program Proposed (8 October, 78k online visitors/mo; Tampa, FL)
Saying Florida has the “infrastructure and capacity to serve the health care needs of our veteran community,” a Republican senator Friday proposed a program that would allow veterans to tap into the state Medicaid managed-care system as an alternative to the federal Veterans Health Administration system.

Hyperlink to Above

4. Women Veterans – All clips in top stories

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization – No Coverage

8. Other

8.1 - FOX News (Video): Single-payer health care means you might be denied surgery for being too fat -- no, really (8 October, Sally Pipes, 32.5M online visitors/mo; New York, NY)
America's own experiment with single-payer – the Veterans Health Administration in the Department of Veterans Affairs – is a national embarrassment. A federal investigation found that more than 200 veterans died while waiting for care at a Phoenix VA facility in 2015. The same is true of almost 100 veterans at a Los Angeles VA hospital between October 2014 and August 2015.

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8.2 - Richmond Times-Dispatch: Va. legislators decry use of a state grant for painful tests on dogs at Richmond VA hospital (8 October, Katie O'Connor, 1.5M online visitors/mo; Richmond, VA)
Researchers at the Hunter Holmes McGuire VA Medical Center in Richmond have induced heart attacks in dogs, surgically implanted pacemakers into them and trained them to run on treadmills, all in the name of studying heart health in humans. Some of the experiments are known to inflict severe pain in the dogs and puppies — some are as young as 6 months — while withholding pain relief.

Hyperlink to Above

1. Top Stories

1.1 - The Washington Post (Wonkblog): Why so many veterans go hungry — and VA's new plan to fix it (9 October, Caitlin Dewey, 43.9M online visitors/mo; Washington, DC)

When Greg Stegall left the Navy at 30 years old, he found himself utterly adrift: a single dad with no degree, no clear plans for the future and a short résumé in a down job market. Struggling to find work, Stegall put his son in a boarding school for poor children and asked his parents for money and food.

Nearly 30 years later, Stegall — now 58 — oversees a program at a Pennsylvania food bank that delivers meals to hungry veterans. But he still regularly sees other vets in similar situations.

Military advocates have long warned that certain groups of veterans suffer extreme rates of hunger. Those include veterans of the wars in Iraq and Afghanistan — 27 percent of whom have struggled to put food on the table.

Now, in a first-of-its-kind program, the Department of Veterans Affairs will screen all vets who visit its health-care facilities for hunger, asking them whether they've struggled to afford food in the past three months. That's welcome news to Stegall and other advocates, who say vets are especially hard to reach because they're often unwilling to seek help.

Any program that tries to engage hungry vets will "make a positive impact in their lives," Stegall said.

Veterans' hunger has long flown under the policy radar, in part because it varies widely between generations and regions. Overall, multiple studies have found that all veterans' rates of both poverty and food insecurity are lower than those in the general population.

But there are pockets of vets who experience hunger often. People with disabilities and mental illnesses are far more likely to be food insecure, according to data from the Department of Agriculture. An estimated 39,000 veterans were homeless in 2016, which can make it difficult to access food.

Most strikingly, a 2015 paper published in the journal Public Health Nutrition found that veterans of the Iraq and Afghanistan wars suffer from food insecurity at more than double the national rate of 12 percent.

It isn't entirely clear why more recent veterans suffer higher rates of hunger. Researchers have hypothesized that it may relate to the state of the job market when they left the military, or to the high incidence of post-traumatic stress disorder and substance abuse. It may also have something to do with the demographics of servicemen in an all-volunteer army — which tends to draw from lower socioeconomic groups — as opposed to the demographics of those who served in Vietnam, Korea and World War II.

The apparent epidemic among recent veterans — as well as urging from a bipartisan coalition of politicians and anti-hunger groups — has prompted VA to reevaluate its food security approach. In early October, VA launched a screening initiative that will be implemented at all its facilities by the end of the month.

“This is a huge step forward, to just ask the question,” said Josh Protas, the head of government relations for the anti-hunger organization Mazon, which spearheaded efforts to get VA to launch a screening project. “We’re hoping that VA will continue building on that.”

Under the program, VA health-care providers will ask all patients whether they have run out of food or struggled to pay for it within the past three months. If they say yes, VA staff will connect them to a local food pantry or community program, share information on enrolling in Supplemental Nutrition Assistance Program (food stamps) or refer them to follow-up care with a dietary counselor, if needed.

Advocates say this is a critical step toward addressing hunger in a vulnerable — and often unreachable — population. Veterans frequently suffer from conditions, such as disability or mental illness, that can impede them from seeking help. The stigma against accepting “handouts” is also a common problem, said Stegall, whose program distributes pantry boxes at VFW Halls to help needy veterans feel more comfortable.

He remembers one vet — a man with a recent hip replacement and a single jar of spaghetti sauce in his cupboard — who refused a pantry box because “someone else might need that food more.” The man was referred to Stegall’s program by one of his VA caretakers.

Experts are also hopeful the screenings will help clinicians address other diet-related health issues, such as diabetes and depression. Studies of VA patients have shown that veterans who struggle with food insecurity also tend to have problems in these areas, and VA has identified hunger as a major factor behind hypoglycemic incidents in its diabetic patients.

A 2015 pilot of the VA hunger-screening program, which focused on clinics for homeless and formerly homeless veterans, found the screenings could help identify these issues early.

“When health care providers at pilot clinics were queried on user acceptance and implementation issues related to the screening, all universally endorsed the program,” an academic paper on the pilot concluded.

In the coming months, the agency plans to ramp up a number of other initiatives designed to feed veterans on and off their campuses.

Anne Utech, the acting national director of VA Nutrition and Food Services, said the agency is conducting regular training on food insecurity. In June, VA launched a pilot program with Feeding America that set up mini-food pantries at 10 VA medical facilities. And the agency consulted with Community Foodworks, a D.C.-based nonprofit organization, on a tool to help connect veterans to nearby farmers markets.

But advocates say the government must still do more to address hunger — among veterans and among families with active-duty military members. Protas said he would like to see better follow-up from VA to make sure vets are getting help. His organization has called on the department to come up with ways to reach the millions of veterans who don’t use VA hospitals or health clinics.

Mazon is also pushing for changes in SNAP rules that prevent military families from receiving food benefits. More than half of children in Pentagon-run schools qualify for free or reduced-price lunch — indicating their families are struggling to provide food, according to the Department of Defense.

Protas expects the issue to surface during the upcoming Farm Bill negotiations.

“We’d like to get that issue resolved as soon as possible,” he said. “Needless to say, it’s important.”

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1.2 - U.S. News & World Report (AP): Delegation Calls for Improved Care for Women at VA Hospital (9 October, 24M online visitors/mo; Washington, DC)

CONCORD, N.H. (AP) — New Hampshire's congressional delegation is calling for improved facilities for women who receive care at the only veterans' hospital in the state.

The Democratic delegation says the current women's health clinic on the sixth floor of the Manchester VA Medical Center was damaged during a flood in July. They want to make sure women receive care in an appropriate setting during the rebuilding period.

Sens. Jeanne Shaheen and Maggie Hassan, and Reps. Carol Shea-Porter and Annie Kuster wrote to Acting Director Alfred Montoya that they're concerned the facilities are inadequately designed to accommodate women, some of whom are survivors of military sexual assault trauma.

They seek a separate entrance for women veterans at the center and the relocation of the women's clinic to the first floor of a separate building.

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1.3 - U.S. News & World Report (AP): Feds Providing up to $2.7M to Renovate Maine Veterans Home (9 October, 24M online visitors/mo; Washington, DC)

BANGOR, Maine (AP) — Maine's U.S. senators say the state is going to benefit from up to $2.7 million for a renovation and expansion project at the Maine Veterans' Home facility in Bangor.

Republican Sen. Susan Collins and independent Sen. Angus King say the funding is coming from the federal Department of Veterans Affairs' State Home Construction Grant Program.

The renovations at the Bangor facility are underway. The senators say the needed improvements will modernize the facility, give residents a more comfortable space to live and create a safe environment for employees.

The senators say the project involves renovating a 20,000-square-foot skilled nursing unit and adding 5,000 square feet to expand the 40-bed unit.

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1.4 - Newsday: LI veterans groups worry about VA move to private care (8 October, Martin C. Evans, 3.2M online visitors/mo; New York, NY)

As policymakers in Washington weigh how the Department of Veterans Affairs provides health care for those who have served the nation, advocates on Long Island are seeking assurances that an accelerating shift of some medical functions to the private sector will not deprive the region's only VA hospital in Northport of precious dollars.

Congressional Republicans and President Donald Trump have proposed budgets for the coming year that would boost existing private-sector care options as a more cost-effective way to deliver services to veterans, while at the same time sparing them long drives to VA facilities and long wait times for appointments there.

"We can't afford to continue to do what we are doing, we just don't have the money," said Rep. Phil Roe (R-Tenn.), chairman of the House Veterans Affairs Committee during a recent visit to the VA Medical Center Northport. "We've got to get it right-sized to provide quality care for those patients."

But with billions of dollars of veterans health care spending at stake, talk of a further shift of medical functions away from VA facilities makes some veterans advocates uneasy.

Veterans organizations say existing VA facilities have specific expertise in handling military-related maladies, such as blast wounds, spinal cord damage, traumatic brain injuries and post-traumatic stress disorder. Veterans would be denied the benefit of that expertise if the VA turns more to the private sector, critics say.

"What scares a lot of veterans is the way they talk about getting rid of VA facilities, or of excess capacity in some areas," said Kristofer Goldsmith, an Iraq War veteran and Bellmore native who is assistant director for policy and government relations for Vietnam Veterans of America. "Those fears of creeping privatization have not been allayed."

The timing of the policy debate is especially ripe for Northport, a sprawling collection of aging buildings that faces expenditures estimated at more than $250 million to address deteriorating infrastructure, including leaking roofs, failing ventilation systems, flooding pedestrian tunnels and crumbling brickwork.

The recent move toward privatization at the VA dates back at least to 2014, when a national scandal surrounding long wait times to schedule doctor's appointments at VA hospitals elicited demands for easier access.

Congress responded by creating the Choice Program, which allows veterans who live more than 40 miles from a VA facility, or who faced a wait of 30 days for a doctor's appointment there, to seek treatment at a private facility and have the government pay for it.

The Trump administration has proposed spending $72.3 billion on veterans' health care in 2018, a $4.6 billion increase over the current year. That budget includes $13.2 billion for health care at non-VA facilities — the line item that includes the Choice Program — $5.3 billion more than in 2017.

Leaders with veterans organizations worry that a too-aggressive expansion of Choice could gut the VAs' in-house medical offerings.

“It is a ‘stealth’ privatization attempt which The American Legion fully opposes,” Charles Schmitt, the National Commander of the American Legion, wrote in May.

“We believe that would drain resources away from the VA that would be required for the VA to improve,” said Garry Augustine, executive director of the Disabled American Veterans Washington, D.C., headquarters. “It would also be fragmented care.”

The head of the VA, Secretary David Shulkin, sought to allay those concerns in a July USA Today Op-Ed, in which he said increased spending for in-house care would be three times greater in the coming year than the increase in spending to send patients to private doctors. A VA spokesman forwarded the op-ed when asked to comment for this story, saying it reflected the position of the agency.

“Some critics complain that letting veterans choose where they get certain health care services will lead to the privatization of VA,” Shulkin wrote. “Nothing could be further from the truth.”

Shulkin said outsourcing some medical procedures can help the VA focus on in-house medical procedures it does best.

“We are ramping up both simultaneously in order to meet the health care needs of the veterans we are charged with serving,” Shulkin wrote.

The VA provides care to about 30,000 of Long Island’s roughly 130,000 veterans each year, according to Northport officials. Northport’s proposed budget for next year is $250 million, including $12 million for non-VA health care.

Demands on the VA health care system have increased in recent years, even as the ranks of the nation’s roughly 20 million veterans have thinned by more than 17 percent since 2001 with the fading of the World War II population, and are expected to decline another 19 percent as more Korean War and Vietnam veterans die over the next decade. According to the RAND Corp., a think tank that focused on military issues, the number of vets who use the VA health system has soared by nearly 80 percent since 2000.

A growing percentage of unenrolled veterans have begun opting into the VA system, leading to the increase in VA patients, the Rand study said.

A 2014 Congressional Budget Office comparison of VA and private sector health care costs found indications that VA care is cheaper than care provided in the private sector, while cautioning that the results were not necessarily conclusive.

In a written statement, Rep. Lee Zeldin, (R-Shirley), downplayed concerns that privatization poses a risk.

“Funding for VA care and funding for Choice are two separate pots of money,” Zeldin said. “Both programs received additional funding this year.”

Rep. Thomas Suozzi (D-Glen Cove), whose 3rd Congressional District includes the Northport VA Medical Center, said he supports a strategy of offering more VA medical services in satellite clinics. But he said he opposes any overall reduction in medical staff, or a level of medical care outsourcing that would jeopardize Northport’s future.

"If you go to privatization, and if the VA budget is cut in the future, you're left with nothing," Suozzi said.

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1.5 - Military Times: Senators want more oversight of VA budgets, spending (9 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

Tired of emergency funding requests from Veterans Affairs officials, a bipartisan group of senators is pushing new legislation mandating new outside oversight of the department to spur better budgeting practices.

"Over the past several months, we've seen the VA lurch from funding crisis to funding crisis because of its inability to effectively manage its budget," said Sen. John McCain, R-Ariz. and one of the proposal's sponsors.

"Our veterans deserve to have certainty that their access to quality care in the community through the Veterans Choice program will continue uninterrupted. Our legislation would require the VA to responsibly and accurately manage its budget to eliminate future funding crises and give veterans the confidence in their care they deserve."

The move comes just days before congressional lawmakers and VA officials are expected to unveil plans to overhaul the department's community care programs, which allow veterans to receive medical care from private-sector physicians with federal dollars.

That plan could become the third major piece of legislation passed by Congress this year related to the VA Choice program, created in 2014 to help alleviate medical wait time problems within the Veterans Health Administration.

But multiple times since then, lawmakers have had to intervene with funding changes — including a $2.1 billion boost in August — because of problems with estimating spending and usage rates with the program.

The new legislation would require a third-party review of all VA financial processes, including those spending rates. It would also mandate that any VA funding requests be addressed at least 45 days before a program's funding is set to run out.

"The VA's inability to provide Congress with an accurate budget is hurting veterans and taxpayers across this nation," said Sen. Jon Tester, D-Mont., and ranking member of the Senate Veterans' Affairs Committee, said in a statement about the new proposal.

"We can't keep throwing money at the VA without more accountability over their budget and spending practices. This bill will give us more confidence in the VA's ability to budget in a way that ensures veterans are getting the very best care."

McCain said without the new oversight, "our effort in Congress to develop a plan for consolidating veterans health care in the community will continue to face difficulty."

The proposal is also supported by Sens. Tim Kaine, D-Va., and Joe Manchin, D-W.Va.

Republican House lawmakers met with veterans groups last week to discuss plans for the upcoming community care program changes. VA officials have warned that Congress must act on an extension of the Choice program before the end of the year or risk disrupting care for thousands of veterans.

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1.6 - WXIA (NBC-11, Video): Army vet finally gets help after V.A. delays life-saving chemo treatment (9 October, Andy Pierrotti, 1.5M online visitors/mo; Atlanta, GA)

PAULDING COUNTY, Ga. -- When George Geiger served in Vietnam, gunfire shot down his helicopter six times. He was wounded twice.

Forty-nine years later, the 71-year-old Purple Heart recipient is fighting to survive throat cancer and the bureaucracy of the Veteran Health Administration to get appropriate treatment.

This past summer, doctors at the Atlanta VA hospital broke the bad news. To treat his cancer, he desperately needed two treatments: radium, a form of radiation, and chemotherapy.

The VA approved Geiger to receive radium treatment at WellStar Hospital, less than a mile from his Paulding County home. When he asked to receive his chemotherapy treatments at the same hospital, the VA denied it.

Geiger says he was told he must have this chemotherapy administered at the Atlanta VA hospital, which can be an hour’s drive away or more.

"The doctor says, 'Well, what if you have a reaction to the chemo with the radium and pass out in 75/85 traffic? What’s gonna happen then?’" Geiger mused.

In July, Geiger called the 11Alive Investigators from inside a Paulding County hospital room asking for help.

11Alive Investigator Andy Pierrotti recorded an interview with Geiger on a cell phone, uploaded the video to YouTube, and then sent a link of the video to the Department of Veterans Affairs.

Within 24 hours, the VA approved treatment near his home. That was 67 days after getting diagnosed.

Dr. David Bower is chief of staff at Atlanta’s VA Hospital. Bower admits poor communication contributed to the delays.

“We want to try to shorten the time for every patient between the initial diagnosis and the treatment, but it really depends on the individual's cancer," Bower told 11Alive.

Geiger wants to know why the VA didn’t initially set up both cancer treatments from the very beginning. Bower agrees.

“I think that [VA Secretary David J. Shulkin] is working hard to try to change that law to allow us to do that," Bower said.

Bower is talking about the Veteran’s Choice Program, originally passed by congress in 2014. The program is supposed to allow veterans to receive treatment from a local hospital if they cannot get an appointment in 30 days, live more than 40 miles away from a VA facility, or travel identified as an “excessive burden.”

The VA wants funding to expand on the excessive burden criteria to help more veterans, like Geiger.

Drew Early is an Atlanta attorney who specializes in veteran law. He agrees the VA should expand the Veteran’s Choice Program, but he doesn’t think more funding is the answer.

Since 2008, the VA’s budget has increased 85 percent, but Early believes it's been little improvement to patient care.

“So, I don’t think it’s about funding," he argued. "I think it’s about how the resources are managed."

Bower says the VA plans to open eight new health care facilities around metro Atlanta in the next few years, including Cobb County, which is underserved.

Geiger says chemotherapy and radium treatments have been effective. The lump on his throat is much smaller and he will soon be able to eat solid foods.

He’s grateful for the VA’s care, but he doesn’t believe veterans should be subjected to unneeded stress.

“A purple heart veteran, like myself, should not have to go to [a TV station] to get help,” Geiger concluded.

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2. Veteran and Employee Experience

2.1 - The Washington Post (The Fed Page): Traveling in style: Trump’s White House wrestles with Cabinet costs (8 October, Drew Harwell, Lisa Rein and Jack Gillum, 43.9M online visitors/mo; Washington, DC)

The Trump administration, one of the wealthiest in modern U.S. history, is facing widening criticism over travel expenditures among some of the billionaires, budget hawks and business executives who head federal agencies.

Inspectors general have opened at least five investigations into charter or military flights by Cabinet officials amounting to millions in federal spending. Their decisions to veer away from cheaper commercial flights have led to criticism from Democrats in Congress and government accountability groups about a culture of entitlement in Trump’s administration.

[…]

Veterans Affairs Secretary David Shulkin last week backed out of a congressional trip to Europe, The Washington Post learned, after criticism about another international outing, which combined official travel with sightseeing and a Wimbledon tennis event. And Interior Secretary Ryan Zinke faced new criticism about his travel — often accompanied by his wife, who is managing a Republican campaign in Montana — which included stops at political fundraisers and donor events.

[…]

Travel by Trump and the Cabinet has highlighted tensions among agencies and the White House over contradictory federal spending messages from Republican leaders.

After The Post reported that Shulkin, an Obama administration holdover, mixed business and pleasure during a July outing to Denmark and England with his wife and three agency officials, administration officials familiar with White House thinking said they had warned Shulkin's staff about paying for such a large delegation. The optics were complicated by down time in the secretary's schedule and the taxpayer-supported presence of his wife.

A former VA official with knowledge of the situation disputed that account, saying the White House was informed and did not weigh in.

Shulkin's European trip did not go over well with some of the tourists he encountered.

Susan Flickinger, who lives near Madison, Wis., said she was visiting Copenhagen's Tivoli Gardens amusement park when Shulkin's entourage was whisked to the front of the line.

A Shulkin security official, she said, carried a "large number of shopping bags." A VA spokesman did not respond to questions about the visit, which is under investigation by the inspector general.

In recent days, Shulkin and his wife backed out of a trip with the House Veterans' Affairs Committee to three European countries.

A draft itinerary for the Italy leg obtained by The Post showed the couple staying at an unspecified hotel in Venice, located about an hour's drive from an Army base he was expected to visit after an evening of personal time the night before.

But VA spokesman Curt Cashour on Friday said Shulkin no longer plans to go. VA House Committee spokeswoman Tiffany Haverly said in an email that the trip itinerary had "not been finalized" and declined to provide details.

[…]

Caitlin Dewey, Amy Goldstein, Jenna Johnson and Julie Tate contributed to this report.

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2.2 - Dayton Daily News: Ohio's Hospice hires top leader leaving Dayton VA Medical Center (9 October, Kaitlin Schroeder, 1.1M online visitors/mo; Dayton, OH)

The outgoing chief executive at the Dayton VA Medical Center will be moving on to a leadership position with Ohio's Hospice.

CEO Glenn Costie, who is retiring at the end of October from the VA, will be the new chief of veteran services at Ohio's Hospice, according to the nonprofit.

"Glenn Costie's proven leadership of Veteran care will be a great asset to Ohio's Hospice mission and care," Ohio's Hospice President and CEO Kent Anderson said in a statement. "We are delighted to welcome Glenn to the Ohio's Hospice mission and looking forward to his leadership in advancing our care and service for the veterans we are privileged to serve."

Ohio's Hospice said Costie will be reviewing current service offerings and programs for veterans, crafting strategy to expand veteran care and services, working with Ohio's Hospice affiliate members to ensure consistency and quality of veteran care, and leading new Ohio's Hospice initiatives.

As CEO and medical center director with the Dayton VA Medical Center, Costie has been responsible for oversight of a 486-bed hospital, four community based outpatient clinics and oversight for Department of Defense contracts in and around the Dayton community.

Ohio's Hospice is a network that includes Ohio's Hospice of Dayton, Ohio's Hospice of Butler & Warren Counties, and Ohio's Hospice of Miami County among its members, and it serves more than 1,180 patients each day.

Costie, 55, a Virginia native started at the Department of Veterans Affairs in 1984. The Virginia Tech graduate with a degree in mechanical engineering worked at medical centers in Ohio, West Virginia, Illinois, Connecticut, Maryland and Missouri before arriving in Dayton. He spent 15 years at the Cleveland VA, managing $750 million in construction projects.

He was appointed Dayton VA Medical director in 2011 after an investigation over concerns about a dentist who was found to not have changed gloves or properly sanitized equipment between patients, archives show.

The Dayton VA serves more than 38,000 veterans. Along with the main campus in Dayton, it oversees four medical clinics in Middletown, Springfield, Lima and Richmond, Ind.

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2.3 - Arkansas Democrat-Gazette: New Arkansas clinic staffed by VA; facility joins shift away from contractor-run services for vets (9 October, Hunter Field, 871k online visitors/mo; Little Rock, AR)

The Central Arkansas Veterans Healthcare System has opened a new outpatient clinic in Mena, staffed entirely with U.S. Department of Veterans Affairs personnel.

One of 16 community-based outpatient clinics in the state, the new Mena clinic is the most recent in the state to shift away from the contractor-run format to strictly VA staff. The Pine Bluff clinic will be the next to make the change, a Little Rock VA spokesman said last week.

Dr. Margie Scott, the central Arkansas VA medical center director, said the staff is excited to welcome veterans to the Mena clinic.

"It's a brand-new building with state-of-the-art equipment, modern construction and veteran-centered design," she said in a news release.

The VA's community clinics are positioned throughout the state to offer veterans with VA benefits closer alternatives to one of the state's VA medical centers, located in Fayetteville, Little Rock and North Little Rock.

The community clinics typically offer primary care coupled with a few specialty services, although the offerings have expanded in recent years with the development of tele-medicine.

In Mena's case, the new clinic, located at 300 S. Morrow Road, will offer primary care, mental health care, tele-health, and a women's health program.

The facility will utilize the VA's Patient Aligned Care Team model, emphasizing prevention and health promotion from a personalized team consisting of a medical provider, registered nurse, licensed practical nurse and medical support assistant.

Arkansas' other community clinics are located in the following cities: Conway, El Dorado, Fort Smith, Harrison, Helena-West Helena, Hot Springs, Jonesboro, Mountain Home, Ozark, Paragould, Pine Bluff, Pocahontas, Russellville, Searcy and Texarkana.

The number of veterans each clinic sees varies by location. In the VA's Northwest Arkansas/south Missouri region, the Ozark and Harrison satellite locations average almost 200 veterans each month, according to Veterans Health Care System of the Ozarks Public Affairs Officer Wanda Shull. The Fort Smith location sees close to 1,300.

Shull said the regional branch is planning a relocation and expansion of the Fort Smith clinic.

The central Arkansas VA serves about half of its veterans through community clinics, a spokesman said.

As for the Mena clinic, it began taking calls on Sept. 30 and patients last week.

"Our mission is to honor and care for our nation's heroes, and this new clinic is built just for that purpose," Scott said.

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2.4 - WFED (AM-1500): DHS, GPO get 'new' IT executives; VA losing long-time acquisition leader (9 October, Jason Miller, 831k online visitors/mo; Washington, DC)

Barry West came back to government after the election to provide some experience and insights to the Homeland Security Department's then-new chief information officer.

West is staying a big longer now.

DHS acting CIO Stephen Rice announced to staff on Oct. 4 that West will be continuing on as senior advisor under a limited term Senior Executive Service appointment and is the new acting deputy CIO.

West's limited term appointment starts Oct. 15, Rice wrote in the email obtained by Federal News Radio.

A limited term SES appointment can last up to three years, is nonrenewable and must be to an SES General position, which will expire because of the nature of the work, according to the Office of Personnel Management.

In Rice's email, he didn't say how long West's appointment would last.

West initially came to DHS to support former CIO Richard Starapoli, who resigned in August after only four months on the job.

The decision to extend West time at DHS isn't surprising. West is replacing Rice on an interim basis, who had been acting deputy CIO since coming to headquarters from the Transportation Security Administration in June.

This will be West's sixth agency where he is serving as an IT executive. Previously, he was CIO at the Federal Deposit Insurance Corporation, the Pension Benefit Guaranty Corporation, Department of Commerce, FEMA and the National Weather Service.

Additionally, he was the president of the Mason Harriman Group, a management consulting company.

Along with DHS, the Government Publishing Office is staying with a familiar face for its CIO.

Tracee Boxley is now the permanent CIO after taking over as acting since November. GPO Director Davita Vance-Cooks made the announcement in a release on Oct. 5.

"Tracee has provided great leadership and a steady hand to our IT department during the last 11 months and I am proud to name her our new CIO," said Vance-Cooks. "Tracee's IT background and knowledge of GPO will provide leadership to this critical position, as the agency continues to meet the ever-changing technology requirements of Congress, federal agencies and the public."

Boxley has been with GPO since 2006 and was promoted to deputy CIO in 2012.

Before coming to GPO, Boxley was chief of the American Housing Survey Division at the Census Bureau, and deputy CIO and chief of the Technical Services Division at the Food Nutrition Service (FNS).

Another federal IT executive changed jobs earlier this year, and it may not have made it on many people's radar. In fact, another federal CIO just found out about it recently so I figured it's a good time to catch up.

Jack Wilmer, the former vice director for the Defense Information Systems Agency's development and business center, joined the Office of Science and Technology Policy (OSTP) on detail back in April.

Wilmer is working on cybersecurity and IT modernization efforts. Wilmer's detail is for one year with potential to extend it another year.

He joined DISA in 2010 from the private sector where he worked on a variety of network and enterprise services.

The National Institute of Standards and Technology has a new director. The Senate confirmed Dr. Walter Copan on Oct. 5.

Copan, who also holds the title of undersecretary of Commerce for Standards and Technology, comes to NIST after serving in the academic, non-profit and private sectors during his career.

Most recently, Copan was the president and CEO of the IP Engineering Group Corporation, which provides services in intellectual property strategy, technology commercialization and innovation. Until June 2017, he was founding CEO and chairman of Impact Engineered Wood Corp., an advanced materials technology company.

Copan earned dual B.S./B.A. degrees in chemistry and music from Case Western Reserve University, and then went on to get his Ph.D. in physical chemistry from Case Western.

VA's Giddens to retire

It's not all promotions and job changes. Two agencies are looking for new executives.

Greg Giddens, the Veterans Affairs Department's acting director of the Office of Enterprise Integration, is retiring at the end of November.

In an email to staff obtained by Federal News Radio, Giddens said he announced his decision a little earlier than normal in order to give VA time to begin the process to fill his former role as principle executive director of the Office of Acquisition, Logistics and Construction. Giddens has been on detail to the OEI since April where he had helped lead VA's modernization and reform efforts.

"Between now and the end of November, I will 'run through the tape.' I look forward to continuing working together with you as we continue to improve the veteran experience, improve the employee experience, and improve our stewardship of taxpayer dollars," Giddens wrote.

Giddens told my colleague Nicole Ogrysko in September that he led the effort to survey thousands of VA employees over the last few months. One major theme centered on the role of VA headquarters and how it makes decisions that impact VA medical facilities, cemeteries and benefits offices in the field.

Giddens is leaving federal service after 37 years when he started as an engineering student while finishing his engineering degree from Georgia Tech.

During his career, Giddens worked at a host of agencies including the departments of Defense, Transportation and Homeland Security.

“I could not think of any better jobs than working in OALC and the modernization office to be my last two points of federal service,” he wrote.

Giddens came to VA in 2010 and was named the principle executive director of the Office of Acquisition, Logistics and Construction in 2015.

During his tenure, Giddens aimed to improve and modernize VA’s acquisition efforts, which had come under intense scrutiny for construction failures.

Along with VA, the U.S. Mint is searching for a new chief information officer.

The Mint posted a job description on the USAJobs.gov website on Oct. 5.

Lauren Buschor has been the CIO at the Mint since 2014.

An email and phone call to the Mint asking details were not returned, and a LinkedIn message and an email to Buschor were not returned either.

DeAnna Wynn is the deputy CIO for the Mint and served as acting CIO from July to November 2013.

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2.5 - WFED (AM-1500, Audio): TIGTA: IRS didn’t just target conservative groups (9 October, Eric White, 831k online visitors/mo; Washington, DC)

[…]

Sen. Bernie Sanders (I-Vt.) wants to give $5 billion to the Veterans Affairs Department to fill almost 50,000 vacant positions and to continue minor construction projects at VA facilities. The American Federation of Government Employees said it prefers this bill to others, which would permanently change the Veterans Choice Program. AFGE said Congress should focus on changes it can make to improve VA, not shift more veterans-related services to the private sector. (Federal News Radio)

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2.6 - Providence Journal: Veterans Journal: Differing opinions on VA Secretary Shulkin’s travel transparency (8 October, George W. Reilly, 1.2M online visitors/mo; Providence, RI)

VA Secretary Shulkin and a group of six people, including his wife, traveled to London and Denmark in July, where Shulkin met with British and Danish officials to discuss veterans' health issues, according to an itinerary of the trip obtained by The Washington Post. The VA secretary traveled in coach on a commercial flight during at least one part of the trip.

Amid recent presidential Cabinet controversies regarding the resignation of Secretary of Health and Human Services David Price over his use of private charter jets for travel at taxpayer expense, Department of Veterans Affairs officials announced on Sept. 29 they will post details of all official travel by Department Secretary David Shulkin online at https://www.va.gov/opa/secvatravel/. This includes any travel by private and government aircraft, as well as itineraries of official international and domestic trips, according to Shulkin.

"Under this Administration, VA is committed to becoming the most transparent organization in government, and I'm pleased to take another step in that direction with this move," Secretary Shulkin said. "Veterans and taxpayers have a right to know about my official travel as Secretary, and posting this information online for all to see will do just that." The information will also include what VA staff and spouses accompany him on each trip, if any.

Some concern has been raised by The Washington Post (see online at http://wapo.st/2xM0DWg) that Shulkin and his wife, accompanied by other VA officials, attended a tennis match at Wimbledon, toured Westminster Abbey and cruised the Thames River as part of a taxpayer-funded, 10-day work trip to Europe this past summer.

Shulkin and a group of six people, including his wife, traveled to London and Denmark in July, where Shulkin met with British and Danish officials to discuss veterans' health issues, according to an itinerary of the trip obtained by The Washington Post. The VA secretary traveled in coach on a commercial flight during at least one part of the trip.

Also, American Federation of Government Employees national president J. David Cox Sr. said on Sept. 29, "Mr. Shulkin needs to explain to veterans who are waiting for doctors' appointments how attending a Wimbledon tennis match, touring Westminster Abbey and cruising along the River Thames with his wife helped them get treated faster."

"He also needs to explain to VA employees, many of whom are veterans, why he ordered a crackdown on their travel just two weeks before going on his taxpayer-funded European vacation. With 49,000 staffing vacancies to fill, our nation's veterans and the Veterans Affairs staff deserve to know how Secretary Shulkin intends on improving services at the VA."

VA selects providers for dental program

The Department of Veterans Affairs has selected Delta Dental of California and MetLife to once again offer private dental insurance plans as part of its VA Dental Insurance Program (VADIP). The program was extended until Dec. 31, 2021, by the VA Dental Insurance Reauthorization Act of 2016.

Veterans enrolled in the VA health-care system and beneficiaries of the Civilian Health and Medical Program of the VA (CHAMPVA) can enroll in the program beginning Nov. 15 with coverage starting Dec. 1, 2017.

Eligible individuals have the opportunity to purchase discounted dental insurance coverage, including diagnostic services, preventive services, endodontic and other restorative services, surgical services and emergency services.

Individuals who enroll in one of the dental insurance plans will pay the entire premium in addition to the full cost of any copayments. Enrollment is voluntary and does not affect eligibility for VA outpatient dental services and treatment.

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2.7 - Becker's Hospital Review: VA's acting undersecretary for health steps down (9 October, Anuja Vaidya, 441k online visitors/mo; Glencoe, IL)

Poonam Alaigh, MD, acting under secretary of health at U.S. Department of Veterans Affairs, left her role Oct. 7, according to a Military.com report.

Dr. Alaigh has served in the role since May. She told VA employees that she was "resigning for family reasons," according to the report.

Previously, Dr. Alaigh served as a senior advisor at the VA as well as a corporate consultant for Atlantic ACO and Atlantic Health System, based in Morristown, N.J., according to her LinkedIn profile. She completed an internal medicine residency and a fellowship in vascular diseases.

Carolyn Clancy, MD, the VA's deputy under secretary for health for organizational excellence, will succeed Dr. Alaigh on an interim basis. Dr. Clancy worked at the VA for over a decade.

The VA health system includes more than 160 medical centers and 1,000 clinics, according to the report.

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2.8 - KSFY (ABC-13, Video): Pin-Ups for Vets volunteers will visit Sioux Falls VA hospital (9 October, Bridget Bennett, 157k online visitors/mo; Sioux Falls, SD)

Volunteers from the non-profit organization Pin-Ups for Vets will visit the Sioux Falls VA Hospital Tuesday after a long week of online debate.

Last week the Sioux Falls VA sent the group a letter denying their visit, but after the letter was posted online, a social media storm followed largely filled with support for the volunteer organization.

"I think that when we walk into the rooms, it's sort of a blast from the past," Pin-Ups for Vets Founder Gina Elise said. "Pin-up art is a part of American military history, there's even an exhibit in the Smithsonian about pin-up art and how important it was to American history. I like to think that we're keeping that part of history alive."

Gina Elise founded Pin-Ups for Vets in 2006, creating the nostalgic calendar to raise money for military medical care.

“We have donated over $56,000 dollars in rehab equipment to VA hospitals around the nation,” Elise said.

The organization's 2018 calendar features 21 female veterans.

“They love doing it because they see it as a form of empowerment, a lot of times they say it helps them regain their femininity when they return,” Elise said.

“We cannot lose our femininity, that's the essence of who we are,” Marine Corp Veteran Tess Rutherford said. “What’s objectifying about that? Look at how we're dressed today, this is how we look when we visit our veterans, there's nothing objectifying about that.”

In a Facebook post last week, the Sioux Falls VA said “this decision was made because we feel the materials the group asked to distribute may contribute to the disrespect of women veterans in their roles as equals, and perpetuates objectification of women in general.”

“The female veterans, our ambassadors, were very upset by that,” Elise said. “They're saying, why can't I wear a flower in my hair and red lipstick? They were very confused and upset by those statements…but we are so happy the hospital had a change of heart and are now allowing us to meet with the veterans.”

The two volunteers from California visited the Luverne, Minnesota veterans home Monday afternoon. They will be at the Sioux Falls VA Tuesday starting at 11:00am to visit with patients. It’s a decision many veterans have expressed their support for on the Sioux Falls VA’s Facebook page.

Several local veterans, both male and female, have expressed their support for the Pin-ups for Vets organization. One area female veteran said “I think that the Pin-ups for Vets organization has done some great work in fundraising and supporting veterans. It’s awesome that they are another example of veterans helping veterans. And not just the fundraising, but the feelings they invoke. Even reading the stories of some of the women vets who are models is pretty cool, how they feel good about themselves and are surrounded by other women who support them and hold them up. Because, that's what empowers women...having other women who support each other always.”

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2. - Beaufort Gazette: Veterans: This card (coming soon?) from the VA can help you get business discounts (9 October, Wade Livingston, 66k online visitors/mo; Bluffton, SC)

It took a couple of years, but it appears the U.S. Department of Veterans Affairs will soon start issuing veterans ID cards so those who’ve served can prove they’ve done so, and take advantage of promotions and discounts.

Beginning sometime in November, the cards will be available to all honorably discharged veterans who apply through the VA’s website, Military.com reported.

And, that outlet reported, there is no planned fee for the cards. There is no timeline for when, precisely, the application process will open. Nor is there a timeline for how long it will take to receive a card.

The move comes two years after Congress passed the 2015 Veterans Identification Card Act.

“The new cards won’t replace VA medical cards or official defense retiree cards, and will not carry any force of law behind them,” according to the Military Times.

A benefit of the cards: veterans won’t have to carry around their discharge paperwork with them to get business discounts and benefit from other promotional opportunities. Carrying that paperwork is impractical, some feel, and can open veterans up to identity theft and fraud.

In South Carolina, people who’ve served in the military can add a “veterans” designation to their driver’s licenses, according to the S.C. Department of Motor Vehicles.

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2.10 - KRXI (FOX-11, Video): Nevada Department of Veteran Services to receive $46,000 federal grant for sports program (9 October, Sanaz Tahernia, 65k online visitors/mo; Reno, NV)

RENO, Nev. (News 4 & Fox 11) — The U.S. Department of Veterans Affairs approved a $46,000 federal grant request by the Nevada Department of Veterans Services that will go toward an "Adaptive Sports Program" to be implemented in the City of Reno, the City of Las Vegas and the Sky Tavern Ski Academy.

These sports programs are community-based programs that provide therapeutic recreational services to allow disabled veterans and injured members of the military stay active and involved in their communities.

The Sky Tavern Ski Academy will be receiving $25,000 which will allow 50 disabled veterans and members of the armed services to participate in a four-day Winter Camp Program, at no cost to the participants. Activities will include adaptive alpine skiing and snowboarding as well as time, NASTAR competitive-type racing. It will also provide disabled participants with all the equipment needed for snow sports as well as skiing or snowboarding. It also will pay program fees and supports a special van for transportation to and from Sky Tavern.

The City of Reno will get $16,000 for its Parks, Recreation & Community Services Department to host a minimum of 30 disabled veterans and injured service members for a multi-day, Military Sports Camp at no cost to the participants. It will feature adaptive and Paralymic Sports featuring a wide variety of activities to accommodate all skill levels from beginner to competitor, and the funding will pay for transportation, lodging, adaptive equipment and individualized instruction.

The City of Las Vegas will be receiving $3,000 to provide approximately 230 disabled veterans and injured military members with a Fishing Program, Fishing clinics, an Adaptive Swim Program and an Aquatic Therapy Program - all at no charge. the funding will also pay for fishing

licenses, baits, poles, private swim instruction, private therapy instruction as well as Adaptive Membership Passes to three recreational centers and two municipal pools for six months. The remaining $2,000 will be used to cover administrative costs.

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2.11 - Reveal: Fifth senator slams Trump administration over blanket ethics waiver on for-profit college payments (9 October, Aaron Glantz, 39k online visitors/mo; Emeryville, CA)

U.S. Sen. Tom Carper of Delaware has become the fifth Democratic lawmaker to demand the Trump administration scrap its plan to waive a 50-year-old anti-corruption law that prevents officials who administer the GI Bill from accepting money from for-profit schools backed by taxpayer subsidies.

In a letter sent Friday to Secretary of Veterans Affairs David Shulkin, Carper called the administration's plan to allow all VA employees to accept money from for-profit colleges "legally dubious." Carper is a 23-year veteran of the U.S. Navy and Naval Reserves and the ranking Democrat on the Homeland Security and Governmental Affairs Committee.

The letter came in response to a proposed regulation, published in the Federal Register on Sept. 14, that would allow VA employees to receive wages, salary, dividends, profits, gratuities and services from for-profit schools that receive GI Bill funds. VA employees would also be allowed to hold an ownership interest in such schools.

The move, Carper wrote, represents "a drastic departure from the intent of Congress and weakens important ethics standards designed to protect VA employees and veterans." He noted it flew in the face of a request from the Senate Appropriations Committee in July, which recommended the legal prohibitions in the anti-corruption statute, be strengthened, not weakened.

The proposed change was exposed by Reveal from The Center for Investigative Reporting, which has repeatedly documented abuses by for-profit colleges that seek to cash in on veterans' GI Bill education benefits. The New York Times highlighted as well.

Carper's letter follows a similar missive sent Wednesday by Democratic Sens. Patty Murray of Washington, Elizabeth Warren of Massachusetts, Sherrod Brown of Ohio, and Richard Durbin of Illinois.

The VA has so far resisted pressure to reverse course, however. On Friday, press secretary Curt Cashour told Reveal that "the department could lose thousands of employees" if prohibitions against payments by for-profit colleges were vigorously enforced and that "our ability to serve Veterans would be seriously impeded."

He downplayed the importance of the change, stating that despite the blanket waiver other conflict-of-interest laws would still apply. For example, materials attached to the proposed rule stipulate that VA employees would be required to "recuse themselves from VA matters when an employee's participation would cause a reasonable person to question the employee's impartiality."

But critics say the rule change would effectively nullify critical consumer protections. They say it could create a situation where VA officials, who are charged with ensuring GI Bill funds are well spent, could accept payments from colleges that are facing civil suits or probes from enforcement.

The rule is set to take effect Monday. “There has been no change in implementation plans,” Cashour said.

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2.12 - CBS News Radio (ConnectingVets.com): 9 tips to save you time at the VA (9 October, Jonathan Kaupanger, 23k online visitors/mo; New York, NY)

Wait times at Veterans Affairs medical centers continue to be an issue. Here are a few tips to help save you time and energy as you manage your way through the VA.

1. Schedule your appointment first thing in the morning or right after lunch. Many doctors, outside of the VA, are bound by quotas and have to see as many patients as possible. VA doctors focus on quality instead of quantity. Because of this, they tend to run over scheduled times. Making an appointment for either first thing in the morning all but guarantees that you’ll be seen on time.
2. Have a referral to a specialty clinic? Schedule that appointment yourself! Don’t wait around for the clinic to call you, this could take a while. Sometimes the VA just automatically schedules you for your appointment, but you can always take control of this. Ask the physician or nurse for the number to the clinic. You can either call or go there in person and let them know you have a referral and set up an appointment time that works best for you.
3. Ask for an appointment tomorrow. According to the VA, the majority of veterans receive their appointments within 14 days of the desired date. That’s a rather odd statement because when was the last time you were asked and not told when you could have your appointment? It never hurts to ask for a specific appointment time and from what I hear, it works a good amount of times too.
4. Use MyHealtheVet secure messenger to talk to your physician. Need an appointment? Just have a question? Need to check your appointment schedule? Want to refill your meds? You can do all of this by downloading the VA’s MyHealtheVet app. Every VA facility has a coordinator who can help you with any issues that come up with the app and most staff can help you if you have a technical problem. If you haven’t tried this yet, from what I hear it’s a game changer!
5. Choose a different VA. You have the right to go to any VAMC you choose. If you don’t like the one closest to you, try another one. You can use the VA’s Access to Care site to check wait times for all VA facilities. And this breaks down into types of care too.
6. Go to the emergency room if you need anything. If you can’t wait, use the emergency room at the VAMC closest to you. If they can’t help you, they’ll at least get a referral in for you. This isn’t something you should do every time you need to see a doctor! But if your condition is getting worse, go get help!
7. Use the kiosks. You can check in for an appointment or look for future ones by using one of these kiosks. They are in VAMC’s and outpatient clinics. Most facilities have staff that will show you how they work. Soon you’ll even be able to pay your copay through one as well! The kiosk will even tell you if you’re in the right place or not.

8. Prepare and double check! Show up with a list of questions written out. Check them off as you go over each one with your doctor. Take notes and then verify that the physician did enter the referrals if any are needed.
9. Have a problem? Tell someone about it! Every VAMC has quarterly town hall meetings that you can attend. These meetings are held specifically so you can talk to leadership and give feedback. The majority of VA employees want to help you so let them!

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3. Access to Healthcare

3.1 - New York Daily News: Lincoln Hospital patient paralyzed after ER blunder leaves him waiting two hours for treatment (9 October, Greg B. Smith, 26M online visitors/mo; New York, NY)

On a cool September evening in 2014, 54-year-old Anthony Medlin arrived by ambulance at Lincoln Hospital and was deemed mobile and low risk, so the staff told him to wait.

Then came the two-hour delay in the busy Bronx emergency room.

By the time a doctor got around to examining Medlin, he was paralyzed from the waist down. He was rushed to surgery, but it was too late.

ER staff had labeled Medlin's case a lower priority because they believed he'd arrived with only a minor facial injury. There was, they decided, no need to rush.

Lincoln Hospital under investigation for losing ER patient

But the staff at Lincoln had failed to read a report filed by the ambulance crew stating clearly that Medlin had been hit by a car. Trauma like that requires an immediate head-to-toe exam by a doctor, experts say.

A Lincoln nurse acknowledged later that the hospital has no protocol requiring triage staff to review the "pre-hospital care report summary" all ambulance crews must file when they bring in a patient.

"They didn't kill me, but they took my life away," Medlin, sitting in his wheelchair, said last week. "Just to leave me on the side like I'm just a nobody, that really hurt."

Medlin's fateful two-hour wait is hardly unusual at Lincoln Hospital, where an ongoing Daily News investigation makes clear that the Bronx's biggest public hospital has one of the worst records in the city for ER waits.

On average, federal data show, a Lincoln ER patient waits 93 minutes before he or she sees a doctor. By comparison, the average wait in New York City hospitals is 46 minutes; nationally, it averages 29 minutes.

Lincoln also has the highest rate in the city of patients who simply give up and walk out of the ER before seeing a doctor — 15%. That compares with 3% citywide and 2% nationwide.

In 2015, the last year data were available, that meant 26,020 of the 173,470 patients who visited Lincoln's ER gave up before they got care.

A spokesman for city Health and Hospitals, Robert de Luna, said that Lincoln was recently recertified by the American College of Surgeons, and that Lincoln "is certified as a Level 1 trauma center, at the ready around the clock to save patient lives and provide the highest-quality care." Citing patient confidentiality, he declined to discuss Medlin's case.

Video shows Bronx man falls into coma after hours of neglect

Medlin's experience came just two months after a July 2014 incident in which the Lincoln ER staff lost track of patient Angel Rivera. He arrived with a head injury and wound up in an irreversible and ultimately fatal coma.

Rivera's disturbing treatment, detailed last month by The News, triggered an examination of Lincoln by the state Health Department and the city Department of Investigation. Both reviews are pending.

In Rivera's case, he languished in the ER for nine hours before a doctor found him. In Medlin's case, he sat there for two hours before a physician checked him out.

Rivera's family and Medlin have sued the city over these delays. Medlin's attorney, Alan Fuchsberg, has obtained medical records and questioned doctors, nurses and emergency medical technicians on duty the night of Sept. 15, 2014, to get to the bottom of what happened.

This Queens hospital has longest emergency room wait in NYC
Medlin had been drinking that night and spending money a few blocks north of Yankee Stadium when he was mugged. To escape his attackers, he ran into E. 167th St.

There he was hit by a car. Somebody called 911, and the ambulance arrived at 11:13 p.m. He was found lying flat on his back in the street.

Questioned by Medlin's lawyer, EMT Shawn Healy said that discovering Medlin lying in the street like that clearly indicated he was hurt.

"Not too many people want to lay on a New York City street, so I don't know — he just couldn't get up, didn't want to get up," Healy said. "Usually when someone gets hit by a car and they're still on the ground, they're hurt."

Amputation victim plans to sue Queens hospital
Healy and his partner strapped Medlin to a long board used to stabilize patients during transport, and clapped a cervical brace around Medlin's neck.

The ambulance arrived at Lincoln at 11:29 p.m., records show, but it wasn't until 11:48 p.m. that the triage team first spoke with Medlin. By then, the EMT team had filed their report with Lincoln clearly stating that Medlin had been hit by a car.

But that report was filed electronically, not handed to the nurses in triage as a note. Lindsay Diaz, the registered nurse on duty that night, conceded later during questioning by Medlin's

attorney, “When they changed it to computerized, you’re not able to view it. So I did not see their note.”

When she was asked if her “level of concern” would have risen if she’d known Medlin had been hit by a car, she said yes, but she added that “there is no protocol” at Lincoln requiring that triage read staff ambulance notes.

Notes of Diaz’s triage report show the staff wrote “No” next to “High Risk,” and described “Facial trauma” that included “Periorbital swelling with abrasions s/p assault. Head trauma. No pain present.”

The record also noted that during the triage query, the patient at one point took off his collar and got off the board. The report than added the acronym “MAEX4,” which means the team had determined Medlin “moves all four extremities.” The record said Medlin “denies numbness or tingling.”

At that time no doctor physically examined Medlin, so he lay back down and waited. And waited.

More than 90 minutes later, at 1:30 a.m., a nurse asked a doctor on duty, Dr. Jason Greenman, to look at Medlin because “somebody said he was acting strangely and just was requesting that a doctor see him,” Greenman later recalled.

At that point, it had been more than two hours since Medlin had arrived at Lincoln.

Greenman said he and another physician, Dr. Yocheved Rose, found Medlin lying in the waiting room where staff had left him. Medlin told them he couldn’t feel his feet.

When the two doctors rolled him over as part of a head-to-toe exam, they discovered an alarming protrusion on his lower spine that indicated a misalignment that had damaged the spinal cord.

At that moment, they realized Medlin was paralyzed from the waist down. They immediately rushed him into surgery, but the damage had been done. His paralysis was irreversible.

Dr. Matthew Bank, trauma medical director of North Shore University Hospital on Long Island, said, in general, trauma victims who’ve been hit by cars need to be kept immobilized. Movement can do more damage, and they should be physically examined within the first 15 minutes of arrival, he said.

“For a significant impact, somebody who’s been hit by a car, usually they have that primary and secondary examination done within 15 minutes,” Bank said.

The other doctor who examined Medlin noted that there had been no effort to immobilize Medlin after he removed the collar. Normally with trauma patients, Rose said, “We immobilize the patient so that there won’t be any aggravation of the injury.”

She also noted, “It would be my practice to try and obtain the EMS report.”

Health and Hospitals spokesman de Luna said city hospitals rely on “active verbal communication” about a patient’s condition between EMTs and triage staff “as a primary means

of information sharing," and that the written EMT reports are often filed after the handoff has taken place.

Greenman said that at a hospital as busy as Lincoln, not every patient gets immediate attention.

"It's unreasonable to expect a physician to see every patient when they come into triage in a busy emergency department," he said. "I can only see the patients I can see, and, you know, for example, at Lincoln we see like 180,000 patients a year in the emergency department."

Medlin attorney Fuchsberg said the delay in care resulted in a fateful and irreversible turn of events.

"An emergency CAT scan followed by early surgery to take the pressure off the cord would have stopped the strangulation of Mr. Medlin's spinal cord nerves before he became paralyzed," Fuchsberg said. "As a result of the emergency department's negligence, Mr. Medlin's life has been forever altered."

Two years after his visit to Lincoln, Medlin lives in a nursing home, suffers from bedsores, must attend physical and occupational therapy every week, and spends his days in a wheelchair.

Prior to the accident, he played basketball and regularly rode a bike. He was able to play with his grandchildren and could get around the city by subway with ease.

"If they really took care of me when I came in and checked my spine, it wouldn't have been that bad," he said.

In the months after he became paralyzed, he said, he "gave up" on everything, realizing he would never walk again. But recently, he's been working with doctors at the Bronx Veterans Affairs Medical Center on Kingsbridge Road to use a robotic device that allows him to walk with the aid of canes.

"It's really something," he said. "The way I carry myself, I worked through this. I'm a strong person."

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3.2 - WVEC (ABC-13, Video): New VA outpatient clinic proposal on the table for Va. Beach City Council (9 October, Megan Shinn, 607k online visitors/mo; Norfolk, VA)

VIRGINIA BEACH, Va. (WVEC) -- A Veteran's Outpatient Clinic may soon open in Virginia Beach.

The city is set to discuss the clinic proposal during the city council meeting tomorrow.

Congress authorized construction of the VA clinic, and the President has signed legislation and funding is available.

However, choosing a location depends on finding a 155,000 square-foot facility and a developer to build it. The idea though has veterans like Joseph Brady excited.

Joe is a Vietnam veteran. He says he knows what it's like to serve in the Navy.

"Been around the world a couple of times. I've been everywhere," said Joe.

He also knows how it is to be 100 percent disabled.

"I have Rheumatoid Arthritis, so they give me my medication. They make sure that my body's functioning well, they do my labs, make sure my blood is correct."

So he uses the VA facility as a resource to take care of his health.

"I think the veteran's hospital is doing an outstanding job. I really do," said Joe.

He said the VA here matters to more than 58,000 veterans in Virginia Beach.

"Having a clinic available shows me that the community cares enough to have a facility built to take care of the veterans and that's very important."

Now, the Clairfield facility's lease is set to expire on June 30, if the VA does not extend it. So the new, larger outpatient clinic could take its place.

"A facility would be ideal," said Joe.

Right now, the plans are in the proposal stage. According to specifics authorized by Congress, to make this clinic happen, the city of Virginia Beach would need to find land that would be leased to the VA for 50 years for free.

The city also needs a disabled veteran like Joe to be a partner in the proposal.

"Having one close by is definitely a convenience and it's fantastic," said Joe.

This new facility would create 350 jobs and cost more than $18,000,000 total, for the first year.

"The clinic is a very, very important part and I think it would add a whole bunch of good will if you want," said Joe. "We need it, we definitely need it and it would be a help to this community."

The proposal says the city of Chesapeake has also expressed interest in having the new clinic.

However, Congressman Taylor will talk with the VA on whether the host city can collect real estate taxes on the facility.

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3.3 - The Day: Veterans binge eating is serious problem (9 October, 438k online visitors/mo; New London, CT)

We at the VA have an urgent imperative to address suicide, PTSD, and opioid addiction among our veterans. The study of overweight and eating behavior in no way diminishes these

initiatives. Being overweight is an American problem affecting 68 percent of the population, but an even greater veteran problem affecting close to 80 percent of those utilizing the VA Healthcare System.

It is difficult to understand why we are studying “binge eating” to address this, “Grant to aid in research of binge eating among veterans,” (Sept. 27) . Most people can relate to going overboard at Thanksgiving or with a family size bag of chips. Consistent binge eating, though, is an entirely different story. Binge Eating Disorder (BED) is a new psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). People with BED, and even those who just regularly binge eat, are more likely to have medical and mental health problems such as depression and diabetes, and have trouble maintaining and losing weight.

A 2015 study showed that Veterans with BED had almost twice the amount of healthcare costs. We hope that addressing binge eating has the potential to improve the lives of our veterans and reduce medical costs.

Robin M. Masheb, Ph.D.
Director, Veterans Initiative for Eating and Weight
New Haven

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3.4 - News & Sentinel: Counsel: Clarksburg VA manipulated patient data (10 October, Jess Mancini, 187k online visitors/mo; Parkersburg, WV)

PARKERSBURG — Patient data was intentionally manipulated at the Louis A. Johnson VA Medical Center in Clarksburg to artificially reduce reported wait times and the volume of patient visits, the U.S. Office of the Special Counsel said in a press release.

A VA investigative report said a manager at the hospital over the last seven years attempted to influence nursing staff to place emergency patients in two unofficial clinics rather than record their emergency department encounter, a press release from the special counsel said.

The decision to create the clinics in the emergency department violated VA directives, prevented an accurate analysis of staff workload and gave the false impression that the Primary Care clinic had a greater workload and demand for services, the release dated Oct. 3 said.

The VA improperly coded patient encounters for medical billing purposes and informed the special counsel 602 veterans were charged an incorrect co-payment, resulting in lost revenue of $21,070 for the clinic, said the press release.

The investigation was prompted when a confidential whistleblower went to the Office of the Special Counsel with the disclosures of data manipulation, the release said.

“Whistleblowers who bring agency wrongdoing to light perform a valuable public service and deserve our gratitude,” said Acting Special Counsel Tristan Leavitt. “Manipulating data to reduce reported wait times is an unscrupulous use of taxpayer dollars and unfair to veterans. I applaud the immediate response by the Johnson VA Medical Center to correct these deficiencies.”

A statement from the medical center released Monday reiterated what was said in a Sept. 29 letter from Leavitt to Congress and the president, that the VA "immediately discontinued the practice, developed a process for clinic approvals, and educated leadership and staff on the requirements contained in agency directives violated in this matter. The agency is currently determining how to recoup lost payments. In addition, the VA counseled the manager responsible for the creation of these improper clinics."

An inquiry also was made in March 2016 by Rep. David McKinley, R-W.Va., whose congressional district includes Harrison County and the medical center, to the Department of Veterans Affairs about problems reported to him by a constituent. A statement from McKinley's office on the status of the congressman's inquiry was not available Monday, which was a federal holiday, Columbus Day.

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3.5 - 5280 Magazine: Colorado Veterans Face Higher Suicide Rates - Veterans in the Western States die by suicide at significantly higher rates than the rest of the country, according to the Department of Veterans Affairs' latest data. (9 October, Lisa Wirthman, 138k online visitors/mo; Denver, CO)

Rural isolation, high gun ownership, and a sense of rugged individualism may contribute to higher rates of suicide among military veterans in Colorado and the Western States.

The United States Department of Veterans Affairs (VA) first state-by-state report on veteran suicide, released in September, examines 35 years of data through 2014. The findings reinforce known patterns—but also offer new insights into who is at risk, including veterans over age 50 and female veterans.

An average of 20 veterans a day died by suicide in 2014 nationwide, according to the data. And only 30 percent of those veterans were under VA care, increasing the weight on local communities to help fill the gap.

In Colorado, the 2014 suicide rate for veterans, at 47 deaths per 100,000 people, was nearly double the state's overall rate of 25.5. To add perspective, Colorado consistently ranks as one of the ten states with the nation's highest suicide rates.

There's no single driver behind the West's higher suicide rates, says Sarah Brummett, director of the Colorado Department of Public Health and Environment (CDPHE) Office of Suicide Prevention. The West has large rural areas with less access to mental health resources and more opportunities for social isolation, she says. Another factor is the Western mentality of pulling yourself up by your bootstraps when there's a crisis: "You cowboy up and get through it," says Brummett.

Veterans' training and familiarity in the use of guns is also a worthy consideration. In 2014, about two-thirds of Veteran suicides involved firearms, compared to half of all suicides in Colorado, according to the VA data. "Firearms are such a highly lethal method of attempt that people don't get that second chance at survival," says Brummett. About 90 percent of people who survive a suicide attempt do not go on to die by suicide, she adds.

Public and private health professionals are clear that promoting firearm safety for veterans in crisis is not related to gun control. “It combines respect for the Second Amendment issues with recognition that firearms are a common means of suicide,” says Ira Katz, the VA’s senior consultant for mental health and suicide prevention program evaluation and an author of the report. The VA distributes gun locks through each of its medical centers without asking people to identify themselves, he adds.

Colorado’s ongoing Gun Shop Project is an innovative partnership between mental health professionals and gun shops, firing ranges, and safety instructors throughout the state to promote firearm safety and suicide prevention. “People inherently want to survive, and if you give them the information and the options they will generally make a decision to keep themselves safe,” says Carl LoFaro, manager of Veteran and Military Family Services at the Jefferson Center for Mental Health.

Another 18 percent of veteran suicides in Colorado in 2014 involved opioid or prescription drug overdoses—a growing crisis among veterans. One VA study found that veterans who were prescribed the highest dose of opioid painkillers were twice as likely to die by suicide as those who received the lowest doses.

In Colorado, men are also about four times more likely to die by suicide than women, according to the CDPHE. The VA data revealed that Colorado veterans follow a similar pattern: At least 95 percent of veteran suicides in 2014 were by men.

To better connect with men in crisis, the CDPHE launched Man Therapy, a free web site that uses a Ron Burgundy style approach to offering serious advice on how to deal with depression, anger, grief, and addiction. The site features a bacon-loving character named Dr. Rich Mahogany who cleans his desk with a leaf blower, reads chainsaw manuals and spreads the message: A mustache is no place to hide your emotions. The five-year-old site includes specific resources for military veterans.

The VA report also spotlights lesser-known risks: Nationally, about 65 percent of veteran suicides were by people age 50 or older, who are often harder to reach. Jefferson County trains gatekeepers in rural areas (think health workers, police officers, or the person in charge of the local Elks club) to educate community members about suicide prevention, LoFaro says.

The VA report also calls attention to a growing suicide risk that is 250 percent higher for female veterans than for non-veterans (and 19 percent higher for male veterans compared to civilians). As more women serve in the military, their suicide rate rose 62 percent over the past 15 years, said VA Secretary David Shulkin in public remarks last week.

Female veterans are more likely to be gun owners compared to civilians, VA officials say. And suicide rates are significantly higher among women veterans who report military sexual trauma, according to a 2016 study.

The positive news is that every Coloradan can help by reaching out to friends, neighbors and co-workers in crisis. The best thing to do if you’re concerned, says LoFaro, is tell the person your concerns and ask the question: Are you thinking about suicide? “Asking that question gives people the understanding that you’re a safe person to talk to,” he adds.

If a person is thinking about suicide, the next step is to contact a mental health professional, LoFaro adds. The VA suicide prevention crisis line number is 800-273-TALK. Help is also available online.

“Let’s get away from this idea that suicide is something that is shameful and stigmatized,” LoFaro says. “This is a public health issue in our community and the best way to address it is to get educated and be ready to assist.”

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3.6 - WUSF (NPR-89.1): Veterans Health Program Proposed (8 October, 78k online visitors/mo; Tampa, FL)

Saying Florida has the “infrastructure and capacity to serve the health care needs of our veteran community,” a Republican senator Friday proposed a program that would allow veterans to tap into the state Medicaid managed-care system as an alternative to the federal Veterans Health Administration system.

The bill (SB 440), filed by Sen. Rene Garcia, R-Hialeah, would direct the state Agency for Health Care Administration to seek federal approval of the program. Under the proposal, veterans could voluntarily decide to get services through managed-care networks used by the state Medicaid program instead of through the federal VA system.

The bill, filed for the 2018 legislative session, said state funds could not be used for the program.

“We want to work with the federal government to provide additional options to Florida's veterans,” Garcia, chairman of the Senate Children, Families and Elder Affairs Committee, said in a prepared statement. “Instead of spending more tax dollars to build facilities, we want to offer the federal Department of Veteran Affairs access to Florida's robust network of providers who are already caring for nearly 4 million recipients.”

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8.1 - FOX News (Video): Single-payer health care means you might be denied surgery for being too fat -- no, really (8 October, Sally Pipes, 32.5M online visitors/mo; New York, NY)

Do people who are overweight or obese deserve health care? In the United Kingdom's socialized health care system, the answer appears to be "no." And if Democrats get their way, the same could be true in the United States.

To save money, the U.K. National Health Service recently announced it will ban obese patients from many surgeries for up to a year. Such rationing is standard in single-payer health care systems. Americans will face the same fate if Democrats can enact Medicare for All here.

Sen. Bernie Sanders, I-Vt., recently introduced his Medicare for All bill backed by 15 other Democratic senators. His call to create such a single-payer health care system was a major part of his failed campaign for the Democratic presidential nomination last year.

[…]

America's own experiment with single-payer – the Veterans Health Administration in the Department of Veterans Affairs – is a national embarrassment. A federal investigation found that more than 200 veterans died while waiting for care at a Phoenix VA facility in 2015. The same is true of almost 100 veterans at a Los Angeles VA hospital between October 2014 and August 2015.

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8.2 - Richmond Times-Dispatch: Va. legislators decry use of a state grant for painful tests on dogs at Richmond VA hospital (8 October, Katie O'Connor, 1.5M online visitors/mo; Richmond, VA)

Researchers at the Hunter Holmes McGuire VA Medical Center in Richmond have induced heart attacks in dogs, surgically implanted pacemakers into them and trained them to run on treadmills, all in the name of studying heart health in humans.

Some of the experiments are known to inflict severe pain in the dogs and puppies — some are as young as 6 months — while withholding pain relief.

The experiments are, "abusive and wasteful," and derive some of their funding from taxpayer dollars, according to a letter sent by state Sens. William M. Stanley Jr., R-Franklin County, and Glen H. Sturtevant Jr., R-Richmond, to Gov. Terry McAuliffe's office.

“Senator Sturtevant and I firmly believe that one of the first steps we have to do here is not only get more information, but make our fellow legislators aware of where our taxpayer money is going, make the governor know where the taxpayer money is going, and letting the public in the commonwealth know,” Stanley said.

At least $99,970 went toward the experiments through a state grant that was awarded to the project’s principle investigator, the letter states. Another $50,000 grant went toward the research from Virginia Commonwealth University.

“Both grants cover a period during which numerous violations were documented,” the letter states.

The letter also asks whether the state was informed of “violations” relating to the experiments, some of which were outlined in a report by the VA Office of Research Oversight.

“If the taxpayer money is going to be spent on this, then the taxpayer should know the truth and the taxpayer’s perspective should be respected,” said Robin Starr, CEO of the Richmond SPCA, which has spoken out against the experiments. “I think most people think that this is unethical, and the Richmond SPCA certainly thinks it’s unethical.”

A public backlash has grown around the experiments since details came to light through lawsuits and Freedom of Information Act requests filed by the White Coat Waste Project, a Washington, D.C.-based watchdog group with a goal of ending taxpayer-funded animal experiments.

“We filed (FOIA) requests to get more details about the current projects happening at the Richmond VA, and discovered through those requests that Richmond is the only federal facility in the country that is conducting so-called maximum pain experiments on dogs, in which significant pain is induced and is intentionally not relieved,” said Justin Goodman, the group’s vice president of advocacy and public policy.

Some of the FOIA documents the group received indicated that experiments were still going on as of January.

The watchdog group submitted a complaint to the VA Office of Inspector General that was referred to the Office of Research Oversight, which released a report on the experiments.

The goal of the experiments, according to the report, was to study cardiac health — particularly regarding what can lead to heart abnormalities. It justified the use of dogs due to the similarities in size and physiology between dog and human hearts.

The report outlined instances of noncompliance relating to documentation and incomplete records of the dogs receiving appropriate veterinary care. In some cases, the report confirmed, mistakes made during surgeries resulted in the death of at least four dogs.

“I keep seeing and hearing the word euthanasia used — that’s not euthanasia,” Starr said. “That does not qualify as euthanasia, that’s not euthanasia as the dictionary defines it. They’re being killed.”

The primary investigator on the project, Dr. Alex Tan, was barred from working with animals. He remains in his position as a cardiologist at the McGuire VA. He did not respond to a request for comment.

A VCU spokesman said in a statement that although the university awarded a one-time $50,000 grant to Tan for the research, it did not oversee the care and use of the animals involved.

The U.S. Department of Agriculture has four classifications for animals involved in research. Some classifications state that the experiments cause no or very little pain, while the highest classification refers to experiments in which the animals are subjected to pain without relief. Some of the dogs used for the VA's experiments, Goodman said, were in this latter classification, according to the documents the watchdog group received through its FOIA requests.

Dr. Michael Fallon, chief veterinary medical officer with the VA, said in a statement that the Office of Research Oversight did not deem the experiments deficient or find that the investigators did not provide adequate veterinary care, but rather found areas when veterinary care was not documented appropriately.

"ORO did not find any evidence that these deficiencies reflected any negligence, incompetence, recklessness or intentional misrepresentation," Fallon said. He added that the deaths were related to the risks associated with any complicated and difficult surgery.

"To eliminate these deficiencies, Richmond VAMC amended the protocols to make the risks more explicit, with increasingly stringent training requirements and supervision by the Attending Veterinarian, and ultimately by replacement of the surgeon on the protocols," he said.

Fallon said the VA's animal research program "has saved lives in the past." He said dogs are needed for experiments on hearts not only because dogs' hearts are more similar to humans than animals like mice or rats, but because dogs are easier to train for "light treadmill activity needed for some of the studies, and they enjoy it, in contrast to pigs and other large animals."

Research on canines has led to various medical advances, he said, including successful human liver transplants and the understanding that smoking increases the risk of lung cancer.

He also noted that studies involving dogs and other large animals are rare, since the VA typically uses mice or rats. "Canines accounted for fewer than 0.05 percent of animals used in VA research in 2016."

Stanley, the state senator, said he understands the reasoning behind the experiments, but that subjecting dogs to so much pain goes a step too far.

"Certainly we want to do what we can to help make our fellow citizens healthier, but not at this expense," he said. "As human beings we are tasked with the responsibility for caring for those who cannot care for themselves in the canine community, and here we are abusing that trust that we have with companion animals."

He said he plans to file legislation that will address the issue.

“One being that no (taxpayer) money can be used for such experiments where a companion animal — in a sense man’s best friend — is being inhumanely treated in the name of science,” he said.

Legislation introduced to the U.S. House of Representatives by Rep. Dave Brat, R-7th, that would strip funding for all painful dog experiments at the VA recently received unanimous support.

Starr said her organization has reached out to the McGuire VA to try and adopt some of the dogs they use for experiments, but to no avail.

“We have, over many generations, encouraged dogs to become our best friends and our lifetime companions, and I think most people think it is wrong to turn around and subject them to a life of being chopped up in a research facility to be followed by death,” Starr said. “We have made them into the trusting, loving companions that they are to us.”

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

10 October 2017

1. Top Stories

1.1 - The Washington Post (Wonkblog): Why so many veterans go hungry — and VA's new plan to fix it (9 October, Caitlin Dewey, 43.9M online visitors/mo; Washington, DC)
Now, in a first-of-its-kind program, the Department of Veterans Affairs will screen all vets who visit its health-care facilities for hunger, asking them whether they've struggled to afford food in the past three months. That's welcome news to Stegall and other advocates, who say vets are especially hard to reach because they're often unwilling to seek help.

Hyperlink to Above

1.2 - U.S. News & World Report (AP): Delegation Calls for Improved Care for Women at VA Hospital (9 October, 24M online visitors/mo; Washington, DC)
New Hampshire's congressional delegation is calling for improved facilities for women who receive care at the only veterans' hospital in the state. The Democratic delegation says the current women's health clinic on the sixth floor of the Manchester VA Medical Center was damaged during a flood in July. They want to make sure women receive care in an appropriate setting during the rebuilding period.

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Feds Providing up to $2.7M to Renovate Maine Veterans Home (9 October, 24M online visitors/mo; Washington, DC)
Maine's U.S. senators say the state is going to benefit from up to $2.7 million for a renovation and expansion project at the Maine Veterans' Home facility in Bangor. Republican Sen. Susan Collins and independent Sen. Angus King say the funding is coming from the federal Department of Veterans Affairs' State Home Construction Grant Program. The renovations at the Bangor facility are underway.

Hyperlink to Above

1.4 - Newsday: LI veterans groups worry about VA move to private care (8 October, Martin C. Evans, 3.2M online visitors/mo; New York, NY)
As policymakers in Washington weigh how the Department of Veterans Affairs provides health care for those who have served the nation, advocates on Long Island are seeking assurances that an accelerating shift of some medical functions to the private sector will not deprive the region's only VA hospital in Northport of precious dollars.

Hyperlink to Above

1.5 - Military Times: Senators want more oversight of VA budgets, spending (9 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Tired of emergency funding requests from Veterans Affairs officials, a bipartisan group of senators is pushing new legislation mandating new outside oversight of the department to spur better budgeting practices. "Over the past several months, we've seen the VA lurch from funding crisis to funding crisis because of its inability to effectively manage its budget," said Sen. John McCain, R-Ariz. and one of the proposal's sponsors.

Hyperlink to Above

1.6 - WXIA (NBC-11, Video): Army vet finally gets help after V.A. delays life-saving chemo treatment (9 October, Andy Pierrotti, 1.5M online visitors/mo; Atlanta, GA)
When George Geiger served in Vietnam, gunfire shot down his helicopter six times. He was wounded twice. Forty-nine years later, the 71-year-old Purple Heart recipient is fighting to survive throat cancer and the bureaucracy of the Veteran Health Administration to get appropriate treatment. This past summer, doctors at the Atlanta VA hospital broke the bad news.

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2. Veteran and Employee Experience

2.1 - The Washington Post (The Fed Page): Traveling in style: Trump's White House wrestles with Cabinet costs (8 October, Drew Harwell, Lisa Rein and Jack Gillum, 43.9M online visitors/mo; Washington, DC)
Travel by Trump and the Cabinet has highlighted tensions among agencies and the White House over contradictory federal spending messages from Republican leaders. After The Post reported that Shulkin, an Obama administration holdover, mixed business and pleasure during a July outing to Denmark and England with his wife and three agency officials, administration officials familiar with White House thinking said they had warned Shulkin's staff about paying for such a large delegation.

Hyperlink to Above

2.2 - Providence Journal: Veterans Journal: Differing opinions on VA Secretary Shulkin's travel transparency (8 October, George W. Reilly, 1.2M online visitors/mo; Providence, RI)
VA Secretary Shulkin and a group of six people, including his wife, traveled to London and Denmark in July, where Shulkin met with British and Danish officials to discuss veterans' health issues, according to an itinerary of the trip obtained by The Washington Post. The VA secretary traveled in coach on a commercial flight during at least one part of the trip.

Hyperlink to Above

2.3 - Dayton Daily News: Ohio's Hospice hires top leader leaving Dayton VA Medical Center (9 October, Kaitlin Schroeder, 1.1M online visitors/mo; Dayton, OH)
The outgoing chief executive at the Dayton VA Medical Center will be moving on to a leadership position with Ohio's Hospice. CEO Glenn Costie, who is retiring at the end of October from the VA, will be the new chief of veteran services at Ohio's Hospice, according to the nonprofit. "Glenn Costie's proven leadership of Veteran care will be a great asset to Ohio's Hospice mission and care," Ohio's Hospice President and CEO Kent Anderson said in a statement.

Hyperlink to Above

2.4 - Arkansas Democrat-Gazette: New Arkansas clinic staffed by VA; facility joins shift away from contractor-run services for vets (9 October, Hunter Field, 871k online visitors/mo; Little Rock, AR)
The Central Arkansas Veterans Healthcare System has opened a new outpatient clinic in Mena, staffed entirely with U.S. Department of Veterans Affairs personnel. One of 16 community-based outpatient clinics in the state, the new Mena clinic is the most recent in the state to shift

away from the contractor-run format to strictly VA staff. The Pine Bluff clinic will be the next to make the change, a Little Rock VA spokesman said last week.

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2.5 - WFED (AM-1500): DHS, GPO get 'new' IT executives; VA losing long-time acquisition leader (9 October, Jason Miller, 831k online visitors/mo; Washington, DC)
It's not all promotions and job changes. Two agencies are looking for new executives. Greg Giddens, the Veterans Affairs Department's acting director of the Office of Enterprise Integration, is retiring at the end of November. In an email to staff obtained by Federal News Radio, Giddens said he announced his decision a little earlier than normal in order to give VA time to begin the process to fill his former role…

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2.6 - WFED (AM-1500, Audio): TIGTA: IRS didn't just target conservative groups (9 October, Eric White, 831k online visitors/mo; Washington, DC)
Sen. Bernie Sanders (I-Vt.) wants to give $5 billion to the Veterans Affairs Department to fill almost 50,000 vacant positions and to continue minor construction projects at VA facilities. The American Federation of Government Employees said it prefers this bill to others, which would permanently change the Veterans Choice Program. AFGE said Congress should focus on changes it can make to improve VA, not shift more veterans-related services to the private sector.

Hyperlink to Above

2.7 - Becker's Hospital Review: VA's acting undersecretary for health steps down (9 October, Anuja Vaidya, 441k online visitors/mo; Glencoe, IL)
Poonam Alaigh, MD, acting under secretary of health at U.S. Department of Veterans Affairs, left her role Oct. 7, according to a Military.com report. Dr. Alaigh has served in the role since May. She told VA employees that she was "resigning for family reasons," according to the report.

Hyperlink to Above

2.8 - KSFY (ABC-13, Video): Pin-Ups for Vets volunteers will visit Sioux Falls VA hospital (9 October, Bridget Bennett, 157k online visitors/mo; Sioux Falls, SD)
Volunteers from the non-profit organization Pin-Ups for Vets will visit the Sioux Falls VA Hospital Tuesday after a long week of online debate. Last week the Sioux Falls VA sent the group a letter denying their visit, but after the letter was posted online, a social media storm followed largely filled with support for the volunteer organization.

Hyperlink to Above

2.9 - Beaufort Gazette: Veterans: This card (coming soon?) from the VA can help you get business discounts (9 October, Wade Livingston, 66k online visitors/mo; Bluffton, SC)
It took a couple of years, but it appears the U.S. Department of Veterans Affairs will soon start issuing veterans ID cards so those who've served can prove they've done so, and take advantage of promotions and discounts. Beginning sometime in November, the cards will be available to all honorably discharged veterans who apply through the VA's website, Military.com reported.

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2.10 - KRXI (FOX-11, Video): Nevada Department of Veteran Services to receive $46,000 federal grant for sports program (9 October, Sanaz Tahernia, 65k online visitors/mo; Reno, NV)
The U.S. Department of Veterans Affairs approved a $46,000 federal grant request by the Nevada Department of Veterans Services that will go toward an "Adaptive Sports Program" to be implemented in the City of Reno, the City of Las Vegas and the Sky Tavern Ski Academy. These sports programs are community-based programs that provide therapeutic recreational services to allow disabled veterans and injured members of the military stay active and involved in their communities.

Hyperlink to Above

2.11 - Reveal: Fifth senator slams Trump administration over blanket ethics waiver on for-profit college payments (9 October, Aaron Glantz, 39k online visitors/mo; Emeryville, CA)
U.S. Sen. Tom Carper of Delaware has become the fifth Democratic lawmaker to demand the Trump administration scrap its plan to waive a 50-year-old anti-corruption law that prevents officials who administer the GI Bill from accepting money from for-profit schools backed by taxpayer subsidies. In a letter sent Friday to Secretary of Veterans Affairs David Shulkin, Carper called the administration's plan to allow all VA employees to accept money from for-profit colleges "legally dubious."

Hyperlink to Above

2.12 - CBS News Radio (ConnectingVets.com): 9 tips to save you time at the VA (9 October, Jonathan Kaupanger, 23k online visitors/mo; New York, NY)
Wait times at Veterans Affairs medical centers continue to be an issue. Here are a few tips to help save you time and energy as you manage your way through the VA. Schedule your appointment first thing in the morning or right after lunch. Many doctors, outside of the VA, are bound by quotas and have to see as many patients as possible. VA doctors focus on quality instead of quantity. Because of this, they tend to run over scheduled times. Making an appointment for either first thing in the morning all but guarantees that you'll be seen on time.

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3. Access to Healthcare

3.1 - New York Daily News: Lincoln Hospital patient paralyzed after ER blunder leaves him waiting two hours for treatment (9 October, Greg B. Smith, 26M online visitors/mo; New York, NY)
In the months after he became paralyzed, he said, he "gave up" on everything, realizing he would never walk again. But recently, he's been working with doctors at the Bronx Veterans Affairs Medical Center on Kingsbridge Road to use a robotic device that allows him to walk with the aid of canes.

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3.2 - WVEC (ABC-13, Video): New VA outpatient clinic proposal on the table for Va. Beach City Council (9 October, Megan Shinn, 607k online visitors/mo; Norfolk, VA)
A Veteran's Outpatient Clinic may soon open in Virginia Beach. The city is set to discuss the clinic proposal during the city council meeting tomorrow. Congress authorized construction of the VA clinic, and the President has signed legislation and funding is available. However, choosing a location depends on finding a 155,000 square-foot facility and a developer to build it. The idea though has veterans like Joseph Brady excited.

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3.3 - The Day: Veterans binge eating is serious problem (9 October, 438k online visitors/mo; New London, CT)
We at the VA have an urgent imperative to address suicide, PTSD, and opioid addiction among our veterans. The study of overweight and eating behavior in no way diminishes these initiatives. Being overweight is an American problem affecting 68 percent of the population, but an even greater veteran problem affecting close to 80 percent of those utilizing the VA Healthcare System.

Hyperlink to Above

3.4 - News & Sentinel: Counsel: Clarksburg VA manipulated patient data (10 October, Jess Mancini, 187k online visitors/mo; Parkersburg, WV)
Patient data was intentionally manipulated at the Louis A. Johnson VA Medical Center in Clarksburg to artificially reduce reported wait times and the volume of patient visits, the U.S. Office of the Special Counsel said in a press release. A VA investigative report said a manager at the hospital over the last seven years attempted to influence nursing staff to place emergency patients in two unofficial clinics…

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3.5 - 5280 Magazine: Colorado Veterans Face Higher Suicide Rates - Veterans in the Western States die by suicide at significantly higher rates than the rest of the country, according to the Department of Veterans Affairs' latest data. (9 October, Lisa Wirthman, 138k online visitors/mo; Denver, CO)
Rural isolation, high gun ownership, and a sense of rugged individualism may contribute to higher rates of suicide among military veterans in Colorado and the Western States. The United States Department of Veterans Affairs (VA) first state-by-state report on veteran suicide, released in September, examines 35 years of data through 2014. The findings reinforce known patterns—but also offer new insights into who is at risk, including veterans over age 50 and female veterans.

Hyperlink to Above

3.6 - WUSF (NPR-89.1): Veterans Health Program Proposed (8 October, 78k online visitors/mo; Tampa, FL)
Saying Florida has the “infrastructure and capacity to serve the health care needs of our veteran community,” a Republican senator Friday proposed a program that would allow veterans to tap into the state Medicaid managed-care system as an alternative to the federal Veterans Health Administration system.

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4. Women Veterans – All clips in top stories

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization – No Coverage

8. Other

8.1 - FOX News (Video): Single-payer health care means you might be denied surgery for being too fat -- no, really (8 October, Sally Pipes, 32.5M online visitors/mo; New York, NY)
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1. Top Stories

1.1 - The Washington Post (Wonkblog): Why so many veterans go hungry — and VA's new plan to fix it (9 October, Caitlin Dewey, 43.9M online visitors/mo; Washington, DC)

When Greg Stegall left the Navy at 30 years old, he found himself utterly adrift: a single dad with no degree, no clear plans for the future and a short résumé in a down job market. Struggling to find work, Stegall put his son in a boarding school for poor children and asked his parents for money and food.

Nearly 30 years later, Stegall — now 58 — oversees a program at a Pennsylvania food bank that delivers meals to hungry veterans. But he still regularly sees other vets in similar situations.

Military advocates have long warned that certain groups of veterans suffer extreme rates of hunger. Those include veterans of the wars in Iraq and Afghanistan — 27 percent of whom have struggled to put food on the table.

Now, in a first-of-its-kind program, the Department of Veterans Affairs will screen all vets who visit its health-care facilities for hunger, asking them whether they've struggled to afford food in the past three months. That's welcome news to Stegall and other advocates, who say vets are especially hard to reach because they're often unwilling to seek help.

Any program that tries to engage hungry vets will "make a positive impact in their lives," Stegall said.

Veterans' hunger has long flown under the policy radar, in part because it varies widely between generations and regions. Overall, multiple studies have found that all veterans' rates of both poverty and food insecurity are lower than those in the general population.

But there are pockets of vets who experience hunger often. People with disabilities and mental illnesses are far more likely to be food insecure, according to data from the Department of Agriculture. An estimated 39,000 veterans were homeless in 2016, which can make it difficult to access food.

Most strikingly, a 2015 paper published in the journal Public Health Nutrition found that veterans of the Iraq and Afghanistan wars suffer from food insecurity at more than double the national rate of 12 percent.

It isn't entirely clear why more recent veterans suffer higher rates of hunger. Researchers have hypothesized that it may relate to the state of the job market when they left the military, or to the high incidence of post-traumatic stress disorder and substance abuse. It may also have something to do with the demographics of servicemen in an all-volunteer army — which tends to draw from lower socioeconomic groups — as opposed to the demographics of those who served in Vietnam, Korea and World War II.

The apparent epidemic among recent veterans — as well as urging from a bipartisan coalition of politicians and anti-hunger groups — has prompted VA to reevaluate its food security approach. In early October, VA launched a screening initiative that will be implemented at all its facilities by the end of the month.

“This is a huge step forward, to just ask the question,” said Josh Protas, the head of government relations for the anti-hunger organization Mazon, which spearheaded efforts to get VA to launch a screening project. “We’re hoping that VA will continue building on that.”

Under the program, VA health-care providers will ask all patients whether they have run out of food or struggled to pay for it within the past three months. If they say yes, VA staff will connect them to a local food pantry or community program, share information on enrolling in Supplemental Nutrition Assistance Program (food stamps) or refer them to follow-up care with a dietary counselor, if needed.

Advocates say this is a critical step toward addressing hunger in a vulnerable — and often unreachable — population. Veterans frequently suffer from conditions, such as disability or mental illness, that can impede them from seeking help. The stigma against accepting “handouts” is also a common problem, said Stegall, whose program distributes pantry boxes at VFW Halls to help needy veterans feel more comfortable.

He remembers one vet — a man with a recent hip replacement and a single jar of spaghetti sauce in his cupboard — who refused a pantry box because “someone else might need that food more.” The man was referred to Stegall’s program by one of his VA caretakers.

Experts are also hopeful the screenings will help clinicians address other diet-related health issues, such as diabetes and depression. Studies of VA patients have shown that veterans who struggle with food insecurity also tend to have problems in these areas, and VA has identified hunger as a major factor behind hypoglycemic incidents in its diabetic patients.

A 2015 pilot of the VA hunger-screening program, which focused on clinics for homeless and formerly homeless veterans, found the screenings could help identify these issues early.

“When health care providers at pilot clinics were queried on user acceptance and implementation issues related to the screening, all universally endorsed the program,” an academic paper on the pilot concluded.

In the coming months, the agency plans to ramp up a number of other initiatives designed to feed veterans on and off their campuses.

Anne Utech, the acting national director of VA Nutrition and Food Services, said the agency is conducting regular training on food insecurity. In June, VA launched a pilot program with Feeding America that set up mini-food pantries at 10 VA medical facilities. And the agency consulted with Community Foodworks, a D.C.-based nonprofit organization, on a tool to help connect veterans to nearby farmers markets.

But advocates say the government must still do more to address hunger — among veterans and among families with active-duty military members. Protas said he would like to see better follow-up from VA to make sure vets are getting help. His organization has called on the department to come up with ways to reach the millions of veterans who don’t use VA hospitals or health clinics.

Mazon is also pushing for changes in SNAP rules that prevent military families from receiving food benefits. More than half of children in Pentagon-run schools qualify for free or reduced-price lunch — indicating their families are struggling to provide food, according to the Department of Defense.

Protas expects the issue to surface during the upcoming Farm Bill negotiations.

“We’d like to get that issue resolved as soon as possible,” he said. “Needless to say, it’s important.”

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1.2 - U.S. News & World Report (AP): Delegation Calls for Improved Care for Women at VA Hospital (9 October, 24M online visitors/mo; Washington, DC)

CONCORD, N.H. (AP) — New Hampshire's congressional delegation is calling for improved facilities for women who receive care at the only veterans' hospital in the state.

The Democratic delegation says the current women's health clinic on the sixth floor of the Manchester VA Medical Center was damaged during a flood in July. They want to make sure women receive care in an appropriate setting during the rebuilding period.

Sens. Jeanne Shaheen and Maggie Hassan, and Reps. Carol Shea-Porter and Annie Kuster wrote to Acting Director Alfred Montoya that they're concerned the facilities are inadequately designed to accommodate women, some of whom are survivors of military sexual assault trauma.

They seek a separate entrance for women veterans at the center and the relocation of the women's clinic to the first floor of a separate building.

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1.3 - U.S. News & World Report (AP): Feds Providing up to $2.7M to Renovate Maine Veterans Home (9 October, 24M online visitors/mo; Washington, DC)

BANGOR, Maine (AP) — Maine's U.S. senators say the state is going to benefit from up to $2.7 million for a renovation and expansion project at the Maine Veterans' Home facility in Bangor.

Republican Sen. Susan Collins and independent Sen. Angus King say the funding is coming from the federal Department of Veterans Affairs' State Home Construction Grant Program.

The renovations at the Bangor facility are underway. The senators say the needed improvements will modernize the facility, give residents a more comfortable space to live and create a safe environment for employees.

The senators say the project involves renovating a 20,000-square-foot skilled nursing unit and adding 5,000 square feet to expand the 40-bed unit.

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1.4 - Newsday: **LI veterans groups worry about VA move to private care** (8 October, Martin C. Evans, 3.2M online visitors/mo; New York, NY)

As policymakers in Washington weigh how the Department of Veterans Affairs provides health care for those who have served the nation, advocates on Long Island are seeking assurances that an accelerating shift of some medical functions to the private sector will not deprive the region's only VA hospital in Northport of precious dollars.

Congressional Republicans and President Donald Trump have proposed budgets for the coming year that would boost existing private-sector care options as a more cost-effective way to deliver services to veterans, while at the same time sparing them long drives to VA facilities and long wait times for appointments there.

"We can't afford to continue to do what we are doing, we just don't have the money," said Rep. Phil Roe (R-Tenn.), chairman of the House Veterans Affairs Committee during a recent visit to the VA Medical Center Northport. "We've got to get it right-sized to provide quality care for those patients."

But with billions of dollars of veterans health care spending at stake, talk of a further shift of medical functions away from VA facilities makes some veterans advocates uneasy.

Veterans organizations say existing VA facilities have specific expertise in handling military-related maladies, such as blast wounds, spinal cord damage, traumatic brain injuries and post-traumatic stress disorder. Veterans would be denied the benefit of that expertise if the VA turns more to the private sector, critics say.

"What scares a lot of veterans is the way they talk about getting rid of VA facilities, or of excess capacity in some areas," said Kristofer Goldsmith, an Iraq War veteran and Bellmore native who is assistant director for policy and government relations for Vietnam Veterans of America. "Those fears of creeping privatization have not been allayed."

The timing of the policy debate is especially ripe for Northport, a sprawling collection of aging buildings that faces expenditures estimated at more than $250 million to address deteriorating infrastructure, including leaking roofs, failing ventilation systems, flooding pedestrian tunnels and crumbling brickwork.

The recent move toward privatization at the VA dates back at least to 2014, when a national scandal surrounding long wait times to schedule doctor's appointments at VA hospitals elicited demands for easier access.

Congress responded by creating the Choice Program, which allows veterans who live more than 40 miles from a VA facility, or who faced a wait of 30 days for a doctor's appointment there, to seek treatment at a private facility and have the government pay for it.

The Trump administration has proposed spending $72.3 billion on veterans' health care in 2018, a $4.6 billion increase over the current year. That budget includes $13.2 billion for health care at non-VA facilities — the line item that includes the Choice Program — $5.3 billion more than in 2017.

Leaders with veterans organizations worry that a too-aggressive expansion of Choice could gut the VAs' in-house medical offerings.

"It is a 'stealth' privatization attempt which The American Legion fully opposes," Charles Schmitt, the National Commander of the American Legion, wrote in May.

"We believe that would drain resources away from the VA that would be required for the VA to improve," said Garry Augustine, executive director of the Disabled American Veterans Washington, D.C., headquarters. "It would also be fragmented care."

The head of the VA, Secretary David Shulkin, sought to allay those concerns in a July USA Today Op-Ed, in which he said increased spending for in-house care would be three times greater in the coming year than the increase in spending to send patients to private doctors. A VA spokesman forwarded the op-ed when asked to comment for this story, saying it reflected the position of the agency.

"Some critics complain that letting veterans choose where they get certain health care services will lead to the privatization of VA," Shulkin wrote. "Nothing could be further from the truth."

Shulkin said outsourcing some medical procedures can help the VA focus on in-house medical procedures it does best.

"We are ramping up both simultaneously in order to meet the health care needs of the veterans we are charged with serving," Shulkin wrote.

The VA provides care to about 30,000 of Long Island's roughly 130,000 veterans each year, according to Northport officials. Northport's proposed budget for next year is $250 million, including $12 million for non-VA health care.

Demands on the VA health care system have increased in recent years, even as the ranks of the nation's roughly 20 million veterans have thinned by more than 17 percent since 2001 with the fading of the World War II population, and are expected to decline another 19 percent as more Korean War and Vietnam veterans die over the next decade. According to the RAND Corp., a think tank that focused on military issues, the number of vets who use the VA health system has soared by nearly 80 percent since 2000.

A growing percentage of unenrolled veterans have begun opting into the VA system, leading to the increase in VA patients, the Rand study said.

A 2014 Congressional Budget Office comparison of VA and private sector health care costs found indications that VA care is cheaper than care provided in the private sector, while cautioning that the results were not necessarily conclusive.

In a written statement, Rep. Lee Zeldin, (R-Shirley), downplayed concerns that privatization poses a risk.

"Funding for VA care and funding for Choice are two separate pots of money," Zeldin said. "Both programs received additional funding this year."

Rep. Thomas Suozzi (D-Glen Cove), whose 3rd Congressional District includes the Northport VA Medical Center, said he supports a strategy of offering more VA medical services in satellite

clinics. But he said he opposes any overall reduction in medical staff, or a level of medical care outsourcing that would jeopardize Northport's future.

"If you go to privatization, and if the VA budget is cut in the future, you're left with nothing," Suozzi said.

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1.5 - Military Times: Senators want more oversight of VA budgets, spending (9 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

Tired of emergency funding requests from Veterans Affairs officials, a bipartisan group of senators is pushing new legislation mandating new outside oversight of the department to spur better budgeting practices.

"Over the past several months, we've seen the VA lurch from funding crisis to funding crisis because of its inability to effectively manage its budget," said Sen. John McCain, R-Ariz. and one of the proposal's sponsors.

"Our veterans deserve to have certainty that their access to quality care in the community through the Veterans Choice program will continue uninterrupted. Our legislation would require the VA to responsibly and accurately manage its budget to eliminate future funding crises and give veterans the confidence in their care they deserve."

The move comes just days before congressional lawmakers and VA officials are expected to unveil plans to overhaul the department's community care programs, which allow veterans to receive medical care from private-sector physicians with federal dollars.

That plan could become the third major piece of legislation passed by Congress this year related to the VA Choice program, created in 2014 to help alleviate medical wait time problems within the Veterans Health Administration.

But multiple times since then, lawmakers have had to intervene with funding changes — including a $2.1 billion boost in August — because of problems with estimating spending and usage rates with the program.

The new legislation would require a third-party review of all VA financial processes, including those spending rates. It would also mandate that any VA funding requests be addressed at least 45 days before a program's funding is set to run out.

"The VA's inability to provide Congress with an accurate budget is hurting veterans and taxpayers across this nation," said Sen. Jon Tester, D-Mont., and ranking member of the Senate Veterans' Affairs Committee, said in a statement about the new proposal.

"We can't keep throwing money at the VA without more accountability over their budget and spending practices. This bill will give us more confidence in the VA's ability to budget in a way that ensures veterans are getting the very best care."

McCain said without the new oversight, “our effort in Congress to develop a plan for consolidating veterans health care in the community will continue to face difficulty.”

The proposal is also supported by Sens. Tim Kaine, D-Va., and Joe Manchin, D-W.Va.

Republican House lawmakers met with veterans groups last week to discuss plans for the upcoming community care program changes. VA officials have warned that Congress must act on an extension of the Choice program before the end of the year or risk disrupting care for thousands of veterans.

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1.6 - WXIA (NBC-11, Video): Army vet finally gets help after V.A. delays life-saving chemo treatment (9 October, Andy Pierrotti, 1.5M online visitors/mo; Atlanta, GA)

PAULDING COUNTY, Ga. -- When George Geiger served in Vietnam, gunfire shot down his helicopter six times. He was wounded twice.

Forty-nine years later, the 71-year-old Purple Heart recipient is fighting to survive throat cancer and the bureaucracy of the Veteran Health Administration to get appropriate treatment.

This past summer, doctors at the Atlanta VA hospital broke the bad news. To treat his cancer, he desperately needed two treatments: radium, a form of radiation, and chemotherapy.

The VA approved Geiger to receive radium treatment at WellStar Hospital, less than a mile from his Paulding County home. When he asked to receive his chemotherapy treatments at the same hospital, the VA denied it.

Geiger says he was told he must have this chemotherapy administered at the Atlanta VA hospital, which can be an hour’s drive away or more.

"The doctor says, 'Well, what if you have a reaction to the chemo with the radium and pass out in 75/85 traffic? What’s gonna happen then?’" Geiger mused.

In July, Geiger called the 11Alive Investigators from inside a Paulding County hospital room asking for help.

11Alive Investigator Andy Pierrotti recorded an interview with Geiger on a cell phone, uploaded the video to YouTube, and then sent a link of the video to the Department of Veterans Affairs.

Within 24 hours, the VA approved treatment near his home. That was 67 days after getting diagnosed.

Dr. David Bower is chief of staff at Atlanta’s VA Hospital. Bower admits poor communication contributed to the delays.

“We want to try to shorten the time for every patient between the initial diagnosis and the treatment, but it really depends on the individual's cancer," Bower told 11Alive.

Geiger wants to know why the VA didn't initially set up both cancer treatments from the very beginning. Bower agrees.

"I think that [VA Secretary David J. Shulkin] is working hard to try to change that law to allow us to do that," Bower said.

Bower is talking about the Veteran's Choice Program, originally passed by congress in 2014. The program is supposed to allow veterans to receive treatment from a local hospital if they cannot get an appointment in 30 days, live more than 40 miles away from a VA facility, or travel identified as an "excessive burden."

The VA wants funding to expand on the excessive burden criteria to help more veterans, like Geiger.

Drew Early is an Atlanta attorney who specializes in veteran law. He agrees the VA should expand the Veteran's Choice Program, but he doesn't think more funding is the answer.

Since 2008, the VA's budget has increased 85 percent, but Early believes it's been little improvement to patient care.

"So, I don't think it's about funding," he argued. "I think it's about how the resources are managed."

Bower says the VA plans to open eight new health care facilities around metro Atlanta in the next few years, including Cobb County, which is underserved.

Geiger says chemotherapy and radium treatments have been effective. The lump on his throat is much smaller and he will soon be able to eat solid foods.

He's grateful for the VA's care, but he doesn't believe veterans should be subjected to unneeded stress.

"A purple heart veteran, like myself, should not have to go to [a TV station] to get help," Geiger concluded.

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2. Veteran and Employee Experience

2.1 - The Washington Post (The Fed Page): Traveling in style: Trump's White House wrestles with Cabinet costs (8 October, Drew Harwell, Lisa Rein and Jack Gillum, 43.9M online visitors/mo; Washington, DC)

The Trump administration, one of the wealthiest in modern U.S. history, is facing widening criticism over travel expenditures among some of the billionaires, budget hawks and business executives who head federal agencies.

Inspectors general have opened at least five investigations into charter or military flights by Cabinet officials amounting to millions in federal spending. Their decisions to veer away from

cheaper commercial flights have led to criticism from Democrats in Congress and government accountability groups about a culture of entitlement in Trump's administration.

[…]

Veterans Affairs Secretary David Shulkin last week backed out of a congressional trip to Europe, The Washington Post learned, after criticism about another international outing, which combined official travel with sightseeing and a Wimbledon tennis event. And Interior Secretary Ryan Zinke faced new criticism about his travel — often accompanied by his wife, who is managing a Republican campaign in Montana — which included stops at political fundraisers and donor events.

[…]

Travel by Trump and the Cabinet has highlighted tensions among agencies and the White House over contradictory federal spending messages from Republican leaders.

After The Post reported that Shulkin, an Obama administration holdover, mixed business and pleasure during a July outing to Denmark and England with his wife and three agency officials, administration officials familiar with White House thinking said they had warned Shulkin's staff about paying for such a large delegation. The optics were complicated by down time in the secretary's schedule and the taxpayer-supported presence of his wife.

A former VA official with knowledge of the situation disputed that account, saying the White House was informed and did not weigh in.

Shulkin's European trip did not go over well with some of the tourists he encountered.

Susan Flickinger, who lives near Madison, Wis., said she was visiting Copenhagen's Tivoli Gardens amusement park when Shulkin's entourage was whisked to the front of the line.

A Shulkin security official, she said, carried a "large number of shopping bags." A VA spokesman did not respond to questions about the visit, which is under investigation by the inspector general.

In recent days, Shulkin and his wife backed out of a trip with the House Veterans' Affairs Committee to three European countries.

A draft itinerary for the Italy leg obtained by The Post showed the couple staying at an unspecified hotel in Venice, located about an hour's drive from an Army base he was expected to visit after an evening of personal time the night before.

But VA spokesman Curt Cashour on Friday said Shulkin no longer plans to go. VA House Committee spokeswoman Tiffany Haverly said in an email that the trip itinerary had "not been finalized" and declined to provide details.

[…]

Caitlin Dewey, Amy Goldstein, Jenna Johnson and Julie Tate contributed to this report.

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2.2 - Dayton Daily News: Ohio's Hospice hires top leader leaving Dayton VA Medical Center (9 October, Kaitlin Schroeder, 1.1M online visitors/mo; Dayton, OH)

The outgoing chief executive at the Dayton VA Medical Center will be moving on to a leadership position with Ohio's Hospice.

CEO Glenn Costie, who is retiring at the end of October from the VA, will be the new chief of veteran services at Ohio's Hospice, according to the nonprofit.

"Glenn Costie's proven leadership of Veteran care will be a great asset to Ohio's Hospice mission and care," Ohio's Hospice President and CEO Kent Anderson said in a statement. "We are delighted to welcome Glenn to the Ohio's Hospice mission and looking forward to his leadership in advancing our care and service for the veterans we are privileged to serve."

Ohio's Hospice said Costie will be reviewing current service offerings and programs for veterans, crafting strategy to expand veteran care and services, working with Ohio's Hospice affiliate members to ensure consistency and quality of veteran care, and leading new Ohio's Hospice initiatives.

As CEO and medical center director with the Dayton VA Medical Center, Costie has been responsible for oversight of a 486-bed hospital, four community based outpatient clinics and oversight for Department of Defense contracts in and around the Dayton community.

Ohio's Hospice is a network that includes Ohio's Hospice of Dayton, Ohio's Hospice of Butler & Warren Counties, and Ohio's Hospice of Miami County among its members, and it serves more than 1,180 patients each day.

Costie, 55, a Virginia native started at the Department of Veterans Affairs in 1984. The Virginia Tech graduate with a degree in mechanical engineering worked at medical centers in Ohio, West Virginia, Illinois, Connecticut, Maryland and Missouri before arriving in Dayton. He spent 15 years at the Cleveland VA, managing $750 million in construction projects.

He was appointed Dayton VA Medical director in 2011 after an investigation over concerns about a dentist who was found to not have changed gloves or properly sanitized equipment between patients, archives show.

The Dayton VA serves more than 38,000 veterans. Along with the main campus in Dayton, it oversees four medical clinics in Middletown, Springfield, Lima and Richmond, Ind.

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2.3 - Arkansas Democrat-Gazette: New Arkansas clinic staffed by VA; facility joins shift away from contractor-run services for vets (9 October, Hunter Field, 871k online visitors/mo; Little Rock, AR)

The Central Arkansas Veterans Healthcare System has opened a new outpatient clinic in Mena, staffed entirely with U.S. Department of Veterans Affairs personnel.

One of 16 community-based outpatient clinics in the state, the new Mena clinic is the most recent in the state to shift away from the contractor-run format to strictly VA staff. The Pine Bluff clinic will be the next to make the change, a Little Rock VA spokesman said last week.

Dr. Margie Scott, the central Arkansas VA medical center director, said the staff is excited to welcome veterans to the Mena clinic.

"It's a brand-new building with state-of-the-art equipment, modern construction and veteran-centered design," she said in a news release.

The VA's community clinics are positioned throughout the state to offer veterans with VA benefits closer alternatives to one of the state's VA medical centers, located in Fayetteville, Little Rock and North Little Rock.

The community clinics typically offer primary care coupled with a few specialty services, although the offerings have expanded in recent years with the development of tele-medicine.

In Mena's case, the new clinic, located at 300 S. Morrow Road, will offer primary care, mental health care, tele-health, and a women's health program.

The facility will utilize the VA's Patient Aligned Care Team model, emphasizing prevention and health promotion from a personalized team consisting of a medical provider, registered nurse, licensed practical nurse and medical support assistant.

Arkansas' other community clinics are located in the following cities: Conway, El Dorado, Fort Smith, Harrison, Helena-West Helena, Hot Springs, Jonesboro, Mountain Home, Ozark, Paragould, Pine Bluff, Pocahontas, Russellville, Searcy and Texarkana.

The number of veterans each clinic sees varies by location. In the VA's Northwest Arkansas/south Missouri region, the Ozark and Harrison satellite locations average almost 200 veterans each month, according to Veterans Health Care System of the Ozarks Public Affairs Officer Wanda Shull. The Fort Smith location sees close to 1,300.

Shull said the regional branch is planning a relocation and expansion of the Fort Smith clinic.

The central Arkansas VA serves about half of its veterans through community clinics, a spokesman said.

As for the Mena clinic, it began taking calls on Sept. 30 and patients last week.

"Our mission is to honor and care for our nation's heroes, and this new clinic is built just for that purpose," Scott said.

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2.4 - WFED (AM-1500): DHS, GPO get 'new' IT executives; VA losing long-time acquisition leader (9 October, Jason Miller, 831k online visitors/mo; Washington, DC)

Barry West came back to government after the election to provide some experience and insights to the Homeland Security Department's then-new chief information officer.

West is staying a big longer now.

DHS acting CIO Stephen Rice announced to staff on Oct. 4 that West will be continuing on as senior advisor under a limited term Senior Executive Service appointment and is the new acting deputy CIO.

West's limited term appointment starts Oct. 15, Rice wrote in the email obtained by Federal News Radio.

A limited term SES appointment can last up to three years, is nonrenewable and must be to an SES General position, which will expire because of the nature of the work, according to the Office of Personnel Management.

In Rice's email, he didn't say how long West's appointment would last.

West initially came to DHS to support former CIO Richard Starapoli, who resigned in August after only four months on the job.

The decision to extend West time at DHS isn't surprising. West is replacing Rice on an interim basis, who had been acting deputy CIO since coming to headquarters from the Transportation Security Administration in June.

This will be West's sixth agency where he is serving as an IT executive. Previously, he was CIO at the Federal Deposit Insurance Corporation, the Pension Benefit Guaranty Corporation, Department of Commerce, FEMA and the National Weather Service.

Additionally, he was the president of the Mason Harriman Group, a management consulting company.

Along with DHS, the Government Publishing Office is staying with a familiar face for its CIO.

Tracee Boxley is now the permanent CIO after taking over as acting since November. GPO Director Davita Vance-Cooks made the announcement in a release on Oct. 5.

"Tracee has provided great leadership and a steady hand to our IT department during the last 11 months and I am proud to name her our new CIO," said Vance-Cooks. "Tracee's IT background and knowledge of GPO will provide leadership to this critical position, as the agency continues to meet the ever-changing technology requirements of Congress, federal agencies and the public."

Boxley has been with GPO since 2006 and was promoted to deputy CIO in 2012.

Before coming to GPO, Boxley was chief of the American Housing Survey Division at the Census Bureau, and deputy CIO and chief of the Technical Services Division at the Food Nutrition Service (FNS).

Another federal IT executive changed jobs earlier this year, and it may not have made it on many people's radar. In fact, another federal CIO just found out about it recently so I figured it's a good time to catch up.

Jack Wilmer, the former vice director for the Defense Information Systems Agency's development and business center, joined the Office of Science and Technology Policy (OSTP) on detail back in April.

Wilmer is working on cybersecurity and IT modernization efforts. Wilmer's detail is for one year with potential to extend it another year.

He joined DISA in 2010 from the private sector where he worked on a variety of network and enterprise services.

The National Institute of Standards and Technology has a new director. The Senate confirmed Dr. Walter Copan on Oct. 5.

Copan, who also holds the title of undersecretary of Commerce for Standards and Technology, comes to NIST after serving in the academic, non-profit and private sectors during his career.

Most recently, Copan was the president and CEO of the IP Engineering Group Corporation, which provides services in intellectual property strategy, technology commercialization and innovation. Until June 2017, he was founding CEO and chairman of Impact Engineered Wood Corp., an advanced materials technology company.

Copan earned dual B.S./B.A. degrees in chemistry and music from Case Western Reserve University, and then went on to get his Ph.D. in physical chemistry from Case Western.

VA's Giddens to retire

It's not all promotions and job changes. Two agencies are looking for new executives.

Greg Giddens, the Veterans Affairs Department's acting director of the Office of Enterprise Integration, is retiring at the end of November.

In an email to staff obtained by Federal News Radio, Giddens said he announced his decision a little earlier than normal in order to give VA time to begin the process to fill his former role as principle executive director of the Office of Acquisition, Logistics and Construction. Giddens has been on detail to the OEI since April where he had helped lead VA's modernization and reform efforts.

"Between now and the end of November, I will 'run through the tape.' I look forward to continuing working together with you as we continue to improve the veteran experience, improve the employee experience, and improve our stewardship of taxpayer dollars," Giddens wrote.

Giddens told my colleague Nicole Ogrysko in September that he led the effort to survey thousands of VA employees over the last few months. One major theme centered on the role of VA headquarters and how it makes decisions that impact VA medical facilities, cemeteries and benefits offices in the field.

Giddens is leaving federal service after 37 years when he started as an engineering student while finishing his engineering degree from Georgia Tech.

During his career, Giddens worked at a host of agencies including the departments of Defense, Transportation and Homeland Security.

“I could not think of any better jobs than working in OALC and the modernization office to be my last two points of federal service,” he wrote.

Giddens came to VA in 2010 and was named the principle executive director of the Office of Acquisition, Logistics and Construction in 2015.

During his tenure, Giddens aimed to improve and modernize VA’s acquisition efforts, which had come under intense scrutiny for construction failures.

Along with VA, the U.S. Mint is searching for a new chief information officer.

The Mint posted a job description on the USAJobs.gov website on Oct. 5.

Lauren Buschor has been the CIO at the Mint since 2014.

An email and phone call to the Mint asking details were not returned, and a LinkedIn message and an email to Buschor were not returned either.

DeAnna Wynn is the deputy CIO for the Mint and served as acting CIO from July to November 2013.

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2.5 - WFED (AM-1500, Audio): TIGTA: IRS didn’t just target conservative groups (9 October, Eric White, 831k online visitors/mo; Washington, DC)

[…]

Sen. Bernie Sanders (I-Vt.) wants to give $5 billion to the Veterans Affairs Department to fill almost 50,000 vacant positions and to continue minor construction projects at VA facilities. The American Federation of Government Employees said it prefers this bill to others, which would permanently change the Veterans Choice Program. AFGE said Congress should focus on changes it can make to improve VA, not shift more veterans-related services to the private sector. (Federal News Radio)

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2.6 - Providence Journal: Veterans Journal: Differing opinions on VA Secretary Shulkin's travel transparency (8 October, George W. Reilly, 1.2M online visitors/mo; Providence, RI)

VA Secretary Shulkin and a group of six people, including his wife, traveled to London and Denmark in July, where Shulkin met with British and Danish officials to discuss veterans' health issues, according to an itinerary of the trip obtained by The Washington Post. The VA secretary traveled in coach on a commercial flight during at least one part of the trip.

Amid recent presidential Cabinet controversies regarding the resignation of Secretary of Health and Human Services David Price over his use of private charter jets for travel at taxpayer expense, Department of Veterans Affairs officials announced on Sept. 29 they will post details of all official travel by Department Secretary David Shulkin online at https://www.va.gov/opa/secvatravel/. This includes any travel by private and government aircraft, as well as itineraries of official international and domestic trips, according to Shulkin.

"Under this Administration, VA is committed to becoming the most transparent organization in government, and I'm pleased to take another step in that direction with this move," Secretary Shulkin said. "Veterans and taxpayers have a right to know about my official travel as Secretary, and posting this information online for all to see will do just that." The information will also include what VA staff and spouses accompany him on each trip, if any.

Some concern has been raised by The Washington Post (see online at http://wapo.st/2xM0DWg) that Shulkin and his wife, accompanied by other VA officials, attended a tennis match at Wimbledon, toured Westminster Abbey and cruised the Thames River as part of a taxpayer-funded, 10-day work trip to Europe this past summer.

Shulkin and a group of six people, including his wife, traveled to London and Denmark in July, where Shulkin met with British and Danish officials to discuss veterans' health issues, according to an itinerary of the trip obtained by The Washington Post. The VA secretary traveled in coach on a commercial flight during at least one part of the trip.

Also, American Federation of Government Employees national president J. David Cox Sr. said on Sept. 29, "Mr. Shulkin needs to explain to veterans who are waiting for doctors' appointments how attending a Wimbledon tennis match, touring Westminster Abbey and cruising along the River Thames with his wife helped them get treated faster."

"He also needs to explain to VA employees, many of whom are veterans, why he ordered a crackdown on their travel just two weeks before going on his taxpayer-funded European vacation. With 49,000 staffing vacancies to fill, our nation's veterans and the Veterans Affairs staff deserve to know how Secretary Shulkin intends on improving services at the VA."

VA selects providers for dental program

The Department of Veterans Affairs has selected Delta Dental of California and MetLife to once again offer private dental insurance plans as part of its VA Dental Insurance Program (VADIP). The program was extended until Dec. 31, 2021, by the VA Dental Insurance Reauthorization Act of 2016.

Veterans enrolled in the VA health-care system and beneficiaries of the Civilian Health and Medical Program of the VA (CHAMPVA) can enroll in the program beginning Nov. 15 with coverage starting Dec. 1, 2017.

Eligible individuals have the opportunity to purchase discounted dental insurance coverage, including diagnostic services, preventive services, endodontic and other restorative services, surgical services and emergency services.

Individuals who enroll in one of the dental insurance plans will pay the entire premium in addition to the full cost of any copayments. Enrollment is voluntary and does not affect eligibility for VA outpatient dental services and treatment.

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2.7 - Becker's Hospital Review: VA's acting undersecretary for health steps down (9 October, Anuja Vaidya, 441k online visitors/mo; Glencoe, IL)

Poonam Alaigh, MD, acting under secretary of health at U.S. Department of Veterans Affairs, left her role Oct. 7, according to a Military.com report.

Dr. Alaigh has served in the role since May. She told VA employees that she was "resigning for family reasons," according to the report.

Previously, Dr. Alaigh served as a senior advisor at the VA as well as a corporate consultant for Atlantic ACO and Atlantic Health System, based in Morristown, N.J., according to her LinkedIn profile. She completed an internal medicine residency and a fellowship in vascular diseases.

Carolyn Clancy, MD, the VA's deputy under secretary for health for organizational excellence, will succeed Dr. Alaigh on an interim basis. Dr. Clancy worked at the VA for over a decade.

The VA health system includes more than 160 medical centers and 1,000 clinics, according to the report.

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2.8 - KSFY (ABC-13, Video): Pin-Ups for Vets volunteers will visit Sioux Falls VA hospital (9 October, Bridget Bennett, 157k online visitors/mo; Sioux Falls, SD)

Volunteers from the non-profit organization Pin-Ups for Vets will visit the Sioux Falls VA Hospital Tuesday after a long week of online debate.

Last week the Sioux Falls VA sent the group a letter denying their visit, but after the letter was posted online, a social media storm followed largely filled with support for the volunteer organization.

"I think that when we walk into the rooms, it's sort of a blast from the past," Pin-Ups for Vets Founder Gina Elise said. "Pin-up art is a part of American military history, there's even an exhibit in the Smithsonian about pin-up art and how important it was to American history. I like to think that we're keeping that part of history alive."

Gina Elise founded Pin-Ups for Vets in 2006, creating the nostalgic calendar to raise money for military medical care.

“We have donated over $56,000 dollars in rehab equipment to VA hospitals around the nation,” Elise said.

The organization's 2018 calendar features 21 female veterans.

“They love doing it because they see it as a form of empowerment, a lot of times they say it helps them regain their femininity when they return,” Elise said.

“We cannot lose our femininity, that's the essence of who we are,” Marine Corp Veteran Tess Rutherford said. “What’s objectifying about that? Look at how we're dressed today, this is how we look when we visit our veterans, there's nothing objectifying about that.”

In a Facebook post last week, the Sioux Falls VA said “this decision was made because we feel the materials the group asked to distribute may contribute to the disrespect of women veterans in their roles as equals, and perpetuates objectification of women in general.”

“The female veterans, our ambassadors, were very upset by that,” Elise said. “They're saying, why can't I wear a flower in my hair and red lipstick? They were very confused and upset by those statements…but we are so happy the hospital had a change of heart and are now allowing us to meet with the veterans.”

The two volunteers from California visited the Luverne, Minnesota veterans home Monday afternoon. They will be at the Sioux Falls VA Tuesday starting at 11:00am to visit with patients. It’s a decision many veterans have expressed their support for on the Sioux Falls VA’s Facebook page.

Several local veterans, both male and female, have expressed their support for the Pin-ups for Vets organization. One area female veteran said “I think that the Pin-ups for Vets organization has done some great work in fundraising and supporting veterans. It’s awesome that they are another example of veterans helping veterans. And not just the fundraising, but the feelings they invoke. Even reading the stories of some of the women vets who are models is pretty cool, how they feel good about themselves and are surrounded by other women who support them and hold them up. Because, that's what empowers women...having other women who support each other always.”

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2. - Beaufort Gazette: Veterans: This card (coming soon?) from the VA can help you get business discounts (9 October, Wade Livingston, 66k online visitors/mo; Bluffton, SC)

It took a couple of years, but it appears the U.S. Department of Veterans Affairs will soon start issuing veterans ID cards so those who’ve served can prove they’ve done so, and take advantage of promotions and discounts.

Beginning sometime in November, the cards will be available to all honorably discharged veterans who apply through the VA’s website, Military.com reported.

And, that outlet reported, there is no planned fee for the cards. There is no timeline for when, precisely, the application process will open. Nor is there a timeline for how long it will take to receive a card.

The move comes two years after Congress passed the 2015 Veterans Identification Card Act.

“The new cards won’t replace VA medical cards or official defense retiree cards, and will not carry any force of law behind them,” according to the Military Times.

A benefit of the cards: veterans won’t have to carry around their discharge paperwork with them to get business discounts and benefit from other promotional opportunities. Carrying that paperwork is impractical, some feel, and can open veterans up to identity theft and fraud.

In South Carolina, people who’ve served in the military can add a “veterans” designation to their driver’s licenses, according to the S.C. Department of Motor Vehicles.

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2.10 - KRXI (FOX-11, Video): Nevada Department of Veteran Services to receive $46,000 federal grant for sports program (9 October, Sanaz Tahernia, 65k online visitors/mo; Reno, NV)

RENO, Nev. (News 4 & Fox 11) — The U.S. Department of Veterans Affairs approved a $46,000 federal grant request by the Nevada Department of Veterans Services that will go toward an "Adaptive Sports Program" to be implemented in the City of Reno, the City of Las Vegas and the Sky Tavern Ski Academy.

These sports programs are community-based programs that provide therapeutic recreational services to allow disabled veterans and injured members of the military stay active and involved in their communities.

The Sky Tavern Ski Academy will be receiving $25,000 which will allow 50 disabled veterans and members of the armed services to participate in a four-day Winter Camp Program, at no cost to the participants. Activities will include adaptive alpine skiing and snowboarding as well as time, NASTAR competitive-type racing. It will also provide disabled participants with all the equipment needed for snow sports as well as skiing or snowboarding. It also will pay program fees and supports a special van for transportation to and from Sky Tavern.

The City of Reno will get $16,000 for its Parks, Recreation & Community Services Department to host a minimum of 30 disabled veterans and injured service members for a multi-day, Military Sports Camp at no cost to the participants. It will feature adaptive and Paralymic Sports featuring a wide variety of activities to accommodate all skill levels from beginner to competitor, and the funding will pay for transportation, lodging, adaptive equipment and individualized instruction.

The City of Las Vegas will be receiving $3,000 to provide approximately 230 disabled veterans and injured military members with a Fishing Program, Fishing clinics, an Adaptive Swim Program and an Aquatic Therapy Program - all at no charge. the funding will also pay for fishing

licenses, baits, poles, private swim instruction, private therapy instruction as well as Adaptive Membership Passes to three recreational centers and two municipal pools for six months. The remaining $2,000 will be used to cover administrative costs.

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2.11 - Reveal: Fifth senator slams Trump administration over blanket ethics waiver on for-profit college payments (9 October, Aaron Glantz, 39k online visitors/mo; Emeryville, CA)

U.S. Sen. Tom Carper of Delaware has become the fifth Democratic lawmaker to demand the Trump administration scrap its plan to waive a 50-year-old anti-corruption law that prevents officials who administer the GI Bill from accepting money from for-profit schools backed by taxpayer subsidies.

In a letter sent Friday to Secretary of Veterans Affairs David Shulkin, Carper called the administration's plan to allow all VA employees to accept money from for-profit colleges "legally dubious." Carper is a 23-year veteran of the U.S. Navy and Naval Reserves and the ranking Democrat on the Homeland Security and Governmental Affairs Committee.

The letter came in response to a proposed regulation, published in the Federal Register on Sept. 14, that would allow VA employees to receive wages, salary, dividends, profits, gratuities and services from for-profit schools that receive GI Bill funds. VA employees would also be allowed to hold an ownership interest in such schools.

The move, Carper wrote, represents "a drastic departure from the intent of Congress and weakens important ethics standards designed to protect VA employees and veterans." He noted it flew in the face of a request from the Senate Appropriations Committee in July, which recommended the legal prohibitions in the anti-corruption statute, be strengthened, not weakened.

The proposed change was exposed by Reveal from The Center for Investigative Reporting, which has repeatedly documented abuses by for-profit colleges that seek to cash in on veterans' GI Bill education benefits. The New York Times highlighted as well.

Carper's letter follows a similar missive sent Wednesday by Democratic Sens. Patty Murray of Washington, Elizabeth Warren of Massachusetts, Sherrod Brown of Ohio, and Richard Durbin of Illinois.

The VA has so far resisted pressure to reverse course, however. On Friday, press secretary Curt Cashour told Reveal that "the department could lose thousands of employees" if prohibitions against payments by for-profit colleges were vigorously enforced and that "our ability to serve Veterans would be seriously impeded."

He downplayed the importance of the change, stating that despite the blanket waiver other conflict-of-interest laws would still apply. For example, materials attached to the proposed rule stipulate that VA employees would be required to "recuse themselves from VA matters when an employee's participation would cause a reasonable person to question the employee's impartiality."

But critics say the rule change would effectively nullify critical consumer protections. They say it could create a situation where VA officials, who are charged with ensuring GI Bill funds are well spent, could accept payments from colleges that are facing civil suits or probes from enforcement.

The rule is set to take effect Monday. “There has been no change in implementation plans,” Cashour said.

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2.12 - CBS News Radio (ConnectingVets.com): 9 tips to save you time at the VA (9 October, Jonathan Kaupanger, 23k online visitors/mo; New York, NY)

Wait times at Veterans Affairs medical centers continue to be an issue. Here are a few tips to help save you time and energy as you manage your way through the VA.

1. Schedule your appointment first thing in the morning or right after lunch. Many doctors, outside of the VA, are bound by quotas and have to see as many patients as possible. VA doctors focus on quality instead of quantity. Because of this, they tend to run over scheduled times. Making an appointment for either first thing in the morning all but guarantees that you’ll be seen on time.
2. Have a referral to a specialty clinic? Schedule that appointment yourself! Don’t wait around for the clinic to call you, this could take a while. Sometimes the VA just automatically schedules you for your appointment, but you can always take control of this. Ask the physician or nurse for the number to the clinic. You can either call or go there in person and let them know you have a referral and set up an appointment time that works best for you.
3. Ask for an appointment tomorrow. According to the VA, the majority of veterans receive their appointments within 14 days of the desired date. That’s a rather odd statement because when was the last time you were asked and not told when you could have your appointment? It never hurts to ask for a specific appointment time and from what I hear, it works a good amount of times too.
4. Use MyHealtheVet secure messenger to talk to your physician. Need an appointment? Just have a question? Need to check your appointment schedule? Want to refill your meds? You can do all of this by downloading the VA’s MyHealtheVet app. Every VA facility has a coordinator who can help you with any issues that come up with the app and most staff can help you if you have a technical problem. If you haven’t tried this yet, from what I hear it’s a game changer!
5. Choose a different VA. You have the right to go to any VAMC you choose. If you don’t like the one closest to you, try another one. You can use the VA’s Access to Care site to check wait times for all VA facilities. And this breaks down into types of care too.
6. Go to the emergency room if you need anything. If you can’t wait, use the emergency room at the VAMC closest to you. If they can’t help you, they’ll at least get a referral in for you. This isn’t something you should do every time you need to see a doctor! But if your condition is getting worse, go get help!
7. Use the kiosks. You can check in for an appointment or look for future ones by using one of these kiosks. They are in VAMC’s and outpatient clinics. Most facilities have staff that will show you how they work. Soon you’ll even be able to pay your copay through one as well! The kiosk will even tell you if you’re in the right place or not.

8. Prepare and double check! Show up with a list of questions written out. Check them off as you go over each one with your doctor. Take notes and then verify that the physician did enter the referrals if any are needed.
9. Have a problem? Tell someone about it! Every VAMC has quarterly town hall meetings that you can attend. These meetings are held specifically so you can talk to leadership and give feedback. The majority of VA employees want to help you so let them!

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3. Access to Healthcare

3.1 - New York Daily News: Lincoln Hospital patient paralyzed after ER blunder leaves him waiting two hours for treatment (9 October, Greg B. Smith, 26M online visitors/mo; New York, NY)

On a cool September evening in 2014, 54-year-old Anthony Medlin arrived by ambulance at Lincoln Hospital and was deemed mobile and low risk, so the staff told him to wait.

Then came the two-hour delay in the busy Bronx emergency room.

By the time a doctor got around to examining Medlin, he was paralyzed from the waist down. He was rushed to surgery, but it was too late.

ER staff had labeled Medlin's case a lower priority because they believed he'd arrived with only a minor facial injury. There was, they decided, no need to rush.

Lincoln Hospital under investigation for losing ER patient

But the staff at Lincoln had failed to read a report filed by the ambulance crew stating clearly that Medlin had been hit by a car. Trauma like that requires an immediate head-to-toe exam by a doctor, experts say.

A Lincoln nurse acknowledged later that the hospital has no protocol requiring triage staff to review the "pre-hospital care report summary" all ambulance crews must file when they bring in a patient.

"They didn't kill me, but they took my life away," Medlin, sitting in his wheelchair, said last week. "Just to leave me on the side like I'm just a nobody, that really hurt."

Medlin's fateful two-hour wait is hardly unusual at Lincoln Hospital, where an ongoing Daily News investigation makes clear that the Bronx's biggest public hospital has one of the worst records in the city for ER waits.

On average, federal data show, a Lincoln ER patient waits 93 minutes before he or she sees a doctor. By comparison, the average wait in New York City hospitals is 46 minutes; nationally, it averages 29 minutes.

Lincoln also has the highest rate in the city of patients who simply give up and walk out of the ER before seeing a doctor — 15%. That compares with 3% citywide and 2% nationwide.

In 2015, the last year data were available, that meant 26,020 of the 173,470 patients who visited Lincoln's ER gave up before they got care.

A spokesman for city Health and Hospitals, Robert de Luna, said that Lincoln was recently recertified by the American College of Surgeons, and that Lincoln "is certified as a Level 1 trauma center, at the ready around the clock to save patient lives and provide the highest-quality care." Citing patient confidentiality, he declined to discuss Medlin's case.

Video shows Bronx man falls into coma after hours of neglect

Medlin's experience came just two months after a July 2014 incident in which the Lincoln ER staff lost track of patient Angel Rivera. He arrived with a head injury and wound up in an irreversible and ultimately fatal coma.

Rivera's disturbing treatment, detailed last month by The News, triggered an examination of Lincoln by the state Health Department and the city Department of Investigation. Both reviews are pending.

In Rivera's case, he languished in the ER for nine hours before a doctor found him. In Medlin's case, he sat there for two hours before a physician checked him out.

Rivera's family and Medlin have sued the city over these delays. Medlin's attorney, Alan Fuchsberg, has obtained medical records and questioned doctors, nurses and emergency medical technicians on duty the night of Sept. 15, 2014, to get to the bottom of what happened.

This Queens hospital has longest emergency room wait in NYC
Medlin had been drinking that night and spending money a few blocks north of Yankee Stadium when he was mugged. To escape his attackers, he ran into E. 167th St.

There he was hit by a car. Somebody called 911, and the ambulance arrived at 11:13 p.m. He was found lying flat on his back in the street.

Questioned by Medlin's lawyer, EMT Shawn Healy said that discovering Medlin lying in the street like that clearly indicated he was hurt.

"Not too many people want to lay on a New York City street, so I don't know — he just couldn't get up, didn't want to get up," Healy said. "Usually when someone gets hit by a car and they're still on the ground, they're hurt."

Amputation victim plans to sue Queens hospital
Healy and his partner strapped Medlin to a long board used to stabilize patients during transport, and clapped a cervical brace around Medlin's neck.

The ambulance arrived at Lincoln at 11:29 p.m., records show, but it wasn't until 11:48 p.m. that the triage team first spoke with Medlin. By then, the EMT team had filed their report with Lincoln clearly stating that Medlin had been hit by a car.

But that report was filed electronically, not handed to the nurses in triage as a note. Lindsay Diaz, the registered nurse on duty that night, conceded later during questioning by Medlin's

attorney, “When they changed it to computerized, you’re not able to view it. So I did not see their note.”

When she was asked if her “level of concern” would have risen if she’d known Medlin had been hit by a car, she said yes, but she added that “there is no protocol” at Lincoln requiring that triage read staff ambulance notes.

Notes of Diaz’s triage report show the staff wrote “No” next to “High Risk,” and described “Facial trauma” that included “Periorbital swelling with abrasions s/p assault. Head trauma. No pain present.”

The record also noted that during the triage query, the patient at one point took off his collar and got off the board. The report than added the acronym “MAEX4,” which means the team had determined Medlin “moves all four extremities.” The record said Medlin “denies numbness or tingling.”

At that time no doctor physically examined Medlin, so he lay back down and waited. And waited.

More than 90 minutes later, at 1:30 a.m., a nurse asked a doctor on duty, Dr. Jason Greenman, to look at Medlin because “somebody said he was acting strangely and just was requesting that a doctor see him,” Greenman later recalled.

At that point, it had been more than two hours since Medlin had arrived at Lincoln.

Greenman said he and another physician, Dr. Yocheved Rose, found Medlin lying in the waiting room where staff had left him. Medlin told them he couldn’t feel his feet.

When the two doctors rolled him over as part of a head-to-toe exam, they discovered an alarming protrusion on his lower spine that indicated a misalignment that had damaged the spinal cord.

At that moment, they realized Medlin was paralyzed from the waist down. They immediately rushed him into surgery, but the damage had been done. His paralysis was irreversible.

Dr. Matthew Bank, trauma medical director of North Shore University Hospital on Long Island, said, in general, trauma victims who’ve been hit by cars need to be kept immobilized. Movement can do more damage, and they should be physically examined within the first 15 minutes of arrival, he said.

“For a significant impact, somebody who’s been hit by a car, usually they have that primary and secondary examination done within 15 minutes,” Bank said.

The other doctor who examined Medlin noted that there had been no effort to immobilize Medlin after he removed the collar. Normally with trauma patients, Rose said, “We immobilize the patient so that there won’t be any aggravation of the injury.”

She also noted, “It would be my practice to try and obtain the EMS report.”

Health and Hospitals spokesman de Luna said city hospitals rely on “active verbal communication” about a patient’s condition between EMTs and triage staff “as a primary means

of information sharing," and that the written EMT reports are often filed after the handoff has taken place.

Greenman said that at a hospital as busy as Lincoln, not every patient gets immediate attention.

"It's unreasonable to expect a physician to see every patient when they come into triage in a busy emergency department," he said. "I can only see the patients I can see, and, you know, for example, at Lincoln we see like 180,000 patients a year in the emergency department."

Medlin attorney Fuchsberg said the delay in care resulted in a fateful and irreversible turn of events.

"An emergency CAT scan followed by early surgery to take the pressure off the cord would have stopped the strangulation of Mr. Medlin's spinal cord nerves before he became paralyzed," Fuchsberg said. "As a result of the emergency department's negligence, Mr. Medlin's life has been forever altered."

Two years after his visit to Lincoln, Medlin lives in a nursing home, suffers from bedsores, must attend physical and occupational therapy every week, and spends his days in a wheelchair.

Prior to the accident, he played basketball and regularly rode a bike. He was able to play with his grandchildren and could get around the city by subway with ease.

"If they really took care of me when I came in and checked my spine, it wouldn't have been that bad," he said.

In the months after he became paralyzed, he said, he "gave up" on everything, realizing he would never walk again. But recently, he's been working with doctors at the Bronx Veterans Affairs Medical Center on Kingsbridge Road to use a robotic device that allows him to walk with the aid of canes.

"It's really something," he said. "The way I carry myself, I worked through this. I'm a strong person."

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3.2 - WVEC (ABC-13, Video): New VA outpatient clinic proposal on the table for Va. Beach City Council (9 October, Megan Shinn, 607k online visitors/mo; Norfolk, VA)

VIRGINIA BEACH, Va. (WVEC) -- A Veteran's Outpatient Clinic may soon open in Virginia Beach.

The city is set to discuss the clinic proposal during the city council meeting tomorrow.

Congress authorized construction of the VA clinic, and the President has signed legislation and funding is available.

However, choosing a location depends on finding a 155,000 square-foot facility and a developer to build it. The idea though has veterans like Joseph Brady excited.

Joe is a Vietnam veteran. He says he knows what it's like to serve in the Navy.

"Been around the world a couple of times. I've been everywhere," said Joe.

He also knows how it is to be 100 percent disabled.

"I have Rheumatoid Arthritis, so they give me my medication. They make sure that my body's functioning well, they do my labs, make sure my blood is correct."

So he uses the VA facility as a resource to take care of his health.

"I think the veteran's hospital is doing an outstanding job. I really do," said Joe.

He said the VA here matters to more than 58,000 veterans in Virginia Beach.

"Having a clinic available shows me that the community cares enough to have a facility built to take care of the veterans and that's very important."

Now, the Clairfield facility's lease is set to expire on June 30, if the VA does not extend it. So the new, larger outpatient clinic could take its place.

"A facility would be ideal," said Joe.

Right now, the plans are in the proposal stage. According to specifics authorized by Congress, to make this clinic happen, the city of Virginia Beach would need to find land that would be leased to the VA for 50 years for free.

The city also needs a disabled veteran like Joe to be a partner in the proposal.

"Having one close by is definitely a convenience and it's fantastic," said Joe.

This new facility would create 350 jobs and cost more than $18,000,000 total, for the first year.

"The clinic is a very, very important part and I think it would add a whole bunch of good will if you want," said Joe. "We need it, we definitely need it and it would be a help to this community."

The proposal says the city of Chesapeake has also expressed interest in having the new clinic.

However, Congressman Taylor will talk with the VA on whether the host city can collect real estate taxes on the facility.

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3.3 - The Day: Veterans binge eating is serious problem (9 October, 438k online visitors/mo; New London, CT)

We at the VA have an urgent imperative to address suicide, PTSD, and opioid addiction among our veterans. The study of overweight and eating behavior in no way diminishes these

initiatives. Being overweight is an American problem affecting 68 percent of the population, but an even greater veteran problem affecting close to 80 percent of those utilizing the VA Healthcare System.

It is difficult to understand why we are studying “binge eating” to address this, “Grant to aid in research of binge eating among veterans,” (Sept. 27) . Most people can relate to going overboard at Thanksgiving or with a family size bag of chips. Consistent binge eating, though, is an entirely different story. Binge Eating Disorder (BED) is a new psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). People with BED, and even those who just regularly binge eat, are more likely to have medical and mental health problems such as depression and diabetes, and have trouble maintaining and losing weight.

A 2015 study showed that Veterans with BED had almost twice the amount of healthcare costs. We hope that addressing binge eating has the potential to improve the lives of our veterans and reduce medical costs.

Robin M. Masheb, Ph.D.
Director, Veterans Initiative for Eating and Weight
New Haven

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3.4 - News & Sentinel: Counsel: Clarksburg VA manipulated patient data (10 October, Jess Mancini, 187k online visitors/mo; Parkersburg, WV)

PARKERSBURG — Patient data was intentionally manipulated at the Louis A. Johnson VA Medical Center in Clarksburg to artificially reduce reported wait times and the volume of patient visits, the U.S. Office of the Special Counsel said in a press release.

A VA investigative report said a manager at the hospital over the last seven years attempted to influence nursing staff to place emergency patients in two unofficial clinics rather than record their emergency department encounter, a press release from the special counsel said.

The decision to create the clinics in the emergency department violated VA directives, prevented an accurate analysis of staff workload and gave the false impression that the Primary Care clinic had a greater workload and demand for services, the release dated Oct. 3 said.

The VA improperly coded patient encounters for medical billing purposes and informed the special counsel 602 veterans were charged an incorrect co-payment, resulting in lost revenue of $21,070 for the clinic, said the press release.

The investigation was prompted when a confidential whistleblower went to the Office of the Special Counsel with the disclosures of data manipulation, the release said.

“Whistleblowers who bring agency wrongdoing to light perform a valuable public service and deserve our gratitude,” said Acting Special Counsel Tristan Leavitt. “Manipulating data to reduce reported wait times is an unscrupulous use of taxpayer dollars and unfair to veterans. I applaud the immediate response by the Johnson VA Medical Center to correct these deficiencies.”

A statement from the medical center released Monday reiterated what was said in a Sept. 29 letter from Leavitt to Congress and the president, that the VA "immediately discontinued the practice, developed a process for clinic approvals, and educated leadership and staff on the requirements contained in agency directives violated in this matter. The agency is currently determining how to recoup lost payments. In addition, the VA counseled the manager responsible for the creation of these improper clinics."

An inquiry also was made in March 2016 by Rep. David McKinley, R-W.Va., whose congressional district includes Harrison County and the medical center, to the Department of Veterans Affairs about problems reported to him by a constituent. A statement from McKinley's office on the status of the congressman's inquiry was not available Monday, which was a federal holiday, Columbus Day.

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3.5 - 5280 Magazine: Colorado Veterans Face Higher Suicide Rates - Veterans in the Western States die by suicide at significantly higher rates than the rest of the country, according to the Department of Veterans Affairs' latest data. (9 October, Lisa Wirthman, 138k online visitors/mo; Denver, CO)

Rural isolation, high gun ownership, and a sense of rugged individualism may contribute to higher rates of suicide among military veterans in Colorado and the Western States.

The United States Department of Veterans Affairs (VA) first state-by-state report on veteran suicide, released in September, examines 35 years of data through 2014. The findings reinforce known patterns—but also offer new insights into who is at risk, including veterans over age 50 and female veterans.

An average of 20 veterans a day died by suicide in 2014 nationwide, according to the data. And only 30 percent of those veterans were under VA care, increasing the weight on local communities to help fill the gap.

In Colorado, the 2014 suicide rate for veterans, at 47 deaths per 100,000 people, was nearly double the state's overall rate of 25.5. To add perspective, Colorado consistently ranks as one of the ten states with the nation's highest suicide rates.

There's no single driver behind the West's higher suicide rates, says Sarah Brummett, director of the Colorado Department of Public Health and Environment (CDPHE) Office of Suicide Prevention. The West has large rural areas with less access to mental health resources and more opportunities for social isolation, she says. Another factor is the Western mentality of pulling yourself up by your bootstraps when there's a crisis: "You cowboy up and get through it," says Brummett.

Veterans' training and familiarity in the use of guns is also a worthy consideration. In 2014, about two-thirds of Veteran suicides involved firearms, compared to half of all suicides in Colorado, according to the VA data. "Firearms are such a highly lethal method of attempt that people don't get that second chance at survival," says Brummett. About 90 percent of people who survive a suicide attempt do not go on to die by suicide, she adds.

Public and private health professionals are clear that promoting firearm safety for veterans in crisis is not related to gun control. “It combines respect for the Second Amendment issues with recognition that firearms are a common means of suicide,” says Ira Katz, the VA’s senior consultant for mental health and suicide prevention program evaluation and an author of the report. The VA distributes gun locks through each of its medical centers without asking people to identify themselves, he adds.

Colorado’s ongoing Gun Shop Project is an innovative partnership between mental health professionals and gun shops, firing ranges, and safety instructors throughout the state to promote firearm safety and suicide prevention. “People inherently want to survive, and if you give them the information and the options they will generally make a decision to keep themselves safe,” says Carl LoFaro, manager of Veteran and Military Family Services at the Jefferson Center for Mental Health.

Another 18 percent of veteran suicides in Colorado in 2014 involved opioid or prescription drug overdoses—a growing crisis among veterans. One VA study found that veterans who were prescribed the highest dose of opioid painkillers were twice as likely to die by suicide as those who received the lowest doses.

In Colorado, men are also about four times more likely to die by suicide than women, according to the CDPHE. The VA data revealed that Colorado veterans follow a similar pattern: At least 95 percent of veteran suicides in 2014 were by men.

To better connect with men in crisis, the CDPHE launched Man Therapy, a free web site that uses a Ron Burgundy style approach to offering serious advice on how to deal with depression, anger, grief, and addiction. The site features a bacon-loving character named Dr. Rich Mahogany who cleans his desk with a leaf blower, reads chainsaw manuals and spreads the message: A mustache is no place to hide your emotions. The five-year-old site includes specific resources for military veterans.

The VA report also spotlights lesser-known risks: Nationally, about 65 percent of veteran suicides were by people age 50 or older, who are often harder to reach. Jefferson County trains gatekeepers in rural areas (think health workers, police officers, or the person in charge of the local Elks club) to educate community members about suicide prevention, LoFaro says.

The VA report also calls attention to a growing suicide risk that is 250 percent higher for female veterans than for non-veterans (and 19 percent higher for male veterans compared to civilians). As more women serve in the military, their suicide rate rose 62 percent over the past 15 years, said VA Secretary David Shulkin in public remarks last week.

Female veterans are more likely to be gun owners compared to civilians, VA officials say. And suicide rates are significantly higher among women veterans who report military sexual trauma, according to a 2016 study.

The positive news is that every Coloradan can help by reaching out to friends, neighbors and co-workers in crisis. The best thing to do if you’re concerned, says LoFaro, is tell the person your concerns and ask the question: Are you thinking about suicide? “Asking that question gives people the understanding that you’re a safe person to talk to,” he adds.

If a person is thinking about suicide, the next step is to contact a mental health professional, LoFaro adds. The VA suicide prevention crisis line number is 800-273-TALK. Help is also available online.

“Let’s get away from this idea that suicide is something that is shameful and stigmatized,” LoFaro says. “This is a public health issue in our community and the best way to address it is to get educated and be ready to assist.”

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3.6 - WUSF (NPR-89.1): Veterans Health Program Proposed (8 October, 78k online visitors/mo; Tampa, FL)

Saying Florida has the “infrastructure and capacity to serve the health care needs of our veteran community,” a Republican senator Friday proposed a program that would allow veterans to tap into the state Medicaid managed-care system as an alternative to the federal Veterans Health Administration system.

The bill (SB 440), filed by Sen. Rene Garcia, R-Hialeah, would direct the state Agency for Health Care Administration to seek federal approval of the program. Under the proposal, veterans could voluntarily decide to get services through managed-care networks used by the state Medicaid program instead of through the federal VA system.

The bill, filed for the 2018 legislative session, said state funds could not be used for the program.

“We want to work with the federal government to provide additional options to Florida's veterans,” Garcia, chairman of the Senate Children, Families and Elder Affairs Committee, said in a prepared statement. “Instead of spending more tax dollars to build facilities, we want to offer the federal Department of Veteran Affairs access to Florida's robust network of providers who are already caring for nearly 4 million recipients.”

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8.1 - FOX News (Video): Single-payer health care means you might be denied surgery for being too fat -- no, really (8 October, Sally Pipes, 32.5M online visitors/mo; New York, NY)

Do people who are overweight or obese deserve health care? In the United Kingdom's socialized health care system, the answer appears to be "no." And if Democrats get their way, the same could be true in the United States.

To save money, the U.K. National Health Service recently announced it will ban obese patients from many surgeries for up to a year. Such rationing is standard in single-payer health care systems. Americans will face the same fate if Democrats can enact Medicare for All here.

Sen. Bernie Sanders, I-Vt., recently introduced his Medicare for All bill backed by 15 other Democratic senators. His call to create such a single-payer health care system was a major part of his failed campaign for the Democratic presidential nomination last year.

[…]

America's own experiment with single-payer – the Veterans Health Administration in the Department of Veterans Affairs – is a national embarrassment. A federal investigation found that more than 200 veterans died while waiting for care at a Phoenix VA facility in 2015. The same is true of almost 100 veterans at a Los Angeles VA hospital between October 2014 and August 2015.

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8.2 - Richmond Times-Dispatch: Va. legislators decry use of a state grant for painful tests on dogs at Richmond VA hospital (8 October, Katie O'Connor, 1.5M online visitors/mo; Richmond, VA)

Researchers at the Hunter Holmes McGuire VA Medical Center in Richmond have induced heart attacks in dogs, surgically implanted pacemakers into them and trained them to run on treadmills, all in the name of studying heart health in humans.

Some of the experiments are known to inflict severe pain in the dogs and puppies — some are as young as 6 months — while withholding pain relief.

The experiments are, "abusive and wasteful," and derive some of their funding from taxpayer dollars, according to a letter sent by state Sens. William M. Stanley Jr., R-Franklin County, and Glen H. Sturtevant Jr., R-Richmond, to Gov. Terry McAuliffe's office.

“Senator Sturtevant and I firmly believe that one of the first steps we have to do here is not only get more information, but make our fellow legislators aware of where our taxpayer money is going, make the governor know where the taxpayer money is going, and letting the public in the commonwealth know,” Stanley said.

At least $99,970 went toward the experiments through a state grant that was awarded to the project’s principle investigator, the letter states. Another $50,000 grant went toward the research from Virginia Commonwealth University.

“Both grants cover a period during which numerous violations were documented,” the letter states.

The letter also asks whether the state was informed of “violations” relating to the experiments, some of which were outlined in a report by the VA Office of Research Oversight.

“If the taxpayer money is going to be spent on this, then the taxpayer should know the truth and the taxpayer’s perspective should be respected,” said Robin Starr, CEO of the Richmond SPCA, which has spoken out against the experiments. “I think most people think that this is unethical, and the Richmond SPCA certainly thinks it’s unethical.”

A public backlash has grown around the experiments since details came to light through lawsuits and Freedom of Information Act requests filed by the White Coat Waste Project, a Washington, D.C.-based watchdog group with a goal of ending taxpayer-funded animal experiments.

“We filed (FOIA) requests to get more details about the current projects happening at the Richmond VA, and discovered through those requests that Richmond is the only federal facility in the country that is conducting so-called maximum pain experiments on dogs, in which significant pain is induced and is intentionally not relieved,” said Justin Goodman, the group’s vice president of advocacy and public policy.

Some of the FOIA documents the group received indicated that experiments were still going on as of January.

The watchdog group submitted a complaint to the VA Office of Inspector General that was referred to the Office of Research Oversight, which released a report on the experiments.

The goal of the experiments, according to the report, was to study cardiac health — particularly regarding what can lead to heart abnormalities. It justified the use of dogs due to the similarities in size and physiology between dog and human hearts.

The report outlined instances of noncompliance relating to documentation and incomplete records of the dogs receiving appropriate veterinary care. In some cases, the report confirmed, mistakes made during surgeries resulted in the death of at least four dogs.

“I keep seeing and hearing the word euthanasia used — that’s not euthanasia,” Starr said. “That does not qualify as euthanasia, that’s not euthanasia as the dictionary defines it. They’re being killed.”

The primary investigator on the project, Dr. Alex Tan, was barred from working with animals. He remains in his position as a cardiologist at the McGuire VA. He did not respond to a request for comment.

A VCU spokesman said in a statement that although the university awarded a one-time $50,000 grant to Tan for the research, it did not oversee the care and use of the animals involved.

The U.S. Department of Agriculture has four classifications for animals involved in research. Some classifications state that the experiments cause no or very little pain, while the highest classification refers to experiments in which the animals are subjected to pain without relief. Some of the dogs used for the VA's experiments, Goodman said, were in this latter classification, according to the documents the watchdog group received through its FOIA requests.

Dr. Michael Fallon, chief veterinary medical officer with the VA, said in a statement that the Office of Research Oversight did not deem the experiments deficient or find that the investigators did not provide adequate veterinary care, but rather found areas when veterinary care was not documented appropriately.

"ORO did not find any evidence that these deficiencies reflected any negligence, incompetence, recklessness or intentional misrepresentation," Fallon said. He added that the deaths were related to the risks associated with any complicated and difficult surgery.

"To eliminate these deficiencies, Richmond VAMC amended the protocols to make the risks more explicit, with increasingly stringent training requirements and supervision by the Attending Veterinarian, and ultimately by replacement of the surgeon on the protocols," he said.

Fallon said the VA's animal research program "has saved lives in the past." He said dogs are needed for experiments on hearts not only because dogs' hearts are more similar to humans than animals like mice or rats, but because dogs are easier to train for "light treadmill activity needed for some of the studies, and they enjoy it, in contrast to pigs and other large animals."

Research on canines has led to various medical advances, he said, including successful human liver transplants and the understanding that smoking increases the risk of lung cancer.

He also noted that studies involving dogs and other large animals are rare, since the VA typically uses mice or rats. "Canines accounted for fewer than 0.05 percent of animals used in VA research in 2016."

Stanley, the state senator, said he understands the reasoning behind the experiments, but that subjecting dogs to so much pain goes a step too far.

"Certainly we want to do what we can to help make our fellow citizens healthier, but not at this expense," he said. "As human beings we are tasked with the responsibility for caring for those who cannot care for themselves in the canine community, and here we are abusing that trust that we have with companion animals."

He said he plans to file legislation that will address the issue.

“One being that no (taxpayer) money can be used for such experiments where a companion animal — in a sense man’s best friend — is being inhumanely treated in the name of science,” he said.

Legislation introduced to the U.S. House of Representatives by Rep. Dave Brat, R-7th, that would strip funding for all painful dog experiments at the VA recently received unanimous support.

Starr said her organization has reached out to the McGuire VA to try and adopt some of the dogs they use for experiments, but to no avail.

“We have, over many generations, encouraged dogs to become our best friends and our lifetime companions, and I think most people think it is wrong to turn around and subject them to a life of being chopped up in a research facility to be followed by death,” Starr said. “We have made them into the trusting, loving companions that they are to us.”

Back to Top

Document ID: 0.7.10678.207659

From: (b) (6) [redacted]

To: (b) (6) [redacted]

Cc: (b) (6) [redacted]

Bcc:

Subject: RE: SECVA Trip

Date: Thu Jul 13 2017 09:08:27 CDT

Attachments: Image.png

SECVA laying a wreath at Monument for the Danish International Engagement after 1948. The inscription on the wall reads, "A person. A place. A human being."

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6) [redacted].
Sent: Monday, July 10, 2017 09:52 AM Eastern Standard Time
To: (b) (6) [redacted]
Subject: SECVA Trip

Hi Gabe,

Hope you had a good weekend! Just wanted to touch base and ask that if you send any updates back with pics or recaps of the Secretary's day while abroad you copy me.

Trying to make sure we have good content for his Twitter account while he is over there, the more the better!

(b) (6) [redacted]

Hope you have a good trip!
-(b) (6) [redacted]

Document ID: 0.7.10678.207659-000001
Owner: (b) (6) [redacted] >
Filename: Image.png
Last Modified: Thu Jul 13 09:08:27 CDT 2017

Image.png for Printed Item: 50 (Attachment 1 of 1)



AMERICAN OVERSIGHT

Document ID: 0.7.10678.207669

From: (b) (6) [redacted] >

Bcc:

Subject: RE: SECVA Trip

Date: Thu Jul 13 2017 09:22:59 CDT

Attachments: Image.png

SECVA viewing the names of Danish service members killed in combat at the Monument for the Danish Engagement after 1948.

Sent with Good (www.good.com)

-----Original Message-----

From: (b) (6) [redacted]

Sent: Monday, July 10, 2017 09:52 AM Eastern Standard Time

To: (b) (6) [redacted]

Subject: SECVA Trip

Hi Gabe,

Hope you had a good weekend! Just wanted to touch base and ask that if you send any updates back with pics or recaps of the Secretary's day while abroad you copy me.

Trying to make sure we have good content for his Twitter account while he is over there, the more the better!

(b) (6) [redacted]

Hope you have a good trip!

-(b) (6) [redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.207669-000001
Owner: (b) (6)
>
Filename: Image.png
Last Modified: Thu Jul 13 09:22:59 CDT 2017

Image.png for Printed Item: 52 (Attachment 1 of 1)



AMERICAN OVERSIGHT

OPIA001505

VA-18-0457-F-001901

Document ID: 0.7.10678.207979

From: Huntley, Henry </o=va/ou=exchange
(b) (6)

Bcc:
Subject: FW: SECVA Trip
Date: Thu Jul 13 2017 10:33:59 CDT
Attachments: Image.png

The SecVA exchanging gifts with Danish MOD. (b) (6)

(b) (6)

-----Original Message-----
From: (b) (6)
Sent:Thursday, July 13, 2017 10:08 AM Eastern Standard Time
(b) (6)
Subject:RE: SECVA Trip

SecVA exchanging gifts with (b) (6)

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6)
Sent: Monday, July 10, 2017 09:52 AM Eastern Standard Time
To: (b) (6)
Subject: SECVA Trip

AMERICAN OVERSIGHT

Hi Gabe,

Hope you had a good weekend! Just wanted to touch base and ask that if you send any updates back with pics or recaps of the Secretary's day while abroad you copy me.

Trying to make sure we have good content for his Twitter account while he is over there, the more the better!

(b) (6) [redacted]

Hope you have a good trip!
(b) (6) [redacted]

Document ID: 0.7.10678.207979-000001
Owner: (b) (6) [redacted]
Filename: Image.png
Last Modified: Thu Jul 13 10:33:59 CDT 2017

AMERICAN OVERSIGHT

Image.png for Printed Item: 54 (Attachment 1 of 1)



AMERICAN OVERSIGHT

Document ID: 0.7.10678.204835

From: (b) (6) [redacted]

Cc:
Bcc:
Subject: RE: SECVA Trip
Date: Mon Jul 10 2017 08:57:50 CDT
Attachments:

No prob – I'll send plenty

From: (b) (6) [redacted]
Sent: Monday, July 10, 2017 9:53 AM
To: (b) (6) [redacted]
Subject: SECVA Trip

Hi Gabe,

Hope you had a good weekend! Just wanted to touch base and ask that if you send any updates back with pics or recaps of the Secretary's day while abroad you copy me.

Trying to make sure we have good content for his Twitter account while he is over there, the more the better!

(b) (6) [redacted]

Hope you have a good trip!

(b) (6) [redacted]

AMERICAN OVERSIGHT

Document ID: 0.7.10678.339029

From: (b) (6) [redacted]

Cc:

Bcc:

Subject: [EXTERNAL] 19 October Veterans Affairs Media Summary and News Clips

Date: Thu Oct 19 2017 04:15:44 CDT

Attachments: 171019_Veterans Affairs Media Summary and News Clips.docx
171019_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID:	0.7.10678.339029-000001
Owner:	(b) (6) [redacted]
Filename:	171019_Veterans Affairs Media Summary and News Clips.docx
Last Modified:	Thu Oct 19 04:15:44 CDT 2017

AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

19 October 2017

1. Top Stories

1.1 - FOX News (Video): Battlefield Cross returned to Ohio cemetery after 'regrettable misinterpretation' (18 October, Travis Fedschun, 32.5M online visitors/mo; New York, NY)
A Battlefield Cross marker is now back standing tall at an Ohio cemetery after a "regrettable misinterpretation of policy guidance" from the Department of Veterans Affairs. The marker, made up of a helmet, rife, and pair of boots was removed from Ohio Western Reserve National Cemetery last week after a complaint that it included the depiction of a realistic-looking gun, FOX 8 reported.

Hyperlink to Above

1.2 - U.S. News & World Report (AP): Sasse: Omaha VA's Refusal to Answer Questions 'Unacceptable' (18 October, 24M online visitors/mo; Washington, DC)
U.S. Sen. Ben Sasse is seeking answers from the Department of Veterans of Affairs following reports that VA employees kept a secret waiting list of patients from Nebraska and Iowa that obscured the actual wait times for veterans who sought appointments. Sasse sent a letter to the department Tuesday after the Omaha World-Herald reported that an audit included whistleblower complaints about unauthorized lists for appointments…

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Sedgwick County: VA Owes County $1.5 Million (18 October, 24M online visitors/mo; Washington, DC)
Sedgwick County officials say Veterans Affairs owes the county more than $1.5 million in unpaid ambulance costs. Sedgwick County Emergency Medical Services Director Scott Hadley said in a report that the VA asked for county ambulance service more than 1,900 times in the last four years without paying. County Commissioner David Dennis said he and others will meet Thursday with the hospital's nurse executive to discuss the problem.

Hyperlink to Above

1.4 - U.S. News & World Report (AP): White House: VA's Shulkin Not a Candidate for HHS Secretary (18 October, Hope Yen, 24M online visitors/mo; Washington, DC)
Veterans Affairs Secretary David Shulkin, who is under investigation for taking a 10-day trip to Europe that mixed business with sightseeing, is not being considered for the top job at Health and Human Services, the White House said Wednesday. Shulkin has been cited in media reports as a leading contender to replace former HHS Secretary Tom Price, who resigned last month following an outcry over his use of costly private planes for official travel.

Hyperlink to Above

1.5 - U.S. News &World Report (AP): Doctor at West Virginia Hospital Admits to Drug Charge (18 October, 24M online visitors/mo; Washington, DC)
Federal authorities say a 60-year-old physician has pleaded guilty to a drug charge, admitting he obtained the powerful painkiller fentanyl by fraudulently entering the name of a patient on whom he didn't intend to use it at a veterans' hospital in West Virginia. According to prosecutors, Dr. Daniel J. Bochicchio, of Monkton, Maryland, could face up to four years in prison convicted of the single charge from March.

Hyperlink to Above

1.6 - The Wichita Eagle: VA owes $1.5 million in unpaid ambulance bills, county says (18 October, Dion Lefler, 1.1M online visitors/mo; Wichita, KS)
Sedgwick County officials say the Veterans Administration owes the county more than $1.5 million in unpaid ambulance charges dating back to 2014. The county has provided more than 1,900 ambulance transports to and from the VA hospital in the past four years that the VA hasn't paid for, according to a report by Sedgwick County Emergency Medical Services Director Scott Hadley.

Hyperlink to Above

1.7 - The Washington Post: A veteran died as a nurse's aide played video games instead of checking on him, report says (19 October, Samantha Schmidt, 43.9M online visitors/mo; Washington, DC)
The day after Bill Nutter was found dead in his bed at the Bedford VA Medical Center in 2016, a staff member from the Massachusetts hospital told his wife that his heart had stopped and there was nothing more they could have done. But later, his wife, Carol Nutter, learned a bit more about what happened from a doctor, who said the hospital fell short in caring for her husband, she told the Boston Globe.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - The Washington Post (Video): VA to issue new ID cards to veterans (18 October, 43.9M online visitors/mo; Washington, DC)
The Department of Veterans Affairs plans to issue a new identification cards to former service members.

Hyperlink to Above

2.2 - KREM (CBS-2): Almost 2,000 local veterans impacted by possible Mann-Grandstaff VA data breach (18 October, 1M online visitors/mo; Spokane, WA)
Almost 2,000 Spokane area veterans may have had their protected health information compromised when two USB hard drives were stolen from a contractor a the Oklahoma City VA Medical Center. According to a release, one of the stolen hard drives had been used by the contract employee to copy and move the Mann-Grandstaff VA Medical Center's anesthesia record keeper database from a physical server being decommissioned to a virtual archive server in January.

Hyperlink to Above

2.3 - KWCH (CBS-12, Video): VA hospital owes $1.5 million in unpaid ambulance bills (18 October, 445k online visitors/mo; Wichita, KS)
Sedgwick County is trying to find out why the VA hospital owes it more than $1 million in unpaid ambulance bills. The bills go back to 2014 and Wednesday, Eyewitness News learned if the VA doesn't pay, that could mean costs for veterans. Three-and-a-half weeks ago, Sedgwick County Commissioner David Dennis discovered that the VA hospital owed Sedgwick County more than $1.4 million for ambulance services.

Hyperlink to Above

2.4 - HousingWire: SIFMA voices concern about secondary market impact of rapid VA loan refinancing, Supports Ginnie Mae, VA effort to address lenders targeting veterans (18 October, Ben Lane, 438k online visitors/mo; Irving, TX)
Investors are concerned with the secondary market impact of mortgage lenders aggressively targeting servicemembers and military veterans for quick and potentially risky refinances of their mortgages, according to SIFMA, a prominent secondary market trade group. SIFMA voiced its concerns in a letter sent Wednesday to Ginnie Mae, which recently launched an investigation and a task force with the Department of Veterans Affairs to review a rise in rapid refinances among VA loans.

Hyperlink to Above

2.5 - WKRG (CBS-5): Vietnam Veteran Says VA Will Not Replace Wheelchair (18 October, Bryant Clerkley, 272k online visitors/mo; Mobile, AL)
A Vietnam war veteran who had his leg blown off says the VA will not replace his wheelchair. Ralph Perkins says when he spoke to VA officials they told him he did not follow the right protocol to get a new wheelchair. Perkins says he had to purchase a new chair himself. He is unable to walk.

Hyperlink to Above

2.6 - KXLY (ABC-4): Data breach at Spokane VA Medical Center (18 October, Elena Gardner, 193k online visitors/mo; Spokane, WA)
Two USB hard drives containing personally-identifiable Veteran information were stolen from a Veterans Health Administration contract employee in Oklahoma on July 18, 2017. The Mann-Grandstaff VA Medical Center in Spokane has notified 1915 Veterans whose information might have been compromised. The employee was at a service call at the Oklahoma City VA Medical Center when the hard drives were stolen. The employee filed a local police report.

Hyperlink to Above

2.7 - WSIL (ABC-3): Congressional investigators make unannounced visit to Marion V.A. (18 October, Brandon Richard, 162k online visitors/mo; Carterville, IL)
A team of Congressional investigators made an unannounced visit to the Marion V.A. Medical Center this week. The investigators are with the V.A. House Oversight Committee. An email was sent to V.A. staff letting them know the investigators would be visiting and asking them questions, according to V.A. spokesman Todd Wright.

Hyperlink to Above

2.8 - Salisbury Post: VA hospital's parking deck scheduled for Nov. 8 opening (19 October, Josh Bergeron, 159k online visitors/mo; Salisbury, NC)
The Salisbury VA expects the parking deck to be used heavily. The deck is adjacent to Building No. 3, which houses primary care services and sees an average of 500 to 600 veterans per day, according to the Salisbury VA. Primary care services is usually the first point of contact after enrollmen. The deck's location should make navigating where to park easy for first-time patients, the Salisbury VA said in an emailed statement.

Hyperlink to Above

2.9 - Herald-Mail: Martinsburg VA ex-chief of staff enters plea to taking fentanyl (18 October, Matthew Umstead, 158k online visitors/mo; Hagerstown, MD)
The former chief of staff at the Martinsburg Veterans Affairs Medical Center pleaded guilty Wednesday morning in U.S. District Court to fraudulently obtaining fentanyl from the hospital. Daniel J. Bochicchio, 60, of Monkton, Md., pleaded guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception and subterfuge in a change-of-plea hearing before U.S. Magistrate Robert W. Trumble.

Hyperlink to Above

2.10 - The Journal: Physician at VA Medical Center in Martinsburg admits to drug charge (18 October, 82k online visitors/mo; Martinsburg, WV)
A Maryland man has admitted to a drug charge, United States Attorney William J. Powell announced. Daniel J. Bochicchio, of Monkton, Maryland, 60, has pled guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception, and subterfuge. Bochicchio admitted to acquiring fentanyl by fraudulently entering patient information at the Veterans Affairs Medical Center in Martinsburg, West Virginia. The crime occurred in March of 2017.

Hyperlink to Above

2.11 - Mineral News-Tribune: VA doctor pleads guilty to drug charge (18 October, 60k online visitors/mo; Keyser, WV)
According to United States Attorney William J. Powell, Daniel J. Bochicchio, of Monkton, Maryland, age 60, has pled guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception, and subterfuge. Bochicchio admitted to acquiring fentanyl by fraudulently entering patient information at the Veterans Affairs Medical Center in Martinsburg. The crime occurred in March of 2017.

Hyperlink to Above

2.12 - KFDI (CMN-101.3): VA owes ambulance fees to Sedgwick County (18 October, 19k online visitors/mo; Wichita, KS)
Sedgwick County commissioner David Dennis said Wednesday the Veterans Administration owes the county around $1.5 million for ambulance services provided to veterans. Speaking at the regular commission meeting, Dennis said his main concern is that if the county can't collect from the VA or insurance companies, it will have to bill the veterans themselves.

Hyperlink to Above

2.13 - Morton Times-News: Tazewell vets seek better VA care through Bustos (18 October, Michael Smothers, 12k online visitors/mo; Peoria, IL)
Tazewell County military veterans, many of whom served in Vietnam, told one of the county's U.S. Congress members Wednesday of problems they've dealt with for decades when they've sought medical care through the Veterans Administration. Their combat-related issues, however, are the same many current service members bring home from overseas conflicts, and Cheri Bustos took note.

Hyperlink to Above

2.14 - Journalaz: VA town hall gives veterans a voice in care (18 October, Zachary Jergan, 9.3k online visitors/mo; Camp Verde, AZ)
Veterans from across the region talked about the care available to locals. Criticism of the system's lag time — the wait for primary care, in particular, as well as the delay in processing correct charges after receiving care — was a common theme but largely restricted to health centers outside of the Cottonwood VA outpatient clinic or the larger federal system.

Hyperlink to Above

2.15 - KSNW (NBC-3, Video): County claims VA hospital owes $1.5 million in unpaid ambulance costs (18 October, Chris Arnold, 9.1k online visitors/day; Wichita, KS)
The Robert J. Dole Veterans Affairs Medical Center serves 30,000 veterans living in 59 counties of the state. The VA utilizes Sedgwick County's EMS services when it needs to transport veterans from the VA to a nearby hospital. However, that comes at a cost. It's something that Sedgwick County Commissioner David Dennis says has been adding up for the past four years.

Hyperlink to Above

3. Access to Healthcare

3.1 - U.S. News & World Report (AP): AP Exclusive: Training on Vet Suicides Set at Nevada Prisons (18 October, Scott Sonner, 24M online visitors/mo; Washington, DC)
Four months after he enlisted in the U.S. Army at 18, John Morse IV was on the front lines in Iraq training the sights of laser range finders on combat targets to be shelled. For the next four years, the fire-support specialist watched dozens of people in his unit die, saw missile fire kill civilians and witnessed the aftermath of a mass beheading.

Hyperlink to Above

3.2 - The Epoch Times: Vietnam Vet Died at VA Hospital While Nurse's Aide Played Computer Games: Report (18 October, Jack Phillips, 3.5M online visitors/mo; New York, NY)
A nurse's aide at a VA hospital in Massachusetts is accused of playing video games instead of checking on a patient—a Vietnam veteran. He died last year, the Boston Globe reported. Bill Nutter, 68, lost his second leg to diabetes and had arrhythmia, which could stop his heart without any warning. He was staying at the Bedford VA Medical Center, ranked by the Veterans Administration as one of the nation's best hospitals.

Hyperlink to Above

3.3 - The San Diego Union-Tribune: Bad fridge at San Diego VA means up to 1,500 got ineffective flu shots (18 October, Jeanette Steele, 494k online visitors/mo; San Diego, CA)
A refrigerator on the blink at the San Diego VA hospital in La Jolla has resulted in up to 1,540 veterans and employees receiving flu shots that are now considered potentially ineffective. In response to questions from the San Diego Union-Tribune, a U.S. Veterans Affairs Department spokeswoman said late Tuesday that workers discovered a temperature failure during an Oct. 13 inspection.

Hyperlink to Above

3.4 - WJXX (ABC-25, Video): Georgia nurse becomes advocate for veterans complaining about VA system (18 October, Kenneth Amaro, 321k online visitors/mo; Jacksonville, FL)
Martin, 62, has used the U.S. Department of Veterans Affairs (VA) healthcare system for the past 16 years, but said these days, he is frustrated by the VA. "I asked them about putting a port in me so the fluid can drain and they said no we don't do that," he said. A port that not only drain the fluids, but it would also ease his pain. He asked the VA to allow a private hospital in his community to do the procedure, but said he has yet to hear from the VA.

Hyperlink to Above

3.5 - GCN: VA pushes data to the point of care (18 October, Sara Friedman, 162k online visitors/mo; Wichita, KS)
From the start of VA Secretary David Shulkin's tenure in February, the Department of Veterans Affairs has mounted an aggressive agenda to improve services for veterans. Suicide prevention is one of Shulkin's initiatives to bring better care to the health care provider level. "We are bringing together various suicide issues under one umbrella and linking them together … so we can provide clinicians with risk factors for patients at the point of care…"

Hyperlink to Above

3.6 - Lake County News: VA Clinics fully operational; staff works to contact veterans in fire-impacted areas (18 October, 159k online visitors/mo; Lakeport, CA)
The VA Clinics in the North Bay are all reported to be open and fully operational in the wake of the region's wildland fires. The clinics include those in Santa Rosa, Clearlake, Ukiah and Eureka. VA shuttles will run only between the San Francisco VA Medical Center and Santa Rosa on Oct. 18. VA shuttles will not travel north of Santa Rosa.

Hyperlink to Above

3.7 - KUSO (FM-92.7, Video): U.S. Senator from Nebraska Demands Answers from VA About Nebraska Veterans on a Secret Wait List (18 October, Kari Lawrence, 45k online visitors/mo; Norfolk, NE)
A recent internal audit of the Veteran Affairs Nebraska-Western Iowa Health Care System reportedly revealed a secret waiting list that contained patients from Nebraska and Iowa, and supposedly obscured the actual wait times for veterans who sought appointments. Sasse says the existence of such a list is shocking, and the VA's refusal to answer questions about it is unacceptable. In a letter to Secretary Shulkin, Sasse requests answers to the questions below by Friday:

Hyperlink to Above

3.8 - Community Common: Q&A: Veterans Health Choice Initiative (18 October, 3.1k online visitors/mo; Portsmouth, OH)
In order to improve VA's ability to deliver high-quality health care to Veterans, section 101 of the Choice Act requires VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with eligible non-VA entities and providers. This is referred to as the Veterans Choice Program.

Hyperlink to Above

4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

7.1 - Healthcare IT News: VA proposes CARE Act to address health IT problems - The bill - written by the VA and proposed to Congress - would expand care access for veterans and make it legally easier to share patient records between the VA and outside providers. (18 October, Jessica Davis, 438k online visitors/mo; 143k online visitors/mo; New York, NY)
The U.S. Department of Veterans Affairs released a bill, which it presented to both the House and Senate, designed to address healthcare access and improve the veteran experience. The Veterans Coordinated Access and Rewarding Experiences Act would create the framework to support the agency in continuing to build a high-performing network.

Hyperlink to Above

8. Other

8.1 - BuzzFeed: For These Veterans, Growing Pot Isn't Just A Job, It's A Cause - For veterans learning to cultivate marijuana through a Los Angeles grower's internship program, it's personal. They want to push for medical cannabis to become an option for veterans with PTSD. (18 October, Vera Bergengruen, 17.7M online visitors/mo; New York, NY)
Similarly, Passmore said “the first thing the VA did is give me a bunch of pills,” including opiates for his clavicle pain. His parents, a retired EMT firefighter and a nurse, “looked at them and said ‘I wouldn’t take these if I were you,’” he said.

Hyperlink to Above

8.2 - The Hill: VA canine research helps foreign-based special interests, not US disabled veterans (18 October, Benjamin Krause, 11.8M online visitors/mo; Washington, DC)
The VA discounts animal research as invalid when it comes to informing decisions about benefits and medical care for service-disabled veterans, but now Secretary Shulkin dubiously defends the practice as “necessary” when his agency stands to lose taxpayer funding and upset corporate partners. VA can’t have it both ways and the evidence doesn’t look good.

Hyperlink to Above

8.3 - Union-Bulletin: Veterans Day explained - Congress passed a resolution in 1926 for an annual observance, and Nov. 11 became a national holiday beginning in 1938. (18 October, Annie Charnley Eveland, 60k online visitors/mo; Walla Walla, WA)
Veterans Day, observed annually on Nov. 11, honors living and dead military veterans. Armistice Day came first, established on Nov. 11, 1919 to commemorate the end of World War I at the 11th hour of the 11th day of the 11th month, in Compiègne, France. Congress passed a

resolution in 1926 for an annual observance, and Nov. 11 became a national holiday beginning in 1938. The U.S. holiday was renamed Veterans Day in 1954.

Hyperlink to Above

1. Top Stories

1.1 - FOX News (Video): Battlefield Cross returned to Ohio cemetery after 'regrettable misinterpretation' (18 October, Travis Fedschun, 32.5M online visitors/mo; New York, NY)

A Battlefield Cross marker is now back standing tall at an Ohio cemetery after a "regrettable misinterpretation of policy guidance" from the Department of Veterans Affairs.

The marker, made up of a helmet, rife, and pair of boots was removed from Ohio Western Reserve National Cemetery last week after a complaint that it included the depiction of a realistic-looking gun, FOX 8 reported.

"This is a symbol of great honor, respect," Vietnam Veteran Bill Overton told Fox 8. "When they removed it from the cemetery they were disrespecting the veterans here."

The administrator of the cemetery said the initial removal order came from "guidance" from Veterans Affairs in Washington regarding "three-dimensional" depictions of guns, which applies to all cemeteries operated by the agency.

On Tuesday, a representative from the National Cemetery Administration told FOX 8 the marker was put back in place after the guidelines were misinterpreted.

"The monument at Ohio Western Reserve National Cemetery was removed due to a regrettable misinterpretation of policy guidance regarding the acceptance of new monuments that depict weaponry. It has since been returned to its original location," National Cemetery Administration Public Affairs Officer Jessica Schiefer said. "VA will continue to honor Veterans and their families with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our Nation."

The Monument was removed from Ohio Western Reserve National Cemetery as a result of 'misinterpretation of policy guidance' from Veterans Affairs headquarters in D.C. (FOX 8) Overton said he was "so happy" to see the marker back.

"Most of the veterans at the VFW have seen it in battlefields, on ships on aircraft carriers, wherever we lost men, it's a symbol of respect and thanks," he said. "It means a lot to veterans."

Back to Top

1.2 - U.S. News & World Report (AP): Sasse: Omaha VA's Refusal to Answer Questions 'Unacceptable' (18 October, 24M online visitors/mo; Washington, DC)

OMAHA, Neb. (AP) — U.S. Sen. Ben Sasse is seeking answers from the Department of Veterans of Affairs following reports that VA employees kept a secret waiting list of patients from Nebraska and Iowa that obscured the actual wait times for veterans who sought appointments.

Sasse sent a letter to the department Tuesday after the Omaha World-Herald reported that an audit included whistleblower complaints about unauthorized lists for appointments at the VA's mental health psychotherapy clinic in Omaha.

VA officials acknowledged the audit's conclusions but wouldn't say how many Nebraska or western Iowa veterans were affected. They also declined to say who kept the unauthorized list and why, or say how many employees were involved.

Sasse says the agency's refusal to answer questions is "unacceptable and must be remedied immediately."

Back to Top

1.3 - U.S. News & World Report (AP): Sedgwick County: VA Owes County $1.5 Million (18 October, 24M online visitors/mo; Washington, DC)

WICHITA, Kan. (AP) — Sedgwick County officials say Veterans Affairs owes the county more than $1.5 million in unpaid ambulance costs.

Sedgwick County Emergency Medical Services Director Scott Hadley said in a report that the VA asked for county ambulance service more than 1,900 times in the last four years without paying.

County Commissioner David Dennis said he and others will meet Thursday with the hospital's nurse executive to discuss the problem.

The Wichita Eagle reports Dennis said the county could use the money but he's mainly worried the situation could cost sick veterans. He says if the county can't collect the money, its only alternative will be to bill veterans directly.

Back to Top

1.4 - U.S. News & World Report (AP): White House: VA's Shulkin Not a Candidate for HHS Secretary (18 October, Hope Yen, 24M online visitors/mo; Washington, DC)

WASHINGTON (AP) — Veterans Affairs Secretary David Shulkin, who is under investigation for taking a 10-day trip to Europe that mixed business with sightseeing, is not being considered for the top job at Health and Human Services, the White House said Wednesday.

Shulkin has been cited in media reports as a leading contender to replace former HHS Secretary Tom Price, who resigned last month following an outcry over his use of costly private planes for official travel. The Wall Street Journal reported over the weekend that Shulkin was interviewed by the White House and had "made his case" for becoming HHS secretary.

But a White House official said Shulkin did not have an interview and "was never under consideration for the position." The official, who insisted on anonymity because the official was not authorized to speak on the record about a personnel matter, declined to discuss reasons behind who was being considered and why.

A VA spokesman did not comment, referring questions about Cabinet-level positions to the White House.

Shulkin is one of several Cabinet members who have faced questions about travel after Price resigned.

The VA inspector general earlier this month opened an investigation into Shulkin's taxpayer-funded trip with his wife to Denmark and England to discuss veterans' health issues. Travel records released by VA show four days of the July trip were spent on personal activities, including attending a Wimbledon tennis match. The VA said Shulkin traveled on a commercial airline, and that his wife's airfare and meals were paid for by taxpayers.

Major veterans' organizations had expressed concern about uncertainty at VA should Shulkin leave his job, citing major changes underway to improve care for millions of veterans. The VA has numerous job vacancies, including top posts in its health care division.

Shulkin, a physician, served as VA's undersecretary of health during the Obama administration since 2015. President Donald Trump tapped Shulkin in January to head the VA, the government's second-largest agency.

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1.5 - U.S. News &World Report (AP): Doctor at West Virginia Hospital Admits to Drug Charge (18 October, 24M online visitors/mo; Washington, DC)

MARTINSBURG, W.Va. (AP) — Federal authorities say a 60-year-old physician has pleaded guilty to a drug charge, admitting he obtained the powerful painkiller fentanyl by fraudulently entering the name of a patient on whom he didn't intend to use it at a veterans' hospital in West Virginia.

According to prosecutors, Dr. Daniel J. Bochicchio, of Monkton, Maryland, could face up to four years in prison convicted of the single charge from March.

An indictment accused the anesthesiologist of 15 counts at the Veterans Affairs Medical Center.

He was relieved of his hospital duties in June.

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1.6 - The Wichita Eagle: VA owes $1.5 million in unpaid ambulance bills, county says (18 October, Dion Lefler, 1.1M online visitors/mo; Wichita, KS)

Sedgwick County officials say the Veterans Administration owes the county more than $1.5 million in unpaid ambulance charges dating back to 2014.

The county has provided more than 1,900 ambulance transports to and from the VA hospital in the past four years that the VA hasn't paid for, according to a report by Sedgwick County Emergency Medical Services Director Scott Hadley.

County Commissioner David Dennis revealed those numbers at Wednesday's commission meeting.

He said he and other county officials have tried for three weeks to set up a meeting with Rick Ament, director of the Robert J. Dole VA Medical Center in Wichita.

"Finally the other day they called and said there was no possible way we could meet with Rick Ament," Dennis said. He said he and other county officials will meet Thursday with the hospital's nurse executive, although Dennis said he thinks only the director has the authority to actually solve the problem.

A spokesman for the hospital said management will need to do an extensive record check to respond to the county's complaint and won't be able to respond until Thursday.

Dennis said he had hoped to work out the billing issues without going public about it.

"I wasn't trying to get on them," said Dennis, an Air Force veteran. "I wear two hearing aids and they're provided by the VA, so I really wanted to work it out and find out what's happening."

He said the county could use the money to expand its network of EMS stations or buy more ambulances, but he's mainly worried the situation will stick sick veterans with huge bills that should be paid by the government or supplemental insurance.

"There's a lot of things we could do as Sedgwick County commissioners if we had an extra $1,500,000 available to us," he said. "But that's not really my main concern today. My main concern as I started talking about this is about those veterans."

He said many of the charges are apparently now too old for the county to try to collect from Medicare, Medicaid, or private insurance.

Dennis said the charges stem from instances where the hospital has neither paid nor explained why not.

"If they told us they weren't going to pay us, then we could try to go to an insurance company of some sort," he said.

But if the county can't collect, its only alternative will be to bill the veterans directly. Although the hospital is supposed to pay for the ambulance rides, the patient bears final responsibility for the charges, according to a memo from Hadley to Dennis.

Dennis said he thinks that is wrong.

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1.7 - The Washington Post: A veteran died as a nurse's aide played video games instead of checking on him, report says (19 October, Samantha Schmidt, 43.9M online visitors/mo; Washington, DC)

The day after Bill Nutter was found dead in his bed at the Bedford VA Medical Center in 2016, a staff member from the Massachusetts hospital told his wife that his heart had stopped and there was nothing more they could have done.

But later, his wife, Carol Nutter, learned a bit more about what happened from a doctor, who said the hospital fell short in caring for her husband, she told the Boston Globe.

It turns out that the nurse's aide responsible for monitoring him overnight didn't check on Bill Nutter on the night he died. Instead, she was playing video games on her computer, the Globe reported, citing a source with firsthand knowledge.

"And when a nurse discovered Nutter dead the next morning, the hospital's internal report shows she announced it to her boss with a crude gesture signifying a slit throat," the Globe's Andrea Estes wrote in Tuesday's story.

The Department of Veterans Affairs inspector general has launched a criminal investigation with the U.S. attorney's office and the FBI to identify how the system may have failed Nutter, the Globe reported.

Nutter, a retired police detective, had served as a door gunner during the Vietnam War. While serving his country, he was exposed to the toxic herbicide Agent Orange, which doctors said led to a series of health problems, the Globe reported. His diabetes had led to the amputation of both of his legs. He also suffered from a serious heart condition that could send him into cardiac arrest at any moment, the Globe reported.

Immediately after Nutter's death, Bedford VA Medical Center reassigned Patricia Waible — the aide who failed to check on him — to a cafeteria job. The nurse who made the "cut-throat" gesture was still on her probation period, and was terminated, the Globe reported.

Waible initially insisted — and signed paperwork — claiming she had checked on Nutter as required. She eventually admitted the truth after she learned that hospital cameras showed her never leaving her computer during her shift, the Globe reported.

It was only until after the Globe contacted Veterans Affairs last month that the agency suspended Waible with pay. Veterans Affairs Secretary David Shulkin's office plans to have her permanently removed, the Globe reported.

Nutter's family did not learn the full details of his death until the Boston Globe began investigating. Now they are reportedly considering taking legal action against the agency.

The Globe also reported that several whistleblower employees and families of veterans have brought forth a slew of complaints about the Bedford VA Medical Center: how patients quickly deteriorate after being admitted, how some veterans in long-term care are left in soiled clothes or without food for hours, how buildings are infested with asbestos.

A spokesman for Shulkin said in a statement to the Globe that the secretary has "made clear that VA will hold employees accountable when the facts demonstrate that they have failed to live up to the high standards taxpayers expect from us."

The Globe's report has stirred outrage among Massachusetts politicians in the last two days.

“This is a disgrace,” Sen. Elizabeth Warren (D-Mass.), tweeted regarding the article, adding that she will be demanding answers and accountability from the department. “Our veterans deserve better.”

“This is unbelievable,” tweeted Rep. Seth Moulton (D-Mass.), “and yet not entirely so unbelievable given some of the things I’ve seen myself at the VA.”

A spokesman for Moulton told the Boston Herald that the congressman planned to have a phone conversation with Shulkin on Wednesday to discuss Nutter’s death.

“That any veteran is subject to the treatment described today is unconscionable,” Rep. Katherine M. Clark (D-Mass) said in a statement to the Herald, “and we must use every available resource to not only get to the bottom of what happened at the Bedford VA, but also to make sure it never happens again.”

Brigitte Darton, Nutter’s daughter, questions why the hospital took so long to remove the nurse aide at fault, the Globe reported. She wonders why the family had to learn the full story about what happened through a reporter.

“I hold the VA responsible for all of this. They’re responsible for their employees,” Darton told the Globe. “How many other people did this lady cause issues with?”

More from Morning Mix:

White ex-Tulsa police officer convicted of fatally shooting daughter’s black boyfriend

Mandalay Bay security guard Jesus Campos resurfaces on Ellen DeGeneres show

He said it would be ‘awesome’ to help a friend kill herself. Now he’ll be tried for murder.

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2. Veteran and Employee Experience

2.1 - The Washington Post (Video): VA to issue new ID cards to veterans (18 October, 43.9M online visitors/mo; Washington, DC)

The Department of Veterans Affairs plans to issue a new identification cards to former service members.

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2.2 - KREM (CBS-2): Almost 2,000 local veterans impacted by possible Mann-Grandstaff VA data breach (18 October, 1M online visitors/mo; Spokane, WA)

SPOKANE, Wash. – Almost 2,000 Spokane area veterans may have had their protected health information compromised when two USB hard drives were stolen from a contractor a the Oklahoma City VA Medical Center.

According to a release, one of the stolen hard drives had been used by the contract employee to copy and move the Mann-Grandstaff VA Medical Center's anesthesia record keeper database from a physical server being decommissioned to a virtual archive server in January.

"Although we cannot say for certain what information was stored on the stolen USB hard drive, we are alerting every Veteran whose personal information resides on the decommissioned ARK [Anesthesia Record Keeper] server," officials said in a release. "We have determined the information at possible risk may include full names, social security numbers, addresses, phone contacts, surgical and insurance information."

Every veteran whose person information was on the decommissioned server will get a letter of notification, officials said, and some will get an offer of credit monitoring for one year at no charge.

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2.3 - KWCH (CBS-12, Video): VA hospital owes $1.5 million in unpaid ambulance bills (18 October, 445k online visitors/mo; Wichita, KS)

Sedgwick County is trying to find out why the VA hospital owes it more than $1 million in unpaid ambulance bills.

The bills go back to 2014 and Wednesday, Eyewitness News learned if the VA doesn't pay, that could mean costs for veterans.

Three-and-a-half weeks ago, Sedgwick County Commissioner David Dennis discovered that the VA hospital owed Sedgwick County more than $1.4 million for ambulance services.

By Wednesday, that figure had increased to more than $1.5 million.

"So, it's actually gone up since I was first notified of the problem," Dennis says.

Since the issue came to light, we've learned the VA has authorized a payment for nearly $50,000.

"But $50,000 is kind of a drop in the bucket out of $1.5 million," Dennis says.

Now, the commissioner says, he has two main concerns.

"It's a problem for our Sedgwick County residents, but more than that, I'm a veteran of 29 years and I care deeply about our veterans," Dennis says.

Dennis says if the VA denies a claim, and it's more than a year old, there's only one other option to collect payment.

"We have to go back to the veteran, unfortunately," Dennis says. "We can't go back to their insurance if they had insurance at that time when the claim gets old."

Dennis says he doesn't want to force a veteran to pay, and he's looking for solutions to the problem.

"I'm not trying to get anyone in trouble. I'm not trying to say that there's someone that's not doing their job," he says. "I'm just trying to find out where the problem is and solve it."

Wednesday (Oct. 18), Wilson said he'd have a meeting Thursday afternoon with the nurse executive at the VA. He said he'd bring along Sedgwick County officials, as well as someone from the office of Congressman Ron Estes.

Dennis said he hoped that after Thursday's meeting, he'd have a better idea of why those bills aren't getting paid, and what can be done to fix the problem.

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2.4 - HousingWire: SIFMA voices concern about secondary market impact of rapid VA loan refinancing, Supports Ginnie Mae, VA effort to address lenders targeting veterans
(18 October, Ben Lane, 438k online visitors/mo; Irving, TX)

Investors are concerned with the secondary market impact of mortgage lenders aggressively targeting servicemembers and military veterans for quick and potentially risky refinances of their mortgages, according to SIFMA, a prominent secondary market trade group.

SIFMA voiced its concerns in a letter sent Wednesday to Ginnie Mae, which recently launched an investigation and a task force with the Department of Veterans Affairs to review a rise in rapid refinances among VA loans.

In the letter, SIFMA President and CEO Kenneth Bentsen said that the group and its members support the Ginnie Mae and VA efforts to address the issue because investors have already seen the down-the-line impact on mortgage-backed securities.

“We are concerned that these activities negatively impact VA borrowers and believe they have negatively impacted the mutual funds, 401k plans, and other savers invested in Ginnie Mae MBS,” Bentsen said in a statement. “We also support Ginnie Mae’s efforts to police the users of the program to ensure that Ginnie Mae and the market understand why significant variations in loan performance occur, and to ensure that actions that harm consumers or the liquidity of the MBS market are stopped as soon as is reasonably possible.”

In the letter, Bentsen said that research from SIFMA’s members found that some borrowers are being put into higher interest rate loans and quickly refinanced into lower interest rate loans.

“It may be the case that pricing and other criteria in the program create an incentive for this rapid refinancing, sometimes with less regard than deserved for the benefits to the borrower,” Bentsen writes in the letter.

"What is clear is that the mutual funds, 401k plans, and other savers invested in Ginnie Mae MBS have borne the cost of this behavior," Bentsen continues. "Ultimately, it harms all borrowers whose loans are funded by the Ginnie Mae MBS programs – if the cost of funding loans through Ginnie Mae MBS increases, the cost of mortgage loans increases for FHA and RHS borrowers, in addition to VA borrowers."

When Ginnie Mae launched its investigation into the rapid refinancing, Michael Bright, the acting president and chief operations officer of Ginnie Mae, said that the agency first noticed these issues last year and issued policies designed to address them.

At the time, Bright said that the agency put in new standards that limited the delivery of "streamline refinance" loans into standard Ginnie MBS until six consecutive monthly payments were made on the initial loan.

"Effectively, this means that an originator cannot do a quick refinance of a loan and deliver it into a standard Ginnie Mae security until the borrower has made six months of payments," Bright said in September.

But as Bright noted then, some lenders and servicers are waiting until six months and one day after origination and then originating a refinance.

Bentsen said that SIFMA's members have seen similar issues.

The (original guidelines issued by Ginnie Mae) helped stem the rapidity of the spike in prepayments in the TBA market by pushing the activity down the line so that it now occurs immediately after the 6-month window has expired," Bentsen writes. "Further, some of this activity may simply have shifted into the Custom pool market. More work needs to be done to address this issue at a fundamental level."

That's why SIFMA supports the Ginnie Mae and VA efforts in this matter.

"SIFMA members strongly support efforts by Ginnie Mae to police the users of the program to ensure that Ginnie Mae and the market understand why significant variations in loan performance occur, and to ensure that actions that harm consumers or the liquidity of the MBS market are stopped as soon as is reasonably possible," Bentsen concluded. "We hope that Ginnie Mae and VA are able to work together to quickly address these problems."

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2.5 - WKRG (CBS-5): Vietnam Veteran Says VA Will Not Replace Wheelchair (18 October, Bryant Clerkley, 272k online visitors/mo; Mobile, AL)

A Vietnam war veteran who had his leg blown off says the VA will not replace his wheelchair.

Ralph Perkins says when he spoke to VA officials they told him he did not follow the right protocol to get a new wheelchair.

Perkins says he had to purchase a new chair himself. He is unable to walk.

"I need to have a replacement wheelchair from the VA now," Perkins said. "The wheelchair that I'm sitting in is a replacement wheelchair that cost me five thousand bucks."

Biloxi, Mississippi VA Medical Center Director Dr. Christopher Saslo says he will be taking Mr. Perkins' concerns very seriously and he will look into his request aggressively.

Perkins says if he would have gone through the proper channels to get a new wheelchair from the VA, it would have taken weeks.

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2.6 - KXLY (ABC-4): Data breach at Spokane VA Medical Center (18 October, Elena Gardner, 193k online visitors/mo; Spokane, WA)

SPOKANE, Wash. - Two USB hard drives containing personally-identifiable Veteran information were stolen from a Veterans Health Administration contract employee in Oklahoma on July 18, 2017. The Mann-Grandstaff VA Medical Center in Spokane has notified 1915 Veterans whose information might have been compromised.

The employee was at a service call at the Oklahoma City VA Medical Center when the hard drives were stolen. The employee filed a local police report.

One of the stolen hard drives was the Master Drive used to copy and move the Mann-Grandstaff VA Medical Center's Anesthesia Record Keeper database from a physical server that was not connected to a network. The information was archived during the week of January 16, 2017.

The Mann-Grandstaff VA Medical Center can not say exactly what information was stored on the USB, but every Veteran whose information was on the old server has been notified by letter, just in case. An offer of credit monitoring for one year at no charge will also be offered to certain Veterans.

The information at risk could include full names, social security numbers, addresses, phone contacts, and surgical and insurance information.

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2.7 - WSIL (ABC-3): Congressional investigators make unannounced visit to Marion V.A. (18 October, Brandon Richard, 162k online visitors/mo; Carterville, IL)

WSIL -- A team of Congressional investigators made an unannounced visit to the Marion V.A. Medical Center this week.

The investigators are with the V.A. House Oversight Committee.

An email was sent to V.A. staff letting them know the investigators would be visiting and asking them questions, according to V.A. spokesman Todd Wright.

Wright says investigators aren't specifically looking into allegations of mismanagement or employee intimidation, as outlined in a report by the V.A. National Center for Patient Safety, but in a broader, general scope, including ways Congress can improve conditions at the facility.

Congressman Mike Bost wants V.A. Secretary David Shulkin to find out why longtime problems haven't been fixed.

"So we know where they fell short, what's going on and why it is that the proper authorities haven't been able to keep up with it," Bost said.

The Congressional investigators arrived on Monday and will remain on-site until Thursday.

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2.8 - Salisbury Post: VA hospital's parking deck scheduled for Nov. 8 opening (19 October, Josh Bergeron, 159k online visitors/mo; Salisbury, NC)

Parking at the Salisbury Veterans Affairs hospital may become slightly easier next month.

On Nov. 8, the W.G. "Bill" Hefner VA Medical Center plans to open the first floor of its new parking deck.

The first floor has 151 parking spaces.

Linette Baker, interim director of the Salisbury VA, said the remaining floors of the parking deck, which will have a total of 371 spaces, will open once the structure's elevator is operational.

The Salisbury VA expects the parking deck to be used heavily. The deck is adjacent to Building No. 3, which houses primary care services and sees an average of 500 to 600 veterans per day, according to the Salisbury VA.

Primary care services is usually the first point of contact after enrollmen. The deck's location should make navigating where to park easy for first-time patients, the Salisbury VA said in an emailed statement.

"Once the deck opens, a veteran should never have to search for a parking space or have to park elsewhere," the Salisbury VA said. "We want every veteran who visits here to have the best health care experience possible, from parking to checkout."

The total cost of the structure was $7.6 million. It will replace a 127-space parking lot that was in the same spot.

The Salisbury VA says the parking deck, once fully open, will offer a net gain of 243 parking spots.

In addition to the deck, other parking spots have been added to the campus to meet demand, the Salisbury VA said. Those include more than 400 temporary parking spaces since construction of the deck began. Some of the temporary gravel spaces have been approved to become permanent spaces.

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2.9 - Herald-Mail: Martinsburg VA ex-chief of staff enters plea to taking fentanyl (18 October, Matthew Umstead, 158k online visitors/mo; Hagerstown, MD)

MARTINSBURG, W.Va. — The former chief of staff at the Martinsburg Veterans Affairs Medical Center pleaded guilty Wednesday morning in U.S. District Court to fraudulently obtaining fentanyl from the hospital.

Daniel J. Bochicchio, 60, of Monkton, Md., pleaded guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception and subterfuge in a change-of-plea hearing before U.S. Magistrate Robert W. Trumble.

Sixteen additional counts are to be dismissed as part of a plea agreement that was reached in the case, court records said.

Bochicchio faces a maximum of four years in prison and $250,000 fine, one year of supervised release and potential forfeiture of property.

The anesthesiologist said that he took the drug from the hospital for personal use while going through a "very severe" family crisis in February and March.

Felix Beltran Jr., a special agent with the U.S. Office of Inspector General, testified that his investigation probed the dispensing of more than 5,000 micrograms of fentanyl at the hospital.

The total pertaining to Wednesday's plea agreement is 1,900 grams, court records said.

The prosecution agreed to not force Bochicchio to relinquish his Maryland and Pennsylvania medical licenses and certificates, and the plea agreement also doesn't prohibit him from working in a doctor's office or being associated with a medical practice, records said.

A condition in the plea agreement that outlined those proposed terms was deleted.

Regarding the allegation to which Bochicchio entered a guilty plea, Beltran testified that 100 micrograms of the powerful painkiller was "pulled" on March 1 after anesthesia had ended for the patient who was to receive the medication.

Nursing documentation also indicated that the patient's pain score was zero, Beltran said.

Bochicchio, who was hired as the medical center's chief of staff in October 2016, was relieved of his duties June 2 and no longer is with the Department of Veterans Affairs, a hospital spokesman said.

The prosecution alleged that Bochicchio obtained fentanyl multiple times in the first quarter of this year by entering patient information and a specific quantity of the drug to be used in medical procedures at the hospital, court records said.

The defendant didn't intend to administer fentanyl in the procedures, records said.

Fentanyl is a painkiller that is 50 to 100 times more powerful than morphine, and often is mixed with heroin to lower a drug dealer's production costs.

In January 2016, the Beckley (W.Va.) Veterans Affairs Medical Center announced on its Facebook page that Bochicchio was assigned to a 90-day detail as the facility's acting director.

The announcement noted that Bochicchio is board certified in anesthesiology and critical-care medicine, and has more than 25 years of commissioned service in the Army National Guard.

His service included five years on the National Guard Bureau Joint Staff, where he served as the first joint staff surgeon.

Bochicchio had been caring for veterans for more than 10 years as an attending physician at the Baltimore Veterans Affairs Medical Center.

Assistant U.S. Attorney Lara Omps-Botteicher prosecuted the case on behalf of the government.

Bochicchio was represented at Wednesday's hearing by attorneys David Schertler and Shawn McDermott.

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2.10 - The Journal: Physician at VA Medical Center in Martinsburg admits to drug charge
(18 October, 82k online visitors/mo; Martinsburg, WV)

MARTINSBURG – A Maryland man has admitted to a drug charge, United States Attorney William J. Powell announced.

Daniel J. Bochicchio, of Monkton, Maryland, 60, has pled guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception, and subterfuge. Bochicchio admitted to acquiring fentanyl by fraudulently entering patient information at the Veterans Affairs Medical Center in Martinsburg, West Virginia. The crime occurred in March of 2017.

Bochicchio faces up to four years incarceration and a fine of up to $250,000. Under the Federal Sentencing Guidelines, the actual sentence imposed will be based upon the seriousness of the offenses and the prior criminal history, if any, of the defendant.

Assistant U.S. Attorney Lara Omps-Botteicher is prosecuting the case on behalf of the government. The U.S. Department of Veterans Affairs, Office of Inspector General and the U.S. Department of Veterans Affairs Police investigated.

U.S. Magistrate Judge Robert W. Trumble presided.

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2.11 - Mineral News-Tribune: VA doctor pleads guilty to drug charge (18 October, 60k online visitors/mo; Keyser, WV)

MARTINSBURG - A physician at the Martinsburg VA Center has admitted to illegally obtaining drugs at the center.

According to United States Attorney William J. Powell, Daniel J. Bochicchio, of Monkton, Maryland, age 60, has pled guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception, and subterfuge. Bochicchio admitted to acquiring fentanyl by fraudulently entering patient information at the Veterans Affairs Medical Center in Martinsburg. The crime occurred in March of 2017.

Bochicchio faces up to four years incarceration and a fine of up to $250,000. Under the federal sentencing guidelines, the actual sentence imposed will be based upon the seriousness of the offenses and the prior criminal history, if any, of the defendant.

Assistant U.S. Attorney Lara Omps-Botteicher is prosecuting the case on behalf of the government. The U.S. Department of Veterans Affairs, Office of Inspector General and the U.S. Department of Veterans Affairs Police investigated.

U.S. Magistrate Judge Robert W. Trumble presided.

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2.12 - KFDI (CMN-101.3): VA owes ambulance fees to Sedgwick County (18 October, 19k online visitors/mo; Wichita, KS)

Sedgwick County commissioner David Dennis said Wednesday the Veterans Administration owes the county around $1.5 million for ambulance services provided to veterans.

Speaking at the regular commission meeting, Dennis said his main concern is that if the county can't collect from the VA or insurance companies, it will have to bill the veterans themselves.

Dennis said the bills date back to 2014. He said he has tried to arrange a meeting with VA Medical Center director Rick Ament, but he was told that a meeting would not be possible. Dennis said he will meet this week with a nurse executive to talk about the situation.

Dennis said insurance companies have a time restriction for paying bills ranging from 90 days to a year from the date service is provided. He said if the county can't collect on the bills, "that leaves us going to the veteran, and that's my main concern."

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2.13 - Morton Times-News: Tazewell vets seek better VA care through Bustos (18 October, Michael Smothers, 12k online visitors/mo; Peoria, IL)

Tazewell County military veterans, many of whom served in Vietnam, told one of the county's U.S. Congress members Wednesday of problems they've dealt with for decades when they've sought medical care through the Veterans Administration.

Their combat-related issues, however, are the same many current service members bring home from overseas conflicts, and Cheri Bustos took note.

About 20 vets met with Bustos, D-Ill., at the county's McKenzie Building for an hour-long discussion in which Bustos met her promise to "listen more than talk."

She heard the veterans' stories of bureaucratic obstacles they've encountered for years to obtain both medical and mental health care through the VA. Bustos said she would inquire about several of the cases they raised.

Omer Peal of Pekin said he came home in 1969 with mental health issues from his tour as an Army platoon sergeant in the Vietnam War. He sought help from the VA in the 1980s.

By 2008, "They finally were convinced I was crazy," Peal joked.

Turning serious, he added, "A lot of veterans get fed up with the (VA) system and drop out."

That, said Bustos, is a problem the federal government seeks to address, by both making VA medical care available through private doctors and clinics and by opening new VA clinics.

One that is scheduled to open in July 2019 in McLean County will be available to about 2,500 central Illinois vets who now must travel to the Bob Michel VA Clinic in Peoria. That will include many vets in Tazewell, part of which Bustos, of Rock Island, represents within the 17th District.

Discussion focused on care for mental issues affiliated with post-traumatic stress disorder (PTSD). It still affects Vietnam-era vets, who comprised most of those at the meeting. Most of them told Bustos they didn't, or couldn't, watch the recent PBS multi-part series on the war's history.

"I did" watch it, said one veteran. "I had a lot of sleepless nights" as a result.

John McCabe, Pekin's mayor and a Vietnam veteran, said he speaks to school classes as "therapy" for issues from his war experience.

Veterans, then and now, "go through a range of emotions the (students) can't understand," he said.

Peal suggested the VA could begin programs to educate spouses and families of current service members about how to recognize and deal with PTSD problems their loved ones bring home.

"That's what we need to get to," he said.

At the meeting's end, Jeff Johanssen of Deer Creek told Bustos how he believes the government should approach veteran issues.

"We were trained to do the right thing in the right way at the right time," he said. "That's all we ask of you and (of) Congress."

"I'll do my best," Bustos replied.

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2.14 - Journalaz: VA town hall gives veterans a voice in care (18 October, Zachary Jergan, 9.3k online visitors/mo; Camp Verde, AZ)

Veterans from across the region talked about the care available to locals. Criticism of the system's lag time — the wait for primary care, in particular, as well as the delay in processing correct charges after receiving care — was a common theme but largely restricted to health centers outside of the Cottonwood VA outpatient clinic or the larger federal system.

"Our commitment is always to transparency," said Barbara Oemcke, Northern Arizona VA Health Care System's medical center director. She encouraged veterans to keep dialogue open with their local, state and federal benefits representative or care providers, ensuring that any lack is noticed and mistakes are not repeated.

"If you have things that aren't right and don't speak up, that builds frustration, so I appreciate you speaking up. Always bring those questions up," said Kerri Wilhoite, Northern Arizona VA Health Care System associate director for Patient Care Services and nurse executive, adding that health care is a complicated issue compounded by access in rural areas like the Verde Valley.

Often, the VA is forced to send patients outside the network to the Phoenix area, complicating the coordination of services and confusing billing.

"[Sometimes] something gets messed up and falls through the crack," Wilhoite said. "We're happy to bring up those issues [and] really try to make the best sense of what's going on and if there's a problem not repeat it."

The area of universal consensus among the veterans and providers was the commitment of local doctors and medical staff. According to Oemcke, a significant proportion of doctors and staff are veterans themselves, while "those staff who are not veterans are really committed to the VA because they believe in the VA's mission."

One such staff member, Northern Arizona VA Health Care System Chief of Staff Dr. Malcolm Piatt, comes from a family with history in the military: His father and 10 of his 11 uncles served in World War II. Piatt himself missed the draft for the Vietnam War by only a few years.

According to Piatt, his family's emphasis on service to one's country had a major impact on his development, inspiring him to find his own path to assisting veterans. "It's a privilege and an honor to serve vets," Piatt said. "I always knew I owed a rather large debt."

Piatt said while the VA health system is not perfect, access to medical records is increasingly easy for care providers, ensuring that if a veteran seeks care while on vacation, Piatt is able to access the relevant details in Northern Arizona, reducing the lag time significantly. Piatt urged veterans to follow up when anything goes awry. Guaranteeing that veterans have access and remaining confident in the support system is key.

Technology has made veterans' health care more efficient, Wilhoite said, especially for those who live far from hospitals and clinics. Not only does the VA Health Administration maintain a variety of resource websites, myhealthevet.va.gov helps veterans refill prescriptions, manage appointments, access health care records and contact VA staff.

Additionally, it offers consultation about maintaining a healthy lifestyle. In addition, the Veterans Appointment Request app, available for smartphones, makes appointments easier by arranging and organizing visits.

"If you're in doubt, the telephone care is great," Wilhoite said, endorsing teleheath.va.gov as a means to access healthcare without the long trips, extended waits and other inconveniences of inperson care.

Of course, remote access is not preferable to everyone: For those Verde Valley veterans with significant hurdles to accessing care, the Northern Arizona VA Health Care System offers transport to and from Prescott and the Phoenix area for appointments.

According to Northern Arizona VA Health Care System Voluntary Service Specialist Paul Flack, the van trips are free and available to all veterans in need of the service. Moreover, members of the community can help.

"We have an urgent need for volunteer drivers for Disabled American Veterans," Flack said, adding that becoming a driver is simple, requiring a driver's license and a background check.

To contact VA Voluntary Services, call (928) 776-6013. For immediate mental health care and suicide prevention and consultation, call the VA Crisis Line at (800) 273-8255. The Cottonwood VA Outpatient Clinic is at 501 S. Willard St. in Cottonwood. Call 649-1532.

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2.15 - KSNW (NBC-3, Video): County claims VA hospital owes $1.5 million in unpaid ambulance costs (18 October, Chris Arnold, 9.1k online visitors/day; Wichita, KS)

WICHITA, Kan. (KSNW) – The Robert J. Dole Veterans Affairs Medical Center serves 30,000 veterans living in 59 counties of the state.

The VA utilizes Sedgwick County's EMS services when it needs to transport veterans from the VA to a nearby hospital.

However, that comes at a cost.

It's something that Sedgwick County Commissioner David Dennis says has been adding up for the past four years.

"Once we have a transport from the Veterans Administration, than we will send a bill to the VA, the VA obviously isn't paying timely," said Dennis.

Dennis says the county is owed money from the VA for those services, dating back to 2014.

He says right now, the county is owed $97,000 from 2014, $365,000 from 2015 and $325,000 from 2016.

This year alone, Dennis says the county is owed $679,000. That amounts to a total of over $1.5 million.

“This is a considerable amount of money owed to Sedgwick County residents, first of all, if we had an extra $1.5 million in our EMS budget, we could remodel the EMS facility that is located in Commissioner Ranzau’s district, we’d have enough left over to build on in Commissioner Unruh’s district,” said Dennis.

Dennis says getting the money he says the county is owed back won’t be easy.

“Any time it gets over a year, if they had other ways of paying for it, we can’t go against their insurance or Medicare or Medicaid, we have to go after the veteran,” said Dennis.

The veterans are the biggest concern for Dennis, who is a retired Air Force Colonel himself.

He says his goal is to find out where the problem lies and work toward a solution.

“It’s not that i’m not happy with the VA by any means, it’s just I’m concerned that there is a problem some place,” said Dennis.

The VA did release a statement Wednesday afternoon saying:

“The VA is committed to paying its bills. the purpose of the meeting will be to discuss the bills in question and to clarify differences in understanding of what is actually due. the VA is a good corporate citizen and will honor its obligations.”

County leaders are slated to meet with VA officials Thursday afternoon.

KSN will cover that meeting for you and have what comes out of it on KSN News at five and six.

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3. Access to Healthcare

3.1 - U.S. News & World Report (AP): AP Exclusive: Training on Vet Suicides Set at Nevada Prisons (18 October, Scott Sonner, 24M online visitors/mo; Washington, DC)

RENO, Nev. (AP) — Four months after he enlisted in the U.S. Army at 18, John Morse IV was on the front lines in Iraq training the sights of laser range finders on combat targets to be shelled.

For the next four years, the fire-support specialist watched dozens of people in his unit die, saw missile fire kill civilians and witnessed the aftermath of a mass beheading.

Last year, the 27-year-old who had been diagnosed with post-traumatic stress disorder hanged himself in a Nevada prison.

His family was awarded a $93,000 settlement last week in a wrongful death suit accusing the Nevada Department of Corrections, a state psychiatrist and state psychologist of ignoring Morse's mental illness.

More important than the money, his family says, is the state's commitment to launch a new suicide training protocol for prison workers intended to help jailed combat veterans like their son — a decorated war hero they say deserved better.

"He entered the war a healthy, happy teenager and returned a devastated shell, emotionally ravaged and physically scarred," according to the lawsuit filed in April by his widow, Stephanie Morse, and parents Debbie and John Morse III. They had sought $800,000 in damages.

"Nothing can replace my son, but I'm satisfied," the father said.

The state initially offered $25,000 then agreed to the settlement in U.S. District Court in Reno — $92,500 for the family, $500 for a plaque or memorial.

John Morse IV earned a half-dozen medals, including the Iraq Campaign medal, before he returned to his family in 2009. He briefly worked as a casino security guard and in a fast-food restaurant but was soon unable to work or function in society, the lawsuit said.

He "became preoccupied with religious delusion, space aliens, suicide and the unrelenting death and devastation he witnessed," the lawsuit said. He gave away his money and lived under a bridge.

His father remembers the day his son telephoned from Iraq to tell him about "walking into a room and seeing a bunch of women beheaded."

"My heart literally broke," his father said. "I knew he'd never be the same again. ... But I had no idea how badly John was hurt inside. It's hard to tell when there are no physical, visual impairments."

The U.S. Department of Veterans Affairs concluded in a report last year that 20 veterans a day commit suicide. An updated study released last month found the national suicide rate among veterans was more than double the rate for the general population.

It said Montana, Utah, Nevada and New Mexico had the highest rates of veteran suicide as of 2014 — at least 60 for every 100,000 veterans.

VA doctors diagnosed Morse with PTSD and paranoid schizophrenia in 2010. He went to prison in 2015 after attempting suicide and threatening to kill his girlfriend in a bizarre "blood covenant," but he received no medication, counseling or treatment behind bars and was placed in the general population, the lawsuit stated.

Based on his pre-sentencing report, prison officials should have known Morse was a potentially suicidal PTSD victim who experienced flashbacks and had been prescribed medications for paranoid schizophrenia and bipolar disease, according to the lawsuit filed by Reno lawyers Terri Keyser-Cooper and Luke Busby.

They said Morse should have been monitored and treated inside one of two psychiatric units at the prison in Carson City.

"If he had been placed in either ... he would be alive today," Keyser-Cooper said.

State lawyers said in July that all three defendants in the case denied the allegations and had considerable evidence to support their defense. They later agreed to the settlement and new training in consultation with suicide prevention experts.

It's not clear when that training will begin. Monica Moazez, a spokeswoman for state Attorney General Adam Laxalt, referred requests for comment to the Department of Corrections.

The agency has "implemented a number of veteran integration programs which are quite successful and (is) always considering incorporating more evidence based programs in support of incarcerated veterans," department spokeswoman Brooke Keast said in an email.

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3.2 - The Epoch Times: Vietnam Vet Died at VA Hospital While Nurse's Aide Played Computer Games: Report (18 October, Jack Phillips, 3.5M online visitors/mo; New York, NY)

A nurse's aide at a VA hospital in Massachusetts is accused of playing video games instead of checking on a patient—a Vietnam veteran. He died last year, the Boston Globe reported.

Bill Nutter, 68, lost his second leg to diabetes and had arrhythmia, which could stop his heart without any warning.

He was staying at the Bedford VA Medical Center, ranked by the Veterans Administration as one of the nation's best hospitals.

Nutter was found dead on July 3, 2016, and a doctor at the VA hospital said that a staff member didn't check on him hourly as they were required to do.

Patricia Waible, the nurse's aide, admitted to playing video games at work instead of watching the veteran. Cameras at the hospital showed that she didn't get up from her computer, the paper reported.

Waible was suspended without pay, according to the newspaper.

Now, the VA inspector is investigating the allegations against the aide, along with assistance from the U.S. Attorney General's Office and the FBI, reported the Boston Herald.

Reports say that the probationary nurse who found Nutter's body made a slit-throat gesture as she told her boss about the incident. That nurse was later fired.

"I hold the VA responsible for all of this. They're responsible for their employees," the veteran's daughter, Bridgette Darton, told the Globe. "How many other people did this lady cause issues with?"

“My dad might not have lived another five months, who knows? But if we could have had another month with him — this lady took that away,” Darton added to the paper.

A number of elected Massachusetts officials issued statements on the incident.

U.S. Sen. Elizabeth Warren wrote on Twitter: “This is a disgrace. Our veterans deserve better. I’ll be demanding answers and accountability from @DeptVetAffairs.”

Added U.S. Rep. Katherine Clark in a statement to the Herald: “When families trust the well-being of their loved ones to the VA, they deserve the peace of mind that comes with quality, compassionate care. That any veteran is subject to the treatment described today is unconscionable, and we must use every available resource to not only get to the bottom of what happened at the Bedford VA, but also to make sure it never happens again.”

The off for U.S. Rep. Niki Tsongas said in a statement: “A primary concern of hers has been that the Bedford VA has been without a permanent director for so long. She has repeatedly requested that VA and Administration officials update her directly with regard to actions they are taking to address complaints raised not only in these articles, but also by veterans who have reached out to our office directly,” as the Herald reported.

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3.3 - The San Diego Union-Tribune: Bad fridge at San Diego VA means up to 1,500 got ineffective flu shots (18 October, Jeanette Steele, 494k online visitors/mo; San Diego, CA)

A refrigerator on the blink at the San Diego VA hospital in La Jolla has resulted in up to 1,540 veterans and employees receiving flu shots that are now considered potentially ineffective.

In response to questions from the San Diego Union-Tribune, a U.S. Veterans Affairs Department spokeswoman said late Tuesday that workers discovered a temperature failure during an Oct. 13 inspection.

A pharmacy refrigerator rose above the correct temperature range, and the stored flu vaccine did not stay within the recommended range of 36 to 46 degrees, said spokeswoman Cindy Butler, in a written statement to the U-T.

There are potentially 1,300 veterans and 240 VA employees who may have received the compromised vaccine, she said.

All veterans and staff will be notified to come back to get another flu vaccination.

“The product is now considered to be potentially ineffective, but there would be no negative side effects,” Butler said.

A county spokesman said the VA, a federal agency, isn’t required to report the incident to the county’s public health department, so he didn’t have any further information.

Butler said no other medications were stored in that refrigerator unit.

The San Diego VA has modified its processes in response to the incident, Butler said.

A Centers for Disease Control guideline for handling vaccines says errors like this, which require repeat doses, can result in a loss of patient confidence.

“It is better to not vaccinate than to administer a dose of vaccine that has been mishandled,” the CDC guidelines say.

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3.4 - WJXX (ABC-25, Video): Georgia nurse becomes advocate for veterans complaining about VA system (18 October, Kenneth Amaro, 321k online visitors/mo; Jacksonville, FL)

WOODBINE, Ga. - Two months ago, Eugene Martin was in good health. Now, the Vietnam Veteran is fighting for his life.

"I'm not doing real good," he said. "I can't even put my shoes on."

He suffered burns to the nerves in his feet. While being treated for his injury, he sustained acute kidney failure.

"I need some help," he said. "I am just so weak."

Because of his kidney failure he now has Ascites, or fluid is building up in his abdomen, so he is in constant pain.

"It is a scary thing," he said. "You walk to the bathroom and you're out of breath."

Martin, 62, has used the U.S. Department of Veterans Affairs (VA) healthcare system for the past 16 years, but said these days, he is frustrated by the VA.

"I asked them about putting a port in me so the fluid can drain and they said no we don't do that," he said.

A port that not only drain the fluids, but it would also ease his pain. He asked the VA to allow a private hospital in his community to do the procedure, but said he has yet to hear from the VA.

"I feel like I am third and fourth string sitting on the bench," he said. "You have to wait and wait."

His biggest complaint is getting access to the system to the right person for help and he said he is not alone.

"I speak to a lot of veterans and they all say what I say," Martin said.

Susan Richards, a registered nurse, has seen a number of veterans in Southeast Georgia, fighting the same fight.

"Veterans like him, one behind the other, with different issues," Richards said.

She not only listens, but has become an advocate. In some cases, she's become an angel of mercy.

"There's no way he can drive to Gainesville and he is not allowed to get it done locally here because of the rules," she said.

As a daughter of a veteran, she said it breaks her heart to see veterans struggle to get the help they need.

"I know the VA is trying to do everything it can, it is just a broken system," she said.

After making several calls, Richards was able to get a private doctor to help Martin. On Friday, they will drain the fluids from his aching body.

Richards said if the VA made changes to its system, she is not seeing it. She said the government agency needs to address the needs who served this country.

"I just don't believe it is fixed," she said. "It is still broken."

On Your Side submitted the names of the veterans to the Gainesville VA office. They will be forwarded to the Patient Advocate Chief for review.

We also sent the following two questions and received these answers:

Is the system working?

"There has certainly been improvement in North Florida/ South Georgia as Veterans going out on Choice has provided additional access points to care where in the past they may have been but it's also important to note that while Choice is an option for some, it has very specific criteria that must be met for Veterans to be eligible for care. What I can say generally is that Veterans are referred first within VA for services. This is not an arbitrary decision, it's written into federal law. The main VA hospital is in Gainesville and a second hospital is in Lake City. Veterans in outlying cities and counties (the North Florida South Georgia System covers 50 counties in Florida and Georgia combined), contingent upon the complexity of the care/procedure needed, are referred within VA to one of those facilities or another VA facility that can deliver those services. Federal law requires eligible Veterans to receive services within VA unless they meet specific criteria or services are not available at which point we offer services through Choice and our Community care partners."

How can veterans access the system?

"The first touchpoint for any Veteran having some instances of trouble or issues accessing care is to contact their Patient Aligned Care team, what we call a PACT Team. If Veterans need to go out for specialty care their provider and PACT team work with the Veterans to determine the best and most appropriate course of care. If there are additional issues impacting their ability to get the assistance they need, they should contact the Patient Advocates who will assist them in navigating whatever issues they may need to get taken care of."

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3.5 - GCN: VA pushes data to the point of care (18 October, Sara Friedman, 162k online visitors/mo; Wichita, KS)

From the start of VA Secretary David Shulkin's tenure in February, the Department of Veterans Affairs has mounted an aggressive agenda to improve services for veterans. Suicide prevention is one of Shulkin's initiatives to bring better care to the health care provider level.

"We are bringing together various suicide issues under one umbrella and linking them together … so we can provide clinicians with risk factors for patients at the point of care," Jack Bates, director of the VA's business intelligence service line, said during a meeting with reporters at the Oct. 17 Microsoft Government Cloud Forum.

By bringing together issues surrounding a problem like suicide, the VA can get a fuller picture for patient care that clinicians can use internally. One area of interest is predicting which individuals are likely to act on their suicidal thoughts, but to make such a program scalable would require sophisticated models and advanced processing power.

One of the VA's more visible efforts to expand services is its Access to Care tool. The website allows veterans to compare VA facilities to local hospitals, nursing homes and outpatient clinics.

While Bates thinks there are "good reasons" for veterans to see a community provider, they would still need to bring their VA records with them or have them electronically transferred. The VA ultimately wants to be able to transfer records through health information exchanges similar to those used by commercial health care practices.

"[Through] the health information exchange paradigm, the community care provider will be connected, with the VA and they are sharing information dynamically," Bates said.

The public facing components of the Access to Care site are dedicated to helping veterans determine the best paths to getting needed services.

"We have been live for roughly 188 days and have made 750 modifications and additions to the site," Bates said. "The most recent [release] was about looking at all of our providers and their credentials to continuously empower the veteran to make informed choices about their healthcare."

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3.6 - Lake County News: VA Clinics fully operational; staff works to contact veterans in fire-impacted areas (18 October, 159k online visitors/mo; Lakeport, CA)

NORTHERN CALIFORNIA – The VA Clinics in the North Bay are all reported to be open and fully operational in the wake of the region's wildland fires.

The clinics include those in Santa Rosa, Clearlake, Ukiah and Eureka.

VA shuttles will run only between the San Francisco VA Medical Center and Santa Rosa on Oct. 18. VA shuttles will not travel north of Santa Rosa.

San Francisco VA staff has been working diligently to contact veterans in affected areas by phone to make sure they are safe and have everything they need.

Staff have contacted more than 1,900 veterans so far, and they are continuing their efforts this week.

They reported that at least 50 veterans and 14 VA staff members have lost their homes in these fires. This number is likely to grow.

Mental health staff have been at the Sonoma County Fairgrounds and Napa Valley College to provide support and resources to veterans in need.

Social work staff have been traveling to evacuation sites and community centers to meet with veterans and connect them with services and resources they need. These efforts will be ongoing as the community recovers from the North Bay Fires.

Veterans who are unable to reach a clinic or who have fire-related symptoms are urged to contact Telephone Linked Care at 800-733-0502.

Text your zip code to 888777 for text updates on evacuation orders and road closures in your area. 511.org also provides up to date road condition info on all of the Bay Area (including up to Eureka).

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3.7 - KUSO (FM-92.7, Video): U.S. Senator from Nebraska Demands Answers from VA About Nebraska Veterans on a Secret Wait List (18 October, Kari Lawrence, 45k online visitors/mo; Norfolk, NE)

WASHINGTON, D.C. – U.S. Senator Ben Sasse from Nebraska is pushing the Department of Veterans Affairs for answers regarding the reports that VA employees kept a secret waiting list.

A recent internal audit of the Veteran Affairs Nebraska-Western Iowa Health Care System reportedly revealed a secret waiting list that contained patients from Nebraska and Iowa, and supposedly obscured the actual wait times for veterans who sought appointments. Sasse says the existence of such a list is shocking, and the VA's refusal to answer questions about it is unacceptable. In a letter to Secretary Shulkin, Sasse requests answers to the questions below by Friday:

> How many Nebraska veterans were affected by the secret lists?
> Who at the VA kept the lists?
> What exactly did the audit indicate was the reason for the existence of the lists?
> How many VA employees were disciplined as a result of the investigation and what disciplinary actions were taken?

Did any employee that has been or is in the process of being disciplined as a result of the investigation receive bonuses for the achievement of metrics linked to performance data implicated in the investigation of the secret lists?
What legal standards or authority has the VA cited or otherwise used, if any, in its refusal to identify how many Nebraska veterans were affected, why the lists were maintained, and how many VA employees were disciplined?

VA officials have acknowledged the investigation but "declined to answer questions about the audit." Sasse says Nebraska deserves a prompt answer from the VA regarding what happened.

"The VA owes Nebraska an answer and an explanation. The VA owes that answer and explanation now," said Sasse. "Let's be clear about what happened. Men and women who wore the uniform to fight for our freedom were put on a secret waiting list so that bureaucrats could look good. That is wrong."

Sasse also requested a copy of the full internal audit. He says Nebraskans have "no patience for improper treatment of our veterans, nor for attempts to cover it up." He adds such a list would violate Veterans Administration regulations, which are meant to ensure fair and prompt treatment of our nation's heroes.

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3.8 - Community Common: Q&A: Veterans Health Choice Initiative (18 October, 3.1k online visitors/mo; Portsmouth, OH)

Question: What is the new Veterans Choice Health Initiative and who is eligible:

Answer:

Background:

In order to improve VA's ability to deliver high-quality health care to Veterans, section 101 of the Choice Act requires VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with eligible non-VA entities and providers. This is referred to as the Veterans Choice Program.

Veterans who meet certain eligibility requirements will be able to elect to receive care from eligible non-VA entities and providers through the Program. VA must enter into agreements with eligible non-VA health care entities and providers for them to participate in the Program. Prior to the Choice Act being passed, VA had mechanisms in place to purchase non-VA care. Those mechanisms are still available to VA, and the Choice Act will enhance VA's non-VA care options.

VA will provide a Veterans Choice Card to all Veterans who were enrolled in the VA health care system as of August 1, 2014, and to recently discharged combat Veterans.

Eligibility criteria:

A Veteran must be enrolled in VA health care on or before August 1, 2014, or be eligible to enroll as a recently discharged combat Veteran within 5 years of separation.

Additionally, a Veteran must also meet at least one of the following criteria.

a) The Veteran attempts to schedule an appointment with VA for hospital care or medical services but is unable to schedule an appointment within 30 days of the Veterans preferred date, or the clinically appropriate date

b) The Veteran lives more than 40 miles from the VA facility that is nearest to the Veteran's residence, including a community-based outpatient clinic.

c) The Veteran lives in a state without a medical facility that provides hospital care, emergency services and surgical care rated by the Secretary as having a surgical complexity of standard, and the Veteran resides more than 20 miles from such facility.

d) The Veteran lives 40 miles or less from a VA health care facility but needs to travel by air, boat, or ferry, or faces an unusual or excessive burden on travel due to geographical challenges.

Cost Sharing If an eligible Veteran has another health-care plan, VA will be secondarily responsible for costs associated with non-service connected care and services furnished to eligible Veterans through the Veterans Choice Program.

Medical Records When a Veteran receives care from an eligible non-VA health care entity or provider, the entity or provider must submit to VA a copy of any medical record information related to the care and services provided. This information will be included in the Veteran's medical record maintained by the Department. Source: www.va.gov

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

7. Supply Chain Modernization

7.1 - Healthcare IT News: VA proposes CARE Act to address health IT problems - The bill - written by the VA and proposed to Congress - would expand care access for veterans and make it legally easier to share patient records between the VA and outside providers.
(18 October, Jessica Davis, 438k online visitors/mo; 143k online visitors/mo; New York, NY)

The U.S. Department of Veterans Affairs released a bill, which it presented to both the House and Senate, designed to address healthcare access and improve the veteran experience.

The Veterans Coordinated Access and Rewarding Experiences Act would create the framework to support the agency in continuing to build a high-performing network. Further, it would make it easier to share patient records between the VA and outside providers.

In addition, the proposal would bolster the VA's Choice Program by replacing the current wait-time and distance eligibility criteria, by eliminating the 30-day, 40-mile limit currently in place for the Choice program. It would also offer patients a network of walk-in clinics for minor health issues.

The bill would establish care coordination support, merge and modernize community care programs and streamline clinical and administrative processes.

Further, it proposes new workforce tools to assist the agency's medical staff. And also features provisions to strengthen the VA's partnerships with other government agencies, while improving financial management of its Community Care Program.

"We want Veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community," VA Secretary David Shulkin, MD said in a statement. "This bill does just that while strengthening VA services at the same time."

The proposed bill is just the recent initiative introduced by Shulkin to improve the agency's IT and healthcare systems.

In August, Shulkin and the President launched "anywhere-to-anywhere" telehealth plans to expand care access. The secretary announced it would replace its outdated VistA EHR with Cerner to modernize its system and make it easier to share data with the Department of Defense.

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8. Other

8.1 - BuzzFeed: **For These Veterans, Growing Pot Isn't Just A Job, It's A Cause - For veterans learning to cultivate marijuana through a Los Angeles grower's internship program, it's personal. They want to push for medical cannabis to become an option for veterans with PTSD.** (18 October, Vera Bergengruen, 17.7M online visitors/mo; New York, NY)

LOS ANGELES – In a featureless industrial warehouse in downtown Los Angeles, a group of military veterans spends long days walking up and down rows of plants, delicately inspecting buds and leaves in the glow of orange lights.

At the end of their three-month "seed to sale" internship at THC Design's grow facility, they hope to enter the lucrative multibillion-dollar cannabis industry with full-time jobs.

“I didn’t even smoke in high school, so when people find out that I’m farming it they’re blown away,” joked Steven Passmore, a 35-year-old US Army combat veteran whose hair is held back with a yellow headband in the cultivation room’s humidity. “I just explain to them that it’s a job, this is what I do.”

When THC Design announced the first cannabis cultivation training program for veterans in June, it received more than 65 applications. One of them was from a 71-year-old Vietnam veteran. Seven were accepted into the program, two of whom already have been hired for full-time positions. Passmore, who is pursuing a degree in botany at Los Angeles City College and had been experimenting with growing marijuana in his own small closet, was a natural fit. Under California law, it is legal to grow up to six plants in your home.

After breaking his clavicle in Iraq and receiving an honorable discharge, he returned home in 2007. For a long time, Passmore said, he was offered jobs by well-meaning contacts — minimum-wage retail positions that barely paid enough to scrape by, with no future prospects.

“I was insulted,” he said. “It cut me really deep that I had separated myself from my family, gone and done things that are still really hard to live with, and accept that I was capable of, but was asked to do for my country, and then I came back and couldn’t make enough just to live.”

THC Design’s internship program pays $15 an hour, a third more than California’s minimum wage, with the chance to make $25 an hour as a full-time grower by the end. But beyond the paycheck, the veteran interns say they're on a crusade to advocate for medical marijuana to treat post-traumatic stress disorder and other service-related injuries.

In interviews with BuzzFeed News, several of them described visiting Veterans Affairs clinics to seek help for physical pain, anxiety, depression, and insomnia and immediately being prescribed opiates and other addictive medications.

“The pills I was receiving from the VA — I could not work, I would take them and fall asleep standing up,” said Brett Miller, a 35-year-old former US Marine and THC Design cultivation intern. “I no longer have that problem, because I no longer take them. Since then I’ve been to many talks with different groups of veterans, and you can really see how it brings a calm to what disturbs a lot of vets.”

Similarly, Passmore said “the first thing the VA did is give me a bunch of pills,” including opiates for his clavicle pain. His parents, a retired EMT firefighter and a nurse, “looked at them and said ‘I wouldn’t take these if I were you,'” he said.

After doing some research on more natural alternatives, Passmore, who describes himself as a “straight arrow,” decided to try marijuana.

“I was spiraling,” he said. “I was working a retail job that wasn’t paying me enough to survive. I was disconnected from everyone in my life, my family, my lifelong friends. I thought no way, there’s no way pot is going to fix all of these problems, but what’s the worst thing that could happen?”

Unlike the VA-prescribed painkillers, he says, marijuana allowed him to manage his pain and get his life back together.

“Slowly but surely I pulled my own head out of my ass and reconnected with the people who mattered most to me in my life,” he said.

Their experiences with the VA are common among military veterans. Currently, there are about 2.7 million US veterans of the Iraq and Afghanistan wars, and at least 20% suffer from PTSD. At the same time, VA prescriptions of four potent opiates — hydrocodone, oxycodone, methadone, and morphine — have more than tripled since 9/11, according to a 2013 report by the Center for Investigative Reporting. In 2016 alone, the VA treated 66,000 ex-servicemen and women for opioid addiction.

For THC Design cofounder Ryan Jennemann, it’s also personal. After years of using opiates prescribed by his doctor, his father died from heart failure at 47. His father was a big advocate of medical marijuana, Jennemann said, but wasn’t able to take advantage of it as a treatment since it was illegal in Oklahoma, where he lived.

Another THC intern, National Guard veteran Dustin Beluscak, saw the opposite scenario play out with his father, a Vietnam veteran who was prescribed opiates for cancer pain in the last years of his life. When he was prescribed cannabis in 2004, he was at least able to eat and speak.

Medical benefits aside, many veterans at THC Design say the very act of spending all day growing plants has had surprisingly positive effects — although they joke they “wouldn’t be as excited if we were growing tomatoes.”

“We talk about it all the time, how growing the plants changes a person, and you just feel different in different rooms,” Miller said. “I grew up on a small farm in Pennsylvania and took the long way to end up in a small farm in Los Angeles, I guess.”

Michael Garcia, a 33-year-old US Navy veteran, said the last few weeks working with growers at the facility has felt different from any other job.

“Camaraderie was something that was really big in the military, and it was something that I really didn’t feel until I came back and started working here,” he said. “People working together, everyone giving 100%, its nice.”

Like many of the interns, Garcia heard about the program through the Santa Cruz Veterans Alliance, a veteran-owned medical marijuana collective. Now, as they begin to build careers in the cannabis industry, many say they’re actively working to change the stigma surrounding marijuana for veterans.

“At one point if you had a conversation with your primary care doctor about cannabis, it would jeopardize your benefits for the VA,” Miller said. “A lot of veterans are still unaware of the rules, and that’s why veterans are instrumental in the push for cannabis to become legal all across the country.”

VA physicians are currently banned from recommending medical marijuana, since the drug is illegal under federal law. If veterans want to use it, they have to pay out of their own pocket — but advocates say in many states they’re unlikely to even hear about it as an alternative.

Even though medical marijuana is legal in 29 states and the District of Columbia, its use to treat PTSD still carries a stigma for many veterans, who worry that it will impact their treatment at VA facilities.

“Veterans who are lawfully prescribed medical marijuana need the peace of mind that they can discuss their medical interventions with their VA clinician without fear of prosecution,” Iraq and Afghanistan Veterans of America lays out in its health policy agenda.

Federal approvals took more than a decade for a study of medical marijuana treatment for veterans with PTSD. Federal rules severely limit how marijuana can be studied because of its classification as a schedule 1 drug, along with heroin, ecstasy, and LSD.

“It’s still illegal under federal law because the FDA-regulated trials haven’t concluded, and they need to speak the federal government’s language,” said Brad Burge, the communications director for the Multidisciplinary Association for Psychedelic Studies, a California-based nonprofit that is running the study with a $2.16 million grant from the Colorado Department of Public Health and Environment. So far, they have been able to enroll 28 veterans out of 76 needed.

“We’ve gotten thousands of inquiries, but the requirements are very strict, very specific,” he said, adding that many veterans are not eligible because they would have to get off their current medications for the study. “The enrollment has been very slow, and would be a lot quicker if the VA was willing or able — we’re not sure which it is ——to refer their patients to us.”

Dr. Sue Sisley, the principal investigator conducting the FDA-approved research, has been lobbying the VA for years to let her discuss it with doctors at the Phoenix VA Medical Center, which has thousands of patients. It's repeatedly denied her requests.

“Federal law restricts VA’s ability to conduct research involving medical marijuana, or to refer veterans to such research projects,” VA spokesperson Curtis Cashour told BuzzFeed News. “If the researcher is truly interested in finding veterans for her study, she should spend more time recruiting candidates and less time protesting to the media.”

Sisley’s study has broad support among veterans groups, which say they are open to all research that might help with chronic pain and PTSD, the two most widespread illnesses connected to veterans’ military service. Last month, the largest veterans group in the country called on VA Secretary Dan Shulkin to support Sisley’s study.

“Many veterans have approached us to tell us that access to cannabis has materially improved their health and well-being,” American Legion National Commander Denise Rohan wrote in a letter. “While their stories are very compelling, we need clinical evidence to have a fact-based discussion on the future of cannabis policy.”

Shulkin, the VA secretary, said at a White House conference in May that he believes “everything that could help veterans should be debated by Congress and by medical experts."

"There may be some evidence that this is beginning to be helpful and we’re interested in looking at that and learning from that," he said.

If Sisley's study does not enroll the 76 veterans it needs, it may be opened to nonveterans as well. That would ruin the point of helping service-specific ailments, Burge said. If the study were

to move forward, VA clinics would be able to recommend it as a treatment, maybe curbing the overreliance on opiates, he said.

Back at THC Design in Los Angeles, the veterans learning to cultivate marijuana say they realize their situation is unique. Living in Southern California, being open about marijuana is "just part of the culture," Garcia said. Once they are more established in the industry, they hope to continue to push to make medical cannabis a viable alternative for every veteran.

"To any vet that is struggling with one of these ailments that many of us have dealt with — the pills, depression, anxiety — I'd say look at all the options that are out there and reach out," Miller said.

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8.2 - The Hill: VA canine research helps foreign-based special interests, not US disabled veterans (18 October, Benjamin Krause, 11.8M online visitors/mo; Washington, DC)

The VA discounts animal research as invalid when it comes to informing decisions about benefits and medical care for service-disabled veterans, but now Secretary Shulkin dubiously defends the practice as "necessary" when his agency stands to lose taxpayer funding and upset corporate partners. VA can't have it both ways and the evidence doesn't look good.

By law, any VA research, including canine research, must contribute to advancements in spinal cord injury research or "research into injuries and illnesses particularly related to service."

Of all the current dog experimentation projects conducted by VA — of which there are 8 or 9 — only one appears to be related to spinal cord injury. Almost all of the others address cardiac irregularities or ailments not generally associated with military service-related disabilities despite the law. This is the VA research Sec. Shulkin says disabled veterans "need" to continue.

This is alarming because disabled veterans exposed to burn pits — a crude and toxic disposal method for waste, batteries, fuel, trash and other materials burned by military bases in Iraq and Afghanistan — urgently need research and solutions for service-connected disability benefits and health care. But the VA is expending resources on research that has nothing to do with that population or other service-disabled veterans.

Here in Minnesota, we recently lost Amie Muller — a 36-year-old wife and mother of three — who was exposed to burn pits at Balad air base, on deployments in 2005 and 2007. She died of pancreatic cancer, a disease believed linked to burn pit dioxins. Countless other disabled veterans have suffered the same fate.

Surely VA researchers are rushing to help those disabled veterans receive benefits and health care through research resources, including canine research, right?

VA and other authorities formerly relied on animal research, including canine research, to measure the effects of toxic exposures on veterans from Agent Orange, but those same organizations no longer consider animal research valid for that purpose, telling the New Republic that such studies would be "difficult, expensive, and time-consuming to conduct."

If canine research isn't valid for confirming exposure-related illnesses in disabled veterans, how is it now "necessary" and "essential" to helping disabled veterans?

Veteran Warriors CEO Lauren Price says VA is speaking "out of both sides of its proverbial face" in refusing to consider animal research valid when it comes to veterans' toxic exposure but insisting it's needed for a host of non-veteran-specific research with questionable benefits for anyone.

Despite my repeated requests to VA press secretary Curt Cashour, VA has yet to name a single veteran-focused medical advancement that has ever resulted from dog testing in nearly 100 years of VA research.

Not only that, but Cashour could not point to a singular business case to support continued VA canine research, now. In fact, there's only one 21st century innovation VA claims its canine research was involved in.

Specifically, in his USA Today op-ed, Sec. Shulkin wrote, "VA canine research has resulted in the first FDA approval of an artificial pancreas — a significant breakthrough that will make real differences in veterans' lives."

Given the VA's penchant for stretching the truth, this claim deserves dissection.

The secretary is referring to a device called MiniMed 670G, which was developed by the for-profit medical device company Medtronic that received FDA approval in 2016 on the back of research from as early as 1991.

For some background on Medtronic, in 2014, the company moved its headquarters from Minnesota to Ireland in a move Fortune Magazine included in its list of offshore "Positively un-American tax dodges." The Irish company and other large corporations have given VA money for use of agency canine research resources over the years.

As for the MiniMed, it struck me that VA was not mentioned in any of the press surrounding the FDA approval of this device. So, I contacted Medtronic for comment on VA canine research's role in the development and approval of the MedMini 670G. Medtronic diabetes research director Rebecca Gottlieb, PhD, responded that VA canine research "was not specifically used in the development of the MiniMed 670G system."

Now, even if VA canine research was used at some point in development of the MiniMed 670G artificial pancreas, that would not answer whether disabled veterans specifically "need" VA dog research, or as Shulkin claimed, that the device "will make real differences in veterans' lives."

Fact check: It won't.

The Medtronic invention will help people with type-1 diabetes. This form of diabetes is generally diagnosed in childhood when the patient's body does not produce insulin.

Do you know how many Americans can enlist into any branch of the military with a diagnosis of type-1 diabetes?

Zero. Generally, no American can enlist into the military with this diagnosis.

Even in the rare event that a disabled veteran somehow develops the disease later in life, the odds of VA health care using the newly developed MedMini seems slim to none.

When asked for specific examples of veterans benefiting from the invention, the VA press secretary could not provide a number. Medtronic likewise was unable to answer whether a single veteran made use of the implant to date or if it plans to sell the devices to VA.

Remember, by law, VA research should focus on spinal cord injuries or "research into injuries and illnesses particularly related to service." Let foreign-based multinational corporations like Medtronic conduct their own canine research in their own private labs, perhaps in Ireland, if it's so valuable to them.

But let's stop pretending this dog research is being done to specifically help disabled veterans. Congress must audit VA canine research to evaluate whether the agency has any business spending taxpayer dollars this way.

Benjamin Krause is a veterans rights attorney and investigative journalist. He is chief editor of the VA watchdog website DisabledVeterans.org, where he regularly publishes news and veterans benefits tips. Benjamin is a disabled veteran of the U.S. Air Force.

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8.3 - Union-Bulletin: Veterans Day explained - Congress passed a resolution in 1926 for an annual observance, and Nov. 11 became a national holiday beginning in 1938. (18 October, Annie Charnley Eveland, 60k online visitors/mo; Walla Walla, WA)

Walla Walla has sent many people off to war, enduring hardships and horrors noncombatants will never truly understand.

Among those returning was U.S. Army Gen. Jonathan Mayhew Wainwright, who served during World War II in the Philippines. The Walla Walla native was a career Army officer who commanded Allied forces in the Philippines at the time of their surrender to the Empire of Japan during World War II.

He served in battles during World War I and from 1941-42 in the battles of the Philippines, Bataan and Corregidor.

He received the Medal of Honor for courageous leadership during the fall of the Philippines and was a prisoner of war from 1942-45. He was also honored with a Distinguished Service Cross and Army Distinguished Service Medal.

Veterans Day, observed annually on Nov. 11, honors living and dead military veterans. Armistice Day came first, established on Nov. 11, 1919 to commemorate the end of World War I at the 11th hour of the 11th day of the 11th month, in Compiègne, France.

Congress passed a resolution in 1926 for an annual observance, and Nov. 11 became a national holiday beginning in 1938. The U.S. holiday was renamed Veterans Day in 1954.

Wainwright was born Aug. 23, 1883, at Fort Walla Walla. In 1945, over Veterans Day weekend, he returned to his birthplace.

He received a hero's welcome the morning of Nov. 10 when a downtown parade was held. That afternoon, Whitman Collegebestowed an honorary degree on him, and later in the day he visited the Veterans Affairs and McCaw General hospitals. Veterans and active military members hosted him that evening as the honored guest at a dinner in the Grand Hotel. That Sunday, he addressed a crowd at Borleske Stadium, calling for maintaining a strong military.

A new Ford automobile gifted by Walla Wallans to Wainwright was handed over by Mayor West and Susan Teague, whose family owned Teague Motor Co. The vehicle's special license plate read, "VJ 8-14-45 JMW," an abbreviation for Victory over Japan, Aug. 14, 1945, Jonathan M. Wainwright. The general planned a 10-day tour of the Pacific Northwest in the new car, then drove to the East Coast. At a stop in Detroit, the Ford Motor Co. replaced the Ford with a more-expensive Lincoln.

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

19 October 2017

1. Top Stories

1.1 - FOX News (Video): Battlefield Cross returned to Ohio cemetery after 'regrettable misinterpretation' (18 October, Travis Fedschun, 32.5M online visitors/mo; New York, NY)
A Battlefield Cross marker is now back standing tall at an Ohio cemetery after a "regrettable misinterpretation of policy guidance" from the Department of Veterans Affairs. The marker, made up of a helmet, rife, and pair of boots was removed from Ohio Western Reserve National Cemetery last week after a complaint that it included the depiction of a realistic-looking gun, FOX 8 reported.

Hyperlink to Above

1.2 - U.S. News & World Report (AP): Sasse: Omaha VA's Refusal to Answer Questions 'Unacceptable' (18 October, 24M online visitors/mo; Washington, DC)
U.S. Sen. Ben Sasse is seeking answers from the Department of Veterans of Affairs following reports that VA employees kept a secret waiting list of patients from Nebraska and Iowa that obscured the actual wait times for veterans who sought appointments. Sasse sent a letter to the department Tuesday after the Omaha World-Herald reported that an audit included whistleblower complaints about unauthorized lists for appointments…

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Sedgwick County: VA Owes County $1.5 Million (18 October, 24M online visitors/mo; Washington, DC)
Sedgwick County officials say Veterans Affairs owes the county more than $1.5 million in unpaid ambulance costs. Sedgwick County Emergency Medical Services Director Scott Hadley said in a report that the VA asked for county ambulance service more than 1,900 times in the last four years without paying. County Commissioner David Dennis said he and others will meet Thursday with the hospital's nurse executive to discuss the problem.

Hyperlink to Above

1.4 - U.S. News & World Report (AP): White House: VA's Shulkin Not a Candidate for HHS Secretary (18 October, Hope Yen, 24M online visitors/mo; Washington, DC)
Veterans Affairs Secretary David Shulkin, who is under investigation for taking a 10-day trip to Europe that mixed business with sightseeing, is not being considered for the top job at Health and Human Services, the White House said Wednesday. Shulkin has been cited in media reports as a leading contender to replace former HHS Secretary Tom Price, who resigned last month following an outcry over his use of costly private planes for official travel.

Hyperlink to Above

1.5 - U.S. News &World Report (AP): Doctor at West Virginia Hospital Admits to Drug Charge (18 October, 24M online visitors/mo; Washington, DC)
Federal authorities say a 60-year-old physician has pleaded guilty to a drug charge, admitting he obtained the powerful painkiller fentanyl by fraudulently entering the name of a patient on whom he didn't intend to use it at a veterans' hospital in West Virginia. According to prosecutors, Dr. Daniel J. Bochicchio, of Monkton, Maryland, could face up to four years in prison convicted of the single charge from March.

Hyperlink to Above

1.6 - The Wichita Eagle: VA owes $1.5 million in unpaid ambulance bills, county says (18 October, Dion Lefler, 1.1M online visitors/mo; Wichita, KS)
Sedgwick County officials say the Veterans Administration owes the county more than $1.5 million in unpaid ambulance charges dating back to 2014. The county has provided more than 1,900 ambulance transports to and from the VA hospital in the past four years that the VA hasn't paid for, according to a report by Sedgwick County Emergency Medical Services Director Scott Hadley.

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1.7 - The Washington Post: A veteran died as a nurse's aide played video games instead of checking on him, report says (19 October, Samantha Schmidt, 43.9M online visitors/mo; Washington, DC)
The day after Bill Nutter was found dead in his bed at the Bedford VA Medical Center in 2016, a staff member from the Massachusetts hospital told his wife that his heart had stopped and there was nothing more they could have done. But later, his wife, Carol Nutter, learned a bit more about what happened from a doctor, who said the hospital fell short in caring for her husband, she told the Boston Globe.

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2. Veteran and Employee Experience

2.1 - The Washington Post (Video): VA to issue new ID cards to veterans (18 October, 43.9M online visitors/mo; Washington, DC)
The Department of Veterans Affairs plans to issue a new identification cards to former service members.

Hyperlink to Above

2.2 - KREM (CBS-2): Almost 2,000 local veterans impacted by possible Mann-Grandstaff VA data breach (18 October, 1M online visitors/mo; Spokane, WA)
Almost 2,000 Spokane area veterans may have had their protected health information compromised when two USB hard drives were stolen from a contractor a the Oklahoma City VA Medical Center. According to a release, one of the stolen hard drives had been used by the contract employee to copy and move the Mann-Grandstaff VA Medical Center's anesthesia record keeper database from a physical server being decommissioned to a virtual archive server in January.

Hyperlink to Above

2.3 - KWCH (CBS-12, Video): VA hospital owes $1.5 million in unpaid ambulance bills (18 October, 445k online visitors/mo; Wichita, KS)
Sedgwick County is trying to find out why the VA hospital owes it more than $1 million in unpaid ambulance bills. The bills go back to 2014 and Wednesday, Eyewitness News learned if the VA doesn't pay, that could mean costs for veterans. Three-and-a-half weeks ago, Sedgwick County Commissioner David Dennis discovered that the VA hospital owed Sedgwick County more than $1.4 million for ambulance services.

Hyperlink to Above

2.4 - HousingWire: SIFMA voices concern about secondary market impact of rapid VA loan refinancing, Supports Ginnie Mae, VA effort to address lenders targeting veterans (18 October, Ben Lane, 438k online visitors/mo; Irving, TX)
Investors are concerned with the secondary market impact of mortgage lenders aggressively targeting servicemembers and military veterans for quick and potentially risky refinances of their mortgages, according to SIFMA, a prominent secondary market trade group. SIFMA voiced its concerns in a letter sent Wednesday to Ginnie Mae, which recently launched an investigation and a task force with the Department of Veterans Affairs to review a rise in rapid refinances among VA loans.

Hyperlink to Above

2.5 - WKRG (CBS-5): Vietnam Veteran Says VA Will Not Replace Wheelchair (18 October, Bryant Clerkley, 272k online visitors/mo; Mobile, AL)
A Vietnam war veteran who had his leg blown off says the VA will not replace his wheelchair. Ralph Perkins says when he spoke to VA officials they told him he did not follow the right protocol to get a new wheelchair. Perkins says he had to purchase a new chair himself. He is unable to walk.

Hyperlink to Above

2.6 - KXLY (ABC-4): Data breach at Spokane VA Medical Center (18 October, Elena Gardner, 193k online visitors/mo; Spokane, WA)
Two USB hard drives containing personally-identifiable Veteran information were stolen from a Veterans Health Administration contract employee in Oklahoma on July 18, 2017. The Mann-Grandstaff VA Medical Center in Spokane has notified 1915 Veterans whose information might have been compromised. The employee was at a service call at the Oklahoma City VA Medical Center when the hard drives were stolen. The employee filed a local police report.

Hyperlink to Above

2.7 - WSIL (ABC-3): Congressional investigators make unannounced visit to Marion V.A. (18 October, Brandon Richard, 162k online visitors/mo; Carterville, IL)
A team of Congressional investigators made an unannounced visit to the Marion V.A. Medical Center this week. The investigators are with the V.A. House Oversight Committee. An email was sent to V.A. staff letting them know the investigators would be visiting and asking them questions, according to V.A. spokesman Todd Wright.

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2.8 - Salisbury Post: VA hospital's parking deck scheduled for Nov. 8 opening (19 October, Josh Bergeron, 159k online visitors/mo; Salisbury, NC)
The Salisbury VA expects the parking deck to be used heavily. The deck is adjacent to Building No. 3, which houses primary care services and sees an average of 500 to 600 veterans per day, according to the Salisbury VA. Primary care services is usually the first point of contact after enrollmen. The deck's location should make navigating where to park easy for first-time patients, the Salisbury VA said in an emailed statement.

Hyperlink to Above

2.9 - Herald-Mail: Martinsburg VA ex-chief of staff enters plea to taking fentanyl (18 October, Matthew Umstead, 158k online visitors/mo; Hagerstown, MD)
The former chief of staff at the Martinsburg Veterans Affairs Medical Center pleaded guilty Wednesday morning in U.S. District Court to fraudulently obtaining fentanyl from the hospital. Daniel J. Bochicchio, 60, of Monkton, Md., pleaded guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception and subterfuge in a change-of-plea hearing before U.S. Magistrate Robert W. Trumble.

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2.10 - The Journal: Physician at VA Medical Center in Martinsburg admits to drug charge (18 October, 82k online visitors/mo; Martinsburg, WV)
A Maryland man has admitted to a drug charge, United States Attorney William J. Powell announced. Daniel J. Bochicchio, of Monkton, Maryland, 60, has pled guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception, and subterfuge. Bochicchio admitted to acquiring fentanyl by fraudulently entering patient information at the Veterans Affairs Medical Center in Martinsburg, West Virginia. The crime occurred in March of 2017.

Hyperlink to Above

2.11 - Mineral News-Tribune: VA doctor pleads guilty to drug charge (18 October, 60k online visitors/mo; Keyser, WV)
According to United States Attorney William J. Powell, Daniel J. Bochicchio, of Monkton, Maryland, age 60, has pled guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception, and subterfuge. Bochicchio admitted to acquiring fentanyl by fraudulently entering patient information at the Veterans Affairs Medical Center in Martinsburg. The crime occurred in March of 2017.

Hyperlink to Above

2.12 - KFDI (CMN-101.3): VA owes ambulance fees to Sedgwick County (18 October, 19k online visitors/mo; Wichita, KS)
Sedgwick County commissioner David Dennis said Wednesday the Veterans Administration owes the county around $1.5 million for ambulance services provided to veterans. Speaking at the regular commission meeting, Dennis said his main concern is that if the county can't collect from the VA or insurance companies, it will have to bill the veterans themselves.

Hyperlink to Above

2.13 - Morton Times-News: Tazewell vets seek better VA care through Bustos (18 October, Michael Smothers, 12k online visitors/mo; Peoria, IL)
Tazewell County military veterans, many of whom served in Vietnam, told one of the county's U.S. Congress members Wednesday of problems they've dealt with for decades when they've sought medical care through the Veterans Administration. Their combat-related issues, however, are the same many current service members bring home from overseas conflicts, and Cheri Bustos took note.

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2.14 - Journalaz: VA town hall gives veterans a voice in care (18 October, Zachary Jergan, 9.3k online visitors/mo; Camp Verde, AZ)
Veterans from across the region talked about the care available to locals. Criticism of the system's lag time — the wait for primary care, in particular, as well as the delay in processing correct charges after receiving care — was a common theme but largely restricted to health centers outside of the Cottonwood VA outpatient clinic or the larger federal system.

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2.15 - KSNW (NBC-3, Video): County claims VA hospital owes $1.5 million in unpaid ambulance costs (18 October, Chris Arnold, 9.1k online visitors/day; Wichita, KS)
The Robert J. Dole Veterans Affairs Medical Center serves 30,000 veterans living in 59 counties of the state. The VA utilizes Sedgwick County's EMS services when it needs to transport veterans from the VA to a nearby hospital. However, that comes at a cost. It's something that Sedgwick County Commissioner David Dennis says has been adding up for the past four years.

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3. Access to Healthcare

3.1 - U.S. News & World Report (AP): AP Exclusive: Training on Vet Suicides Set at Nevada Prisons (18 October, Scott Sonner, 24M online visitors/mo; Washington, DC)
Four months after he enlisted in the U.S. Army at 18, John Morse IV was on the front lines in Iraq training the sights of laser range finders on combat targets to be shelled. For the next four years, the fire-support specialist watched dozens of people in his unit die, saw missile fire kill civilians and witnessed the aftermath of a mass beheading.

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3.2 - The Epoch Times: Vietnam Vet Died at VA Hospital While Nurse's Aide Played Computer Games: Report (18 October, Jack Phillips, 3.5M online visitors/mo; New York, NY)
A nurse's aide at a VA hospital in Massachusetts is accused of playing video games instead of checking on a patient—a Vietnam veteran. He died last year, the Boston Globe reported. Bill Nutter, 68, lost his second leg to diabetes and had arrhythmia, which could stop his heart without any warning. He was staying at the Bedford VA Medical Center, ranked by the Veterans Administration as one of the nation's best hospitals.

Hyperlink to Above

3.3 - The San Diego Union-Tribune: Bad fridge at San Diego VA means up to 1,500 got ineffective flu shots (18 October, Jeanette Steele, 494k online visitors/mo; San Diego, CA)
A refrigerator on the blink at the San Diego VA hospital in La Jolla has resulted in up to 1,540 veterans and employees receiving flu shots that are now considered potentially ineffective. In response to questions from the San Diego Union-Tribune, a U.S. Veterans Affairs Department spokeswoman said late Tuesday that workers discovered a temperature failure during an Oct. 13 inspection.

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3.4 - WJXX (ABC-25, Video): Georgia nurse becomes advocate for veterans complaining about VA system (18 October, Kenneth Amaro, 321k online visitors/mo; Jacksonville, FL)
Martin, 62, has used the U.S. Department of Veterans Affairs (VA) healthcare system for the past 16 years, but said these days, he is frustrated by the VA. "I asked them about putting a port in me so the fluid can drain and they said no we don't do that," he said. A port that not only drain the fluids, but it would also ease his pain. He asked the VA to allow a private hospital in his community to do the procedure, but said he has yet to hear from the VA.

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3.5 - GCN: VA pushes data to the point of care (18 October, Sara Friedman, 162k online visitors/mo; Wichita, KS)
From the start of VA Secretary David Shulkin's tenure in February, the Department of Veterans Affairs has mounted an aggressive agenda to improve services for veterans. Suicide prevention is one of Shulkin's initiatives to bring better care to the health care provider level. "We are bringing together various suicide issues under one umbrella and linking them together … so we can provide clinicians with risk factors for patients at the point of care…"

Hyperlink to Above

3.6 - Lake County News: VA Clinics fully operational; staff works to contact veterans in fire-impacted areas (18 October, 159k online visitors/mo; Lakeport, CA)
The VA Clinics in the North Bay are all reported to be open and fully operational in the wake of the region's wildland fires. The clinics include those in Santa Rosa, Clearlake, Ukiah and Eureka. VA shuttles will run only between the San Francisco VA Medical Center and Santa Rosa on Oct. 18. VA shuttles will not travel north of Santa Rosa.

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3.7 - KUSO (FM-92.7, Video): U.S. Senator from Nebraska Demands Answers from VA About Nebraska Veterans on a Secret Wait List (18 October, Kari Lawrence, 45k online visitors/mo; Norfolk, NE)
A recent internal audit of the Veteran Affairs Nebraska-Western Iowa Health Care System reportedly revealed a secret waiting list that contained patients from Nebraska and Iowa, and supposedly obscured the actual wait times for veterans who sought appointments. Sasse says the existence of such a list is shocking, and the VA's refusal to answer questions about it is unacceptable. In a letter to Secretary Shulkin, Sasse requests answers to the questions below by Friday:

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3.8 - Community Common: Q&A: Veterans Health Choice Initiative (18 October, 3.1k online visitors/mo; Portsmouth, OH)
In order to improve VA's ability to deliver high-quality health care to Veterans, section 101 of the Choice Act requires VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with eligible non-VA entities and providers. This is referred to as the Veterans Choice Program.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

7.1 - Healthcare IT News: VA proposes CARE Act to address health IT problems - The bill - written by the VA and proposed to Congress - would expand care access for veterans and make it legally easier to share patient records between the VA and outside providers. (18 October, Jessica Davis, 438k online visitors/mo; 143k online visitors/mo; New York, NY)
The U.S. Department of Veterans Affairs released a bill, which it presented to both the House and Senate, designed to address healthcare access and improve the veteran experience. The Veterans Coordinated Access and Rewarding Experiences Act would create the framework to support the agency in continuing to build a high-performing network.

Hyperlink to Above

8. Other

8.1 - BuzzFeed: For These Veterans, Growing Pot Isn't Just A Job, It's A Cause - For veterans learning to cultivate marijuana through a Los Angeles grower's internship program, it's personal. They want to push for medical cannabis to become an option for veterans with PTSD. (18 October, Vera Bergengruen, 17.7M online visitors/mo; New York, NY)
Similarly, Passmore said “the first thing the VA did is give me a bunch of pills,” including opiates for his clavicle pain. His parents, a retired EMT firefighter and a nurse, “looked at them and said ‘I wouldn’t take these if I were you,’” he said.

Hyperlink to Above

8.2 - The Hill: VA canine research helps foreign-based special interests, not US disabled veterans (18 October, Benjamin Krause, 11.8M online visitors/mo; Washington, DC)
The VA discounts animal research as invalid when it comes to informing decisions about benefits and medical care for service-disabled veterans, but now Secretary Shulkin dubiously defends the practice as “necessary” when his agency stands to lose taxpayer funding and upset corporate partners. VA can’t have it both ways and the evidence doesn’t look good.

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Veterans Day, observed annually on Nov. 11, honors living and dead military veterans. Armistice Day came first, established on Nov. 11, 1919 to commemorate the end of World War I at the 11th hour of the 11th day of the 11th month, in Compiègne, France. Congress passed a

resolution in 1926 for an annual observance, and Nov. 11 became a national holiday beginning in 1938. The U.S. holiday was renamed Veterans Day in 1954.

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1. Top Stories

1.1 - FOX News (Video): Battlefield Cross returned to Ohio cemetery after 'regrettable misinterpretation' (18 October, Travis Fedschun, 32.5M online visitors/mo; New York, NY)

A Battlefield Cross marker is now back standing tall at an Ohio cemetery after a "regrettable misinterpretation of policy guidance" from the Department of Veterans Affairs.

The marker, made up of a helmet, rife, and pair of boots was removed from Ohio Western Reserve National Cemetery last week after a complaint that it included the depiction of a realistic-looking gun, FOX 8 reported.

"This is a symbol of great honor, respect," Vietnam Veteran Bill Overton told Fox 8. "When they removed it from the cemetery they were disrespecting the veterans here."

The administrator of the cemetery said the initial removal order came from "guidance" from Veterans Affairs in Washington regarding "three-dimensional" depictions of guns, which applies to all cemeteries operated by the agency.

On Tuesday, a representative from the National Cemetery Administration told FOX 8 the marker was put back in place after the guidelines were misinterpreted.

"The monument at Ohio Western Reserve National Cemetery was removed due to a regrettable misinterpretation of policy guidance regarding the acceptance of new monuments that depict weaponry. It has since been returned to its original location," National Cemetery Administration Public Affairs Officer Jessica Schiefer said. "VA will continue to honor Veterans and their families with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our Nation."

The Monument was removed from Ohio Western Reserve National Cemetery as a result of 'misinterpretation of policy guidance' from Veterans Affairs headquarters in D.C. (FOX 8) Overton said he was "so happy" to see the marker back.

"Most of the veterans at the VFW have seen it in battlefields, on ships on aircraft carriers, wherever we lost men, it's a symbol of respect and thanks," he said. "It means a lot to veterans."

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1.2 - U.S. News & World Report (AP): Sasse: Omaha VA's Refusal to Answer Questions 'Unacceptable' (18 October, 24M online visitors/mo; Washington, DC)

OMAHA, Neb. (AP) — U.S. Sen. Ben Sasse is seeking answers from the Department of Veterans of Affairs following reports that VA employees kept a secret waiting list of patients from Nebraska and Iowa that obscured the actual wait times for veterans who sought appointments.

Sasse sent a letter to the department Tuesday after the Omaha World-Herald reported that an audit included whistleblower complaints about unauthorized lists for appointments at the VA's mental health psychotherapy clinic in Omaha.

VA officials acknowledged the audit's conclusions but wouldn't say how many Nebraska or western Iowa veterans were affected. They also declined to say who kept the unauthorized list and why, or say how many employees were involved.

Sasse says the agency's refusal to answer questions is "unacceptable and must be remedied immediately."

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1.3 - U.S. News & World Report (AP): Sedgwick County: VA Owes County $1.5 Million (18 October, 24M online visitors/mo; Washington, DC)

WICHITA, Kan. (AP) — Sedgwick County officials say Veterans Affairs owes the county more than $1.5 million in unpaid ambulance costs.

Sedgwick County Emergency Medical Services Director Scott Hadley said in a report that the VA asked for county ambulance service more than 1,900 times in the last four years without paying.

County Commissioner David Dennis said he and others will meet Thursday with the hospital's nurse executive to discuss the problem.

The Wichita Eagle reports Dennis said the county could use the money but he's mainly worried the situation could cost sick veterans. He says if the county can't collect the money, its only alternative will be to bill veterans directly.

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1.4 - U.S. News & World Report (AP): White House: VA's Shulkin Not a Candidate for HHS Secretary (18 October, Hope Yen, 24M online visitors/mo; Washington, DC)

WASHINGTON (AP) — Veterans Affairs Secretary David Shulkin, who is under investigation for taking a 10-day trip to Europe that mixed business with sightseeing, is not being considered for the top job at Health and Human Services, the White House said Wednesday.

Shulkin has been cited in media reports as a leading contender to replace former HHS Secretary Tom Price, who resigned last month following an outcry over his use of costly private planes for official travel. The Wall Street Journal reported over the weekend that Shulkin was interviewed by the White House and had "made his case" for becoming HHS secretary.

But a White House official said Shulkin did not have an interview and "was never under consideration for the position." The official, who insisted on anonymity because the official was not authorized to speak on the record about a personnel matter, declined to discuss reasons behind who was being considered and why.

A VA spokesman did not comment, referring questions about Cabinet-level positions to the White House.

Shulkin is one of several Cabinet members who have faced questions about travel after Price resigned.

The VA inspector general earlier this month opened an investigation into Shulkin's taxpayer-funded trip with his wife to Denmark and England to discuss veterans' health issues. Travel records released by VA show four days of the July trip were spent on personal activities, including attending a Wimbledon tennis match. The VA said Shulkin traveled on a commercial airline, and that his wife's airfare and meals were paid for by taxpayers.

Major veterans' organizations had expressed concern about uncertainty at VA should Shulkin leave his job, citing major changes underway to improve care for millions of veterans. The VA has numerous job vacancies, including top posts in its health care division.

Shulkin, a physician, served as VA's undersecretary of health during the Obama administration since 2015. President Donald Trump tapped Shulkin in January to head the VA, the government's second-largest agency.

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1.5 - U.S. News &World Report (AP): Doctor at West Virginia Hospital Admits to Drug Charge (18 October, 24M online visitors/mo; Washington, DC)

MARTINSBURG, W.Va. (AP) — Federal authorities say a 60-year-old physician has pleaded guilty to a drug charge, admitting he obtained the powerful painkiller fentanyl by fraudulently entering the name of a patient on whom he didn't intend to use it at a veterans' hospital in West Virginia.

According to prosecutors, Dr. Daniel J. Bochicchio, of Monkton, Maryland, could face up to four years in prison convicted of the single charge from March.

An indictment accused the anesthesiologist of 15 counts at the Veterans Affairs Medical Center.

He was relieved of his hospital duties in June.

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1.6 - The Wichita Eagle: VA owes $1.5 million in unpaid ambulance bills, county says (18 October, Dion Lefler, 1.1M online visitors/mo; Wichita, KS)

Sedgwick County officials say the Veterans Administration owes the county more than $1.5 million in unpaid ambulance charges dating back to 2014.

The county has provided more than 1,900 ambulance transports to and from the VA hospital in the past four years that the VA hasn’t paid for, according to a report by Sedgwick County Emergency Medical Services Director Scott Hadley.

County Commissioner David Dennis revealed those numbers at Wednesday's commission meeting.

He said he and other county officials have tried for three weeks to set up a meeting with Rick Ament, director of the Robert J. Dole VA Medical Center in Wichita.

"Finally the other day they called and said there was no possible way we could meet with Rick Ament," Dennis said. He said he and other county officials will meet Thursday with the hospital's nurse executive, although Dennis said he thinks only the director has the authority to actually solve the problem.

A spokesman for the hospital said management will need to do an extensive record check to respond to the county's complaint and won't be able to respond until Thursday.

Dennis said he had hoped to work out the billing issues without going public about it.

"I wasn't trying to get on them," said Dennis, an Air Force veteran. "I wear two hearing aids and they're provided by the VA, so I really wanted to work it out and find out what's happening."

He said the county could use the money to expand its network of EMS stations or buy more ambulances, but he's mainly worried the situation will stick sick veterans with huge bills that should be paid by the government or supplemental insurance.

"There's a lot of things we could do as Sedgwick County commissioners if we had an extra $1,500,000 available to us," he said. "But that's not really my main concern today. My main concern as I started talking about this is about those veterans."

He said many of the charges are apparently now too old for the county to try to collect from Medicare, Medicaid, or private insurance.

Dennis said the charges stem from instances where the hospital has neither paid nor explained why not.

"If they told us they weren't going to pay us, then we could try to go to an insurance company of some sort," he said.

But if the county can't collect, its only alternative will be to bill the veterans directly. Although the hospital is supposed to pay for the ambulance rides, the patient bears final responsibility for the charges, according to a memo from Hadley to Dennis.

Dennis said he thinks that is wrong.

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1.7 - The Washington Post: A veteran died as a nurse's aide played video games instead of checking on him, report says (19 October, Samantha Schmidt, 43.9M online visitors/mo; Washington, DC)

The day after Bill Nutter was found dead in his bed at the Bedford VA Medical Center in 2016, a staff member from the Massachusetts hospital told his wife that his heart had stopped and there was nothing more they could have done.

But later, his wife, Carol Nutter, learned a bit more about what happened from a doctor, who said the hospital fell short in caring for her husband, she told the Boston Globe.

It turns out that the nurse's aide responsible for monitoring him overnight didn't check on Bill Nutter on the night he died. Instead, she was playing video games on her computer, the Globe reported, citing a source with firsthand knowledge.

"And when a nurse discovered Nutter dead the next morning, the hospital's internal report shows she announced it to her boss with a crude gesture signifying a slit throat," the Globe's Andrea Estes wrote in Tuesday's story.

The Department of Veterans Affairs inspector general has launched a criminal investigation with the U.S. attorney's office and the FBI to identify how the system may have failed Nutter, the Globe reported.

Nutter, a retired police detective, had served as a door gunner during the Vietnam War. While serving his country, he was exposed to the toxic herbicide Agent Orange, which doctors said led to a series of health problems, the Globe reported. His diabetes had led to the amputation of both of his legs. He also suffered from a serious heart condition that could send him into cardiac arrest at any moment, the Globe reported.

Immediately after Nutter's death, Bedford VA Medical Center reassigned Patricia Waible — the aide who failed to check on him — to a cafeteria job. The nurse who made the "cut-throat" gesture was still on her probation period, and was terminated, the Globe reported.

Waible initially insisted — and signed paperwork — claiming she had checked on Nutter as required. She eventually admitted the truth after she learned that hospital cameras showed her never leaving her computer during her shift, the Globe reported.

It was only until after the Globe contacted Veterans Affairs last month that the agency suspended Waible with pay. Veterans Affairs Secretary David Shulkin's office plans to have her permanently removed, the Globe reported.

Nutter's family did not learn the full details of his death until the Boston Globe began investigating. Now they are reportedly considering taking legal action against the agency.

The Globe also reported that several whistleblower employees and families of veterans have brought forth a slew of complaints about the Bedford VA Medical Center: how patients quickly deteriorate after being admitted, how some veterans in long-term care are left in soiled clothes or without food for hours, how buildings are infested with asbestos.

A spokesman for Shulkin said in a statement to the Globe that the secretary has "made clear that VA will hold employees accountable when the facts demonstrate that they have failed to live up to the high standards taxpayers expect from us."

The Globe's report has stirred outrage among Massachusetts politicians in the last two days.

“This is a disgrace,” Sen. Elizabeth Warren (D-Mass.), tweeted regarding the article, adding that she will be demanding answers and accountability from the department. “Our veterans deserve better.”

“This is unbelievable,” tweeted Rep. Seth Moulton (D-Mass.), “and yet not entirely so unbelievable given some of the things I’ve seen myself at the VA.”

A spokesman for Moulton told the Boston Herald that the congressman planned to have a phone conversation with Shulkin on Wednesday to discuss Nutter’s death.

“That any veteran is subject to the treatment described today is unconscionable,” Rep. Katherine M. Clark (D-Mass) said in a statement to the Herald, “and we must use every available resource to not only get to the bottom of what happened at the Bedford VA, but also to make sure it never happens again.”

Brigitte Darton, Nutter’s daughter, questions why the hospital took so long to remove the nurse aide at fault, the Globe reported. She wonders why the family had to learn the full story about what happened through a reporter.

“I hold the VA responsible for all of this. They’re responsible for their employees,” Darton told the Globe. “How many other people did this lady cause issues with?”

More from Morning Mix:

White ex-Tulsa police officer convicted of fatally shooting daughter’s black boyfriend

Mandalay Bay security guard Jesus Campos resurfaces on Ellen DeGeneres show

He said it would be ‘awesome’ to help a friend kill herself. Now he’ll be tried for murder.

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2. Veteran and Employee Experience

2.1 - The Washington Post (Video): VA to issue new ID cards to veterans (18 October, 43.9M online visitors/mo; Washington, DC)

The Department of Veterans Affairs plans to issue a new identification cards to former service members.

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2.2 - KREM (CBS-2): Almost 2,000 local veterans impacted by possible Mann-Grandstaff VA data breach (18 October, 1M online visitors/mo; Spokane, WA)

SPOKANE, Wash. – Almost 2,000 Spokane area veterans may have had their protected health information compromised when two USB hard drives were stolen from a contractor a the Oklahoma City VA Medical Center.

According to a release, one of the stolen hard drives had been used by the contract employee to copy and move the Mann-Grandstaff VA Medical Center's anesthesia record keeper database from a physical server being decommissioned to a virtual archive server in January.

"Although we cannot say for certain what information was stored on the stolen USB hard drive, we are alerting every Veteran whose personal information resides on the decommissioned ARK [Anesthesia Record Keeper] server," officials said in a release. "We have determined the information at possible risk may include full names, social security numbers, addresses, phone contacts, surgical and insurance information."

Every veteran whose person information was on the decommissioned server will get a letter of notification, officials said, and some will get an offer of credit monitoring for one year at no charge.

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2.3 - KWCH (CBS-12, Video): VA hospital owes $1.5 million in unpaid ambulance bills (18 October, 445k online visitors/mo; Wichita, KS)

Sedgwick County is trying to find out why the VA hospital owes it more than $1 million in unpaid ambulance bills.

The bills go back to 2014 and Wednesday, Eyewitness News learned if the VA doesn't pay, that could mean costs for veterans.

Three-and-a-half weeks ago, Sedgwick County Commissioner David Dennis discovered that the VA hospital owed Sedgwick County more than $1.4 million for ambulance services.

By Wednesday, that figure had increased to more than $1.5 million.

"So, it's actually gone up since I was first notified of the problem," Dennis says.

Since the issue came to light, we've learned the VA has authorized a payment for nearly $50,000.

"But $50,000 is kind of a drop in the bucket out of $1.5 million," Dennis says.

Now, the commissioner says, he has two main concerns.

"It's a problem for our Sedgwick County residents, but more than that, I'm a veteran of 29 years and I care deeply about our veterans," Dennis says.

Dennis says if the VA denies a claim, and it's more than a year old, there's only one other option to collect payment.

"We have to go back to the veteran, unfortunately," Dennis says. "We can't go back to their insurance if they had insurance at that time when the claim gets old."

Dennis says he doesn't want to force a veteran to pay, and he's looking for solutions to the problem.

"I'm not trying to get anyone in trouble. I'm not trying to say that there's someone that's not doing their job," he says. "I'm just trying to find out where the problem is and solve it."

Wednesday (Oct. 18), Wilson said he'd have a meeting Thursday afternoon with the nurse executive at the VA. He said he'd bring along Sedgwick County officials, as well as someone from the office of Congressman Ron Estes.

Dennis said he hoped that after Thursday's meeting, he'd have a better idea of why those bills aren't getting paid, and what can be done to fix the problem.

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2.4 - HousingWire: SIFMA voices concern about secondary market impact of rapid VA loan refinancing, Supports Ginnie Mae, VA effort to address lenders targeting veterans
(18 October, Ben Lane, 438k online visitors/mo; Irving, TX)

Investors are concerned with the secondary market impact of mortgage lenders aggressively targeting servicemembers and military veterans for quick and potentially risky refinances of their mortgages, according to SIFMA, a prominent secondary market trade group.

SIFMA voiced its concerns in a letter sent Wednesday to Ginnie Mae, which recently launched an investigation and a task force with the Department of Veterans Affairs to review a rise in rapid refinances among VA loans.

In the letter, SIFMA President and CEO Kenneth Bentsen said that the group and its members support the Ginnie Mae and VA efforts to address the issue because investors have already seen the down-the-line impact on mortgage-backed securities.

“We are concerned that these activities negatively impact VA borrowers and believe they have negatively impacted the mutual funds, 401k plans, and other savers invested in Ginnie Mae MBS,” Bentsen said in a statement. “We also support Ginnie Mae’s efforts to police the users of the program to ensure that Ginnie Mae and the market understand why significant variations in loan performance occur, and to ensure that actions that harm consumers or the liquidity of the MBS market are stopped as soon as is reasonably possible.”

In the letter, Bentsen said that research from SIFMA’s members found that some borrowers are being put into higher interest rate loans and quickly refinanced into lower interest rate loans.

“It may be the case that pricing and other criteria in the program create an incentive for this rapid refinancing, sometimes with less regard than deserved for the benefits to the borrower,” Bentsen writes in the letter.

"What is clear is that the mutual funds, 401k plans, and other savers invested in Ginnie Mae MBS have borne the cost of this behavior," Bentsen continues. "Ultimately, it harms all borrowers whose loans are funded by the Ginnie Mae MBS programs – if the cost of funding loans through Ginnie Mae MBS increases, the cost of mortgage loans increases for FHA and RHS borrowers, in addition to VA borrowers."

When Ginnie Mae launched its investigation into the rapid refinancing, Michael Bright, the acting president and chief operations officer of Ginnie Mae, said that the agency first noticed these issues last year and issued policies designed to address them.

At the time, Bright said that the agency put in new standards that limited the delivery of "streamline refinance" loans into standard Ginnie MBS until six consecutive monthly payments were made on the initial loan.

"Effectively, this means that an originator cannot do a quick refinance of a loan and deliver it into a standard Ginnie Mae security until the borrower has made six months of payments," Bright said in September.

But as Bright noted then, some lenders and servicers are waiting until six months and one day after origination and then originating a refinance.

Bentsen said that SIFMA's members have seen similar issues.

The (original guidelines issued by Ginnie Mae) helped stem the rapidity of the spike in prepayments in the TBA market by pushing the activity down the line so that it now occurs immediately after the 6-month window has expired," Bentsen writes. "Further, some of this activity may simply have shifted into the Custom pool market. More work needs to be done to address this issue at a fundamental level."

That's why SIFMA supports the Ginnie Mae and VA efforts in this matter.

"SIFMA members strongly support efforts by Ginnie Mae to police the users of the program to ensure that Ginnie Mae and the market understand why significant variations in loan performance occur, and to ensure that actions that harm consumers or the liquidity of the MBS market are stopped as soon as is reasonably possible," Bentsen concluded. "We hope that Ginnie Mae and VA are able to work together to quickly address these problems."

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2.5 - WKRG (CBS-5): Vietnam Veteran Says VA Will Not Replace Wheelchair (18 October, Bryant Clerkley, 272k online visitors/mo; Mobile, AL)

A Vietnam war veteran who had his leg blown off says the VA will not replace his wheelchair.

Ralph Perkins says when he spoke to VA officials they told him he did not follow the right protocol to get a new wheelchair.

Perkins says he had to purchase a new chair himself. He is unable to walk.

“I need to have a replacement wheelchair from the VA now,” Perkins said. “The wheelchair that I’m sitting in is a replacement wheelchair that cost me five thousand bucks.”

Biloxi, Mississippi VA Medical Center Director Dr. Christopher Saslo says he will be taking Mr. Perkins’ concerns very seriously and he will look into his request aggressively.

Perkins says if he would have gone through the proper channels to get a new wheelchair from the VA, it would have taken weeks.

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2.6 - KXLY (ABC-4): Data breach at Spokane VA Medical Center (18 October, Elena Gardner, 193k online visitors/mo; Spokane, WA)

SPOKANE, Wash. - Two USB hard drives containing personally-identifiable Veteran information were stolen from a Veterans Health Administration contract employee in Oklahoma on July 18, 2017. The Mann-Grandstaff VA Medical Center in Spokane has notified 1915 Veterans whose information might have been compromised.

The employee was at a service call at the Oklahoma City VA Medical Center when the hard drives were stolen. The employee filed a local police report.

One of the stolen hard drives was the Master Drive used to copy and move the Mann-Grandstaff VA Medical Center's Anesthesia Record Keeper database from a physical server that was not connected to a network. The information was archived during the week of January 16, 2017.

The Mann-Grandstaff VA Medical Center can not say exactly what information was stored on the USB, but every Veteran whose information was on the old server has been notified by letter, just in case. An offer of credit monitoring for one year at no charge will also be offered to certain Veterans.

The information at risk could include full names, social security numbers, addresses, phone contacts, and surgical and insurance information.

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2.7 - WSIL (ABC-3): Congressional investigators make unannounced visit to Marion V.A. (18 October, Brandon Richard, 162k online visitors/mo; Carterville, IL)

WSIL -- A team of Congressional investigators made an unannounced visit to the Marion V.A. Medical Center this week.

The investigators are with the V.A. House Oversight Committee.

An email was sent to V.A. staff letting them know the investigators would be visiting and asking them questions, according to V.A. spokesman Todd Wright.

Wright says investigators aren't specifically looking into allegations of mismanagement or employee intimidation, as outlined in a report by the V.A. National Center for Patient Safety, but in a broader, general scope, including ways Congress can improve conditions at the facility.

Congressman Mike Bost wants V.A. Secretary David Shulkin to find out why longtime problems haven't been fixed.

"So we know where they fell short, what's going on and why it is that the proper authorities haven't been able to keep up with it," Bost said.

The Congressional investigators arrived on Monday and will remain on-site until Thursday.

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2.8 - Salisbury Post: VA hospital's parking deck scheduled for Nov. 8 opening (19 October, Josh Bergeron, 159k online visitors/mo; Salisbury, NC)

Parking at the Salisbury Veterans Affairs hospital may become slightly easier next month.

On Nov. 8, the W.G. "Bill" Hefner VA Medical Center plans to open the first floor of its new parking deck.

The first floor has 151 parking spaces.

Linette Baker, interim director of the Salisbury VA, said the remaining floors of the parking deck, which will have a total of 371 spaces, will open once the structure's elevator is operational.

The Salisbury VA expects the parking deck to be used heavily. The deck is adjacent to Building No. 3, which houses primary care services and sees an average of 500 to 600 veterans per day, according to the Salisbury VA.

Primary care services is usually the first point of contact after enrollmen. The deck's location should make navigating where to park easy for first-time patients, the Salisbury VA said in an emailed statement.

"Once the deck opens, a veteran should never have to search for a parking space or have to park elsewhere," the Salisbury VA said. "We want every veteran who visits here to have the best health care experience possible, from parking to checkout."

The total cost of the structure was $7.6 million. It will replace a 127-space parking lot that was in the same spot.

The Salisbury VA says the parking deck, once fully open, will offer a net gain of 243 parking spots.

In addition to the deck, other parking spots have been added to the campus to meet demand, the Salisbury VA said. Those include more than 400 temporary parking spaces since

construction of the deck began. Some of the temporary gravel spaces have been approved to become permanent spaces.

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2.9 - Herald-Mail: Martinsburg VA ex-chief of staff enters plea to taking fentanyl (18 October, Matthew Umstead, 158k online visitors/mo; Hagerstown, MD)

MARTINSBURG, W.Va. — The former chief of staff at the Martinsburg Veterans Affairs Medical Center pleaded guilty Wednesday morning in U.S. District Court to fraudulently obtaining fentanyl from the hospital.

Daniel J. Bochicchio, 60, of Monkton, Md., pleaded guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception and subterfuge in a change-of-plea hearing before U.S. Magistrate Robert W. Trumble.

Sixteen additional counts are to be dismissed as part of a plea agreement that was reached in the case, court records said.

Bochicchio faces a maximum of four years in prison and $250,000 fine, one year of supervised release and potential forfeiture of property.

The anesthesiologist said that he took the drug from the hospital for personal use while going through a "very severe" family crisis in February and March.

Felix Beltran Jr., a special agent with the U.S. Office of Inspector General, testified that his investigation probed the dispensing of more than 5,000 micrograms of fentanyl at the hospital.

The total pertaining to Wednesday's plea agreement is 1,900 grams, court records said.

The prosecution agreed to not force Bochicchio to relinquish his Maryland and Pennsylvania medical licenses and certificates, and the plea agreement also doesn't prohibit him from working in a doctor's office or being associated with a medical practice, records said.

A condition in the plea agreement that outlined those proposed terms was deleted.

Regarding the allegation to which Bochicchio entered a guilty plea, Beltran testified that 100 micrograms of the powerful painkiller was "pulled" on March 1 after anesthesia had ended for the patient who was to receive the medication.

Nursing documentation also indicated that the patient's pain score was zero, Beltran said.

Bochicchio, who was hired as the medical center's chief of staff in October 2016, was relieved of his duties June 2 and no longer is with the Department of Veterans Affairs, a hospital spokesman said.

The prosecution alleged that Bochicchio obtained fentanyl multiple times in the first quarter of this year by entering patient information and a specific quantity of the drug to be used in medical procedures at the hospital, court records said.

The defendant didn't intend to administer fentanyl in the procedures, records said.

Fentanyl is a painkiller that is 50 to 100 times more powerful than morphine, and often is mixed with heroin to lower a drug dealer's production costs.

In January 2016, the Beckley (W.Va.) Veterans Affairs Medical Center announced on its Facebook page that Bochicchio was assigned to a 90-day detail as the facility's acting director.

The announcement noted that Bochicchio is board certified in anesthesiology and critical-care medicine, and has more than 25 years of commissioned service in the Army National Guard.

His service included five years on the National Guard Bureau Joint Staff, where he served as the first joint staff surgeon.

Bochicchio had been caring for veterans for more than 10 years as an attending physician at the Baltimore Veterans Affairs Medical Center.

Assistant U.S. Attorney Lara Omps-Botteicher prosecuted the case on behalf of the government.

Bochicchio was represented at Wednesday's hearing by attorneys David Schertler and Shawn McDermott.

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2.10 - The Journal: Physician at VA Medical Center in Martinsburg admits to drug charge
(18 October, 82k online visitors/mo; Martinsburg, WV)

MARTINSBURG – A Maryland man has admitted to a drug charge, United States Attorney William J. Powell announced.

Daniel J. Bochicchio, of Monkton, Maryland, 60, has pled guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception, and subterfuge. Bochicchio admitted to acquiring fentanyl by fraudulently entering patient information at the Veterans Affairs Medical Center in Martinsburg, West Virginia. The crime occurred in March of 2017.

Bochicchio faces up to four years incarceration and a fine of up to $250,000. Under the Federal Sentencing Guidelines, the actual sentence imposed will be based upon the seriousness of the offenses and the prior criminal history, if any, of the defendant.

Assistant U.S. Attorney Lara Omps-Botteicher is prosecuting the case on behalf of the government. The U.S. Department of Veterans Affairs, Office of Inspector General and the U.S. Department of Veterans Affairs Police investigated.

U.S. Magistrate Judge Robert W. Trumble presided.

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2.11 - Mineral News-Tribune: VA doctor pleads guilty to drug charge (18 October, 60k online visitors/mo; Keyser, WV)

MARTINSBURG - A physician at the Martinsburg VA Center has admitted to illegally obtaining drugs at the center.

According to United States Attorney William J. Powell, Daniel J. Bochicchio, of Monkton, Maryland, age 60, has pled guilty to one count of acquiring fentanyl by misrepresentation, fraud, deception, and subterfuge. Bochicchio admitted to acquiring fentanyl by fraudulently entering patient information at the Veterans Affairs Medical Center in Martinsburg. The crime occurred in March of 2017.

Bochicchio faces up to four years incarceration and a fine of up to $250,000. Under the federal sentencing guidelines, the actual sentence imposed will be based upon the seriousness of the offenses and the prior criminal history, if any, of the defendant.

Assistant U.S. Attorney Lara Omps-Botteicher is prosecuting the case on behalf of the government. The U.S. Department of Veterans Affairs, Office of Inspector General and the U.S. Department of Veterans Affairs Police investigated.

U.S. Magistrate Judge Robert W. Trumble presided.

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2.12 - KFDI (CMN-101.3): VA owes ambulance fees to Sedgwick County (18 October, 19k online visitors/mo; Wichita, KS)

Sedgwick County commissioner David Dennis said Wednesday the Veterans Administration owes the county around $1.5 million for ambulance services provided to veterans.

Speaking at the regular commission meeting, Dennis said his main concern is that if the county can't collect from the VA or insurance companies, it will have to bill the veterans themselves.

Dennis said the bills date back to 2014. He said he has tried to arrange a meeting with VA Medical Center director Rick Ament, but he was told that a meeting would not be possible. Dennis said he will meet this week with a nurse executive to talk about the situation.

Dennis said insurance companies have a time restriction for paying bills ranging from 90 days to a year from the date service is provided. He said if the county can't collect on the bills, "that leaves us going to the veteran, and that's my main concern."

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2.13 - Morton Times-News: Tazewell vets seek better VA care through Bustos (18 October, Michael Smothers, 12k online visitors/mo; Peoria, IL)

Tazewell County military veterans, many of whom served in Vietnam, told one of the county's U.S. Congress members Wednesday of problems they've dealt with for decades when they've sought medical care through the Veterans Administration.

Their combat-related issues, however, are the same many current service members bring home from overseas conflicts, and Cheri Bustos took note.

About 20 vets met with Bustos, D-Ill., at the county's McKenzie Building for an hour-long discussion in which Bustos met her promise to "listen more than talk."

She heard the veterans' stories of bureaucratic obstacles they've encountered for years to obtain both medical and mental health care through the VA. Bustos said she would inquire about several of the cases they raised.

Omer Peal of Pekin said he came home in 1969 with mental health issues from his tour as an Army platoon sergeant in the Vietnam War. He sought help from the VA in the 1980s.

By 2008, "They finally were convinced I was crazy," Peal joked.

Turning serious, he added, "A lot of veterans get fed up with the (VA) system and drop out."

That, said Bustos, is a problem the federal government seeks to address, by both making VA medical care available through private doctors and clinics and by opening new VA clinics.

One that is scheduled to open in July 2019 in McLean County will be available to about 2,500 central Illinois vets who now must travel to the Bob Michel VA Clinic in Peoria. That will include many vets in Tazewell, part of which Bustos, of Rock Island, represents within the 17th District.

Discussion focused on care for mental issues affiliated with post-traumatic stress disorder (PTSD). It still affects Vietnam-era vets, who comprised most of those at the meeting. Most of them told Bustos they didn't, or couldn't, watch the recent PBS multi-part series on the war's history.

"I did" watch it, said one veteran. "I had a lot of sleepless nights" as a result.

John McCabe, Pekin's mayor and a Vietnam veteran, said he speaks to school classes as "therapy" for issues from his war experience.

Veterans, then and now, "go through a range of emotions the (students) can't understand," he said.

Peal suggested the VA could begin programs to educate spouses and families of current service members about how to recognize and deal with PTSD problems their loved ones bring home.

"That's what we need to get to," he said.

At the meeting's end, Jeff Johanssen of Deer Creek told Bustos how he believes the government should approach veteran issues.

"We were trained to do the right thing in the right way at the right time," he said. "That's all we ask of you and (of) Congress."

"I'll do my best," Bustos replied.

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2.14 - Journalaz: VA town hall gives veterans a voice in care (18 October, Zachary Jergan, 9.3k online visitors/mo; Camp Verde, AZ)

Veterans from across the region talked about the care available to locals. Criticism of the system's lag time — the wait for primary care, in particular, as well as the delay in processing correct charges after receiving care — was a common theme but largely restricted to health centers outside of the Cottonwood VA outpatient clinic or the larger federal system.

"Our commitment is always to transparency," said Barbara Oemcke, Northern Arizona VA Health Care System's medical center director. She encouraged veterans to keep dialogue open with their local, state and federal benefits representative or care providers, ensuring that any lack is noticed and mistakes are not repeated.

"If you have things that aren't right and don't speak up, that builds frustration, so I appreciate you speaking up. Always bring those questions up," said Kerri Wilhoite, Northern Arizona VA Health Care System associate director for Patient Care Services and nurse executive, adding that health care is a complicated issue compounded by access in rural areas like the Verde Valley.

Often, the VA is forced to send patients outside the network to the Phoenix area, complicating the coordination of services and confusing billing.

"[Sometimes] something gets messed up and falls through the crack," Wilhoite said. "We're happy to bring up those issues [and] really try to make the best sense of what's going on and if there's a problem not repeat it."

The area of universal consensus among the veterans and providers was the commitment of local doctors and medical staff. According to Oemcke, a significant proportion of doctors and staff are veterans themselves, while "those staff who are not veterans are really committed to the VA because they believe in the VA's mission."

One such staff member, Northern Arizona VA Health Care System Chief of Staff Dr. Malcolm Piatt, comes from a family with history in the military: His father and 10 of his 11 uncles served in World War II. Piatt himself missed the draft for the Vietnam War by only a few years.

According to Piatt, his family's emphasis on service to one's country had a major impact on his development, inspiring him to find his own path to assisting veterans. "It's a privilege and an honor to serve vets," Piatt said. "I always knew I owed a rather large debt."

Piatt said while the VA health system is not perfect, access to medical records is increasingly easy for care providers, ensuring that if a veteran seeks care while on vacation, Piatt is able to access the relevant details in Northern Arizona, reducing the lag time significantly. Piatt urged

veterans to follow up when anything goes awry. Guaranteeing that veterans have access and remaining confident in the support system is key.

Technology has made veterans' health care more efficient, Wilhoite said, especially for those who live far from hospitals and clinics. Not only does the VA Health Administration maintain a variety of resource websites, myhealthevet.va.gov helps veterans refill prescriptions, manage appointments, access health care records and contact VA staff.

Additionally, it offers consultation about maintaining a healthy lifestyle. In addition, the Veterans Appointment Request app, available for smartphones, makes appointments easier by arranging and organizing visits.

"If you're in doubt, the telephone care is great," Wilhoite said, endorsing teleheath.va.gov as a means to access healthcare without the long trips, extended waits and other inconveniences of inperson care.

Of course, remote access is not preferable to everyone: For those Verde Valley veterans with significant hurdles to accessing care, the Northern Arizona VA Health Care System offers transport to and from Prescott and the Phoenix area for appointments.

According to Northern Arizona VA Health Care System Voluntary Service Specialist Paul Flack, the van trips are free and available to all veterans in need of the service. Moreover, members of the community can help.

"We have an urgent need for volunteer drivers for Disabled American Veterans," Flack said, adding that becoming a driver is simple, requiring a driver's license and a background check.

To contact VA Voluntary Services, call (928) 776-6013. For immediate mental health care and suicide prevention and consultation, call the VA Crisis Line at (800) 273-8255. The Cottonwood VA Outpatient Clinic is at 501 S. Willard St. in Cottonwood. Call 649-1532.

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2.15 - KSNW (NBC-3, Video): County claims VA hospital owes $1.5 million in unpaid ambulance costs (18 October, Chris Arnold, 9.1k online visitors/day; Wichita, KS)

WICHITA, Kan. (KSNW) – The Robert J. Dole Veterans Affairs Medical Center serves 30,000 veterans living in 59 counties of the state.

The VA utilizes Sedgwick County's EMS services when it needs to transport veterans from the VA to a nearby hospital.

However, that comes at a cost.

It's something that Sedgwick County Commissioner David Dennis says has been adding up for the past four years.

"Once we have a transport from the Veterans Administration, than we will send a bill to the VA, the VA obviously isn't paying timely," said Dennis.

Dennis says the county is owed money from the VA for those services, dating back to 2014.

He says right now, the county is owed $97,000 from 2014, $365,000 from 2015 and $325,000 from 2016.

This year alone, Dennis says the county is owed $679,000. That amounts to a total of over $1.5 million.

“This is a considerable amount of money owed to Sedgwick County residents, first of all, if we had an extra $1.5 million in our EMS budget, we could remodel the EMS facility that is located in Commissioner Ranzau’s district, we’d have enough left over to build on in Commissioner Unruh’s district,” said Dennis.

Dennis says getting the money he says the county is owed back won’t be easy.

“Any time it gets over a year, if they had other ways of paying for it, we can’t go against their insurance or Medicare or Medicaid, we have to go after the veteran,” said Dennis.

The veterans are the biggest concern for Dennis, who is a retired Air Force Colonel himself.

He says his goal is to find out where the problem lies and work toward a solution.

“It’s not that i’m not happy with the VA by any means, it’s just I’m concerned that there is a problem some place,” said Dennis.

The VA did release a statement Wednesday afternoon saying:

“The VA is committed to paying its bills. the purpose of the meeting will be to discuss the bills in question and to clarify differences in understanding of what is actually due. the VA is a good corporate citizen and will honor its obligations.”

County leaders are slated to meet with VA officials Thursday afternoon.

KSN will cover that meeting for you and have what comes out of it on KSN News at five and six.

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3. Access to Healthcare

3.1 - U.S. News & World Report (AP): AP Exclusive: Training on Vet Suicides Set at Nevada Prisons (18 October, Scott Sonner, 24M online visitors/mo; Washington, DC)

RENO, Nev. (AP) — Four months after he enlisted in the U.S. Army at 18, John Morse IV was on the front lines in Iraq training the sights of laser range finders on combat targets to be shelled.

For the next four years, the fire-support specialist watched dozens of people in his unit die, saw missile fire kill civilians and witnessed the aftermath of a mass beheading.

Last year, the 27-year-old who had been diagnosed with post-traumatic stress disorder hanged himself in a Nevada prison.

His family was awarded a $93,000 settlement last week in a wrongful death suit accusing the Nevada Department of Corrections, a state psychiatrist and state psychologist of ignoring Morse's mental illness.

More important than the money, his family says, is the state's commitment to launch a new suicide training protocol for prison workers intended to help jailed combat veterans like their son — a decorated war hero they say deserved better.

"He entered the war a healthy, happy teenager and returned a devastated shell, emotionally ravaged and physically scarred," according to the lawsuit filed in April by his widow, Stephanie Morse, and parents Debbie and John Morse III. They had sought $800,000 in damages.

"Nothing can replace my son, but I'm satisfied," the father said.

The state initially offered $25,000 then agreed to the settlement in U.S. District Court in Reno — $92,500 for the family, $500 for a plaque or memorial.

John Morse IV earned a half-dozen medals, including the Iraq Campaign medal, before he returned to his family in 2009. He briefly worked as a casino security guard and in a fast-food restaurant but was soon unable to work or function in society, the lawsuit said.

He "became preoccupied with religious delusion, space aliens, suicide and the unrelenting death and devastation he witnessed," the lawsuit said. He gave away his money and lived under a bridge.

His father remembers the day his son telephoned from Iraq to tell him about "walking into a room and seeing a bunch of women beheaded."

"My heart literally broke," his father said. "I knew he'd never be the same again. ... But I had no idea how badly John was hurt inside. It's hard to tell when there are no physical, visual impairments."

The U.S. Department of Veterans Affairs concluded in a report last year that 20 veterans a day commit suicide. An updated study released last month found the national suicide rate among veterans was more than double the rate for the general population.

It said Montana, Utah, Nevada and New Mexico had the highest rates of veteran suicide as of 2014 — at least 60 for every 100,000 veterans.

VA doctors diagnosed Morse with PTSD and paranoid schizophrenia in 2010. He went to prison in 2015 after attempting suicide and threatening to kill his girlfriend in a bizarre "blood covenant," but he received no medication, counseling or treatment behind bars and was placed in the general population, the lawsuit stated.

Based on his pre-sentencing report, prison officials should have known Morse was a potentially suicidal PTSD victim who experienced flashbacks and had been prescribed medications for

paranoid schizophrenia and bipolar disease, according to the lawsuit filed by Reno lawyers Terri Keyser-Cooper and Luke Busby.

They said Morse should have been monitored and treated inside one of two psychiatric units at the prison in Carson City.

"If he had been placed in either ... he would be alive today," Keyser-Cooper said.

State lawyers said in July that all three defendants in the case denied the allegations and had considerable evidence to support their defense. They later agreed to the settlement and new training in consultation with suicide prevention experts.

It's not clear when that training will begin. Monica Moazez, a spokeswoman for state Attorney General Adam Laxalt, referred requests for comment to the Department of Corrections.

The agency has "implemented a number of veteran integration programs which are quite successful and (is) always considering incorporating more evidence based programs in support of incarcerated veterans," department spokeswoman Brooke Keast said in an email.

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3.2 - The Epoch Times: Vietnam Vet Died at VA Hospital While Nurse's Aide Played Computer Games: Report (18 October, Jack Phillips, 3.5M online visitors/mo; New York, NY)

A nurse's aide at a VA hospital in Massachusetts is accused of playing video games instead of checking on a patient—a Vietnam veteran. He died last year, the Boston Globe reported.

Bill Nutter, 68, lost his second leg to diabetes and had arrhythmia, which could stop his heart without any warning.

He was staying at the Bedford VA Medical Center, ranked by the Veterans Administration as one of the nation's best hospitals.

Nutter was found dead on July 3, 2016, and a doctor at the VA hospital said that a staff member didn't check on him hourly as they were required to do.

Patricia Waible, the nurse's aide, admitted to playing video games at work instead of watching the veteran. Cameras at the hospital showed that she didn't get up from her computer, the paper reported.

Waible was suspended without pay, according to the newspaper.

Now, the VA inspector is investigating the allegations against the aide, along with assistance from the U.S. Attorney General's Office and the FBI, reported the Boston Herald.

Reports say that the probationary nurse who found Nutter's body made a slit-throat gesture as she told her boss about the incident. That nurse was later fired.

“I hold the VA responsible for all of this. They’re responsible for their employees,” the veteran’s daughter, Bridgette Darton, told the Globe. “How many other people did this lady cause issues with?”

“My dad might not have lived another five months, who knows? But if we could have had another month with him — this lady took that away,” Darton added to the paper.

A number of elected Massachusetts officials issued statements on the incident.

U.S. Sen. Elizabeth Warren wrote on Twitter: “This is a disgrace. Our veterans deserve better. I’ll be demanding answers and accountability from @DeptVetAffairs.”

Added U.S. Rep. Katherine Clark in a statement to the Herald: “When families trust the well-being of their loved ones to the VA, they deserve the peace of mind that comes with quality, compassionate care. That any veteran is subject to the treatment described today is unconscionable, and we must use every available resource to not only get to the bottom of what happened at the Bedford VA, but also to make sure it never happens again.”

The off for U.S. Rep. Niki Tsongas said in a statement: “A primary concern of hers has been that the Bedford VA has been without a permanent director for so long. She has repeatedly requested that VA and Administration officials update her directly with regard to actions they are taking to address complaints raised not only in these articles, but also by veterans who have reached out to our office directly,” as the Herald reported.

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3.3 - The San Diego Union-Tribune: Bad fridge at San Diego VA means up to 1,500 got ineffective flu shots (18 October, Jeanette Steele, 494k online visitors/mo; San Diego, CA)

A refrigerator on the blink at the San Diego VA hospital in La Jolla has resulted in up to 1,540 veterans and employees receiving flu shots that are now considered potentially ineffective.

In response to questions from the San Diego Union-Tribune, a U.S. Veterans Affairs Department spokeswoman said late Tuesday that workers discovered a temperature failure during an Oct. 13 inspection.

A pharmacy refrigerator rose above the correct temperature range, and the stored flu vaccine did not stay within the recommended range of 36 to 46 degrees, said spokeswoman Cindy Butler, in a written statement to the U-T.

There are potentially 1,300 veterans and 240 VA employees who may have received the compromised vaccine, she said.

All veterans and staff will be notified to come back to get another flu vaccination.

“The product is now considered to be potentially ineffective, but there would be no negative side effects,” Butler said.

A county spokesman said the VA, a federal agency, isn't required to report the incident to the county's public health department, so he didn't have any further information.

Butler said no other medications were stored in that refrigerator unit.

The San Diego VA has modified its processes in response to the incident, Butler said.

A Centers for Disease Control guideline for handling vaccines says errors like this, which require repeat doses, can result in a loss of patient confidence.

"It is better to not vaccinate than to administer a dose of vaccine that has been mishandled," the CDC guidelines say.

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3.4 - WJXX (ABC-25, Video): Georgia nurse becomes advocate for veterans complaining about VA system (18 October, Kenneth Amaro, 321k online visitors/mo; Jacksonville, FL)

WOODBINE, Ga. - Two months ago, Eugene Martin was in good health. Now, the Vietnam Veteran is fighting for his life.

"I'm not doing real good," he said. "I can't even put my shoes on."

He suffered burns to the nerves in his feet. While being treated for his injury, he sustained acute kidney failure.

"I need some help," he said. "I am just so weak."

Because of his kidney failure he now has Ascites, or fluid is building up in his abdomen, so he is in constant pain.

"It is a scary thing," he said. "You walk to the bathroom and you're out of breath."

Martin, 62, has used the U.S. Department of Veterans Affairs (VA) healthcare system for the past 16 years, but said these days, he is frustrated by the VA.

"I asked them about putting a port in me so the fluid can drain and they said no we don't do that," he said.

A port that not only drain the fluids, but it would also ease his pain. He asked the VA to allow a private hospital in his community to do the procedure, but said he has yet to hear from the VA.

"I feel like I am third and fourth string sitting on the bench," he said. "You have to wait and wait."

His biggest complaint is getting access to the system to the right person for help and he said he is not alone.

"I speak to a lot of veterans and they all say what I say," Martin said.

Susan Richards, a registered nurse, has seen a number of veterans in Southeast Georgia, fighting the same fight.

"Veterans like him, one behind the other, with different issues," Richards said.

She not only listens, but has become an advocate. In some cases, she's become an angel of mercy.

"There's no way he can drive to Gainesville and he is not allowed to get it done locally here because of the rules," she said.

As a daughter of a veteran, she said it breaks her heart to see veterans struggle to get the help they need.

"I know the VA is trying to do everything it can, it is just a broken system," she said.

After making several calls, Richards was able to get a private doctor to help Martin. On Friday, they will drain the fluids from his aching body.

Richards said if the VA made changes to its system, she is not seeing it. She said the government agency needs to address the needs who served this country.

"I just don't believe it is fixed," she said. "It is still broken."

On Your Side submitted the names of the veterans to the Gainesville VA office. They will be forwarded to the Patient Advocate Chief for review.

We also sent the following two questions and received these answers:

Is the system working?

"There has certainly been improvement in North Florida/ South Georgia as Veterans going out on Choice has provided additional access points to care where in the past they may have been but it's also important to note that while Choice is an option for some, it has very specific criteria that must be met for Veterans to be eligible for care. What I can say generally is that Veterans are referred first within VA for services. This is not an arbitrary decision, it's written into federal law. The main VA hospital is in Gainesville and a second hospital is in Lake City. Veterans in outlying cities and counties (the North Florida South Georgia System covers 50 counties in Florida and Georgia combined), contingent upon the complexity of the care/procedure needed, are referred within VA to one of those facilities or another VA facility that can deliver those services. Federal law requires eligible Veterans to receive services within VA unless they meet specific criteria or services are not available at which point we offer services through Choice and our Community care partners."

How can veterans access the system?

"The first touchpoint for any Veteran having some instances of trouble or issues accessing care is to contact their Patient Aligned Care team, what we call a PACT Team. If Veterans need to go out for specialty care their provider and PACT team work with the Veterans to determine the best and most appropriate course of care. If there are additional issues impacting their ability to

get the assistance they need, they should contact the Patient Advocates who will assist them in navigating whatever issues they may need to get taken care of."

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3.5 - GCN: VA pushes data to the point of care (18 October, Sara Friedman, 162k online visitors/mo; Wichita, KS)

From the start of VA Secretary David Shulkin's tenure in February, the Department of Veterans Affairs has mounted an aggressive agenda to improve services for veterans. Suicide prevention is one of Shulkin's initiatives to bring better care to the health care provider level.

"We are bringing together various suicide issues under one umbrella and linking them together … so we can provide clinicians with risk factors for patients at the point of care," Jack Bates, director of the VA's business intelligence service line, said during a meeting with reporters at the Oct. 17 Microsoft Government Cloud Forum.

By bringing together issues surrounding a problem like suicide, the VA can get a fuller picture for patient care that clinicians can use internally. One area of interest is predicting which individuals are likely to act on their suicidal thoughts, but to make such a program scalable would require sophisticated models and advanced processing power.

One of the VA's more visible efforts to expand services is its Access to Care tool. The website allows veterans to compare VA facilities to local hospitals, nursing homes and outpatient clinics.

While Bates thinks there are "good reasons" for veterans to see a community provider, they would still need to bring their VA records with them or have them electronically transferred. The VA ultimately wants to be able to transfer records through health information exchanges similar to those used by commercial health care practices.

"[Through] the health information exchange paradigm, the community care provider will be connected, with the VA and they are sharing information dynamically," Bates said.

The public facing components of the Access to Care site are dedicated to helping veterans determine the best paths to getting needed services.

"We have been live for roughly 188 days and have made 750 modifications and additions to the site," Bates said. "The most recent [release] was about looking at all of our providers and their credentials to continuously empower the veteran to make informed choices about their healthcare."

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3.6 - Lake County News: VA Clinics fully operational; staff works to contact veterans in fire-impacted areas (18 October, 159k online visitors/mo; Lakeport, CA)

NORTHERN CALIFORNIA – The VA Clinics in the North Bay are all reported to be open and fully operational in the wake of the region's wildland fires.

The clinics include those in Santa Rosa, Clearlake, Ukiah and Eureka.

VA shuttles will run only between the San Francisco VA Medical Center and Santa Rosa on Oct. 18. VA shuttles will not travel north of Santa Rosa.

San Francisco VA staff has been working diligently to contact veterans in affected areas by phone to make sure they are safe and have everything they need.

Staff have contacted more than 1,900 veterans so far, and they are continuing their efforts this week.

They reported that at least 50 veterans and 14 VA staff members have lost their homes in these fires. This number is likely to grow.

Mental health staff have been at the Sonoma County Fairgrounds and Napa Valley College to provide support and resources to veterans in need.

Social work staff have been traveling to evacuation sites and community centers to meet with veterans and connect them with services and resources they need. These efforts will be ongoing as the community recovers from the North Bay Fires.

Veterans who are unable to reach a clinic or who have fire-related symptoms are urged to contact Telephone Linked Care at 800-733-0502.

Text your zip code to 888777 for text updates on evacuation orders and road closures in your area. 511.org also provides up to date road condition info on all of the Bay Area (including up to Eureka).

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3.7 - KUSO (FM-92.7, Video): U.S. Senator from Nebraska Demands Answers from VA About Nebraska Veterans on a Secret Wait List (18 October, Kari Lawrence, 45k online visitors/mo; Norfolk, NE)

WASHINGTON, D.C. – U.S. Senator Ben Sasse from Nebraska is pushing the Department of Veterans Affairs for answers regarding the reports that VA employees kept a secret waiting list.

A recent internal audit of the Veteran Affairs Nebraska-Western Iowa Health Care System reportedly revealed a secret waiting list that contained patients from Nebraska and Iowa, and supposedly obscured the actual wait times for veterans who sought appointments. Sasse says the existence of such a list is shocking, and the VA's refusal to answer questions about it is unacceptable. In a letter to Secretary Shulkin, Sasse requests answers to the questions below by Friday:

- How many Nebraska veterans were affected by the secret lists?
- Who at the VA kept the lists?

- What exactly did the audit indicate was the reason for the existence of the lists?
- How many VA employees were disciplined as a result of the investigation and what disciplinary actions were taken?
- Did any employee that has been or is in the process of being disciplined as a result of the investigation receive bonuses for the achievement of metrics linked to performance data implicated in the investigation of the secret lists?
- What legal standards or authority has the VA cited or otherwise used, if any, in its refusal to identify how many Nebraska veterans were affected, why the lists were maintained, and how many VA employees were disciplined?

VA officials have acknowledged the investigation but "declined to answer questions about the audit." Sasse says Nebraska deserves a prompt answer from the VA regarding what happened.

"The VA owes Nebraska an answer and an explanation. The VA owes that answer and explanation now," said Sasse. "Let's be clear about what happened. Men and women who wore the uniform to fight for our freedom were put on a secret waiting list so that bureaucrats could look good. That is wrong."

Sasse also requested a copy of the full internal audit. He says Nebraskans have "no patience for improper treatment of our veterans, nor for attempts to cover it up." He adds such a list would violate Veterans Administration regulations, which are meant to ensure fair and prompt treatment of our nation's heroes.

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3.8 - Community Common: Q&A: Veterans Health Choice Initiative (18 October, 3.1k online visitors/mo; Portsmouth, OH)

Question: What is the new Veterans Choice Health Initiative and who is eligible:

Answer:

Background:

In order to improve VA's ability to deliver high-quality health care to Veterans, section 101 of the Choice Act requires VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with eligible non-VA entities and providers. This is referred to as the Veterans Choice Program.

Veterans who meet certain eligibility requirements will be able to elect to receive care from eligible non-VA entities and providers through the Program. VA must enter into agreements with eligible non-VA health care entities and providers for them to participate in the Program. Prior to the Choice Act being passed, VA had mechanisms in place to purchase non-VA care. Those mechanisms are still available to VA, and the Choice Act will enhance VA's non-VA care options.

VA will provide a Veterans Choice Card to all Veterans who were enrolled in the VA health care system as of August 1, 2014, and to recently discharged combat Veterans.

Eligibility criteria:

A Veteran must be enrolled in VA health care on or before August 1, 2014, or be eligible to enroll as a recently discharged combat Veteran within 5 years of separation.

Additionally, a Veteran must also meet at least one of the following criteria.

a) The Veteran attempts to schedule an appointment with VA for hospital care or medical services but is unable to schedule an appointment within 30 days of the Veterans preferred date, or the clinically appropriate date

b) The Veteran lives more than 40 miles from the VA facility that is nearest to the Veteran's residence, including a community-based outpatient clinic.

c) The Veteran lives in a state without a medical facility that provides hospital care, emergency services and surgical care rated by the Secretary as having a surgical complexity of standard, and the Veteran resides more than 20 miles from such facility.

d) The Veteran lives 40 miles or less from a VA health care facility but needs to travel by air, boat, or ferry, or faces an unusual or excessive burden on travel due to geographical challenges.

Cost Sharing If an eligible Veteran has another health-care plan, VA will be secondarily responsible for costs associated with non-service connected care and services furnished to eligible Veterans through the Veterans Choice Program.

Medical Records When a Veteran receives care from an eligible non-VA health care entity or provider, the entity or provider must submit to VA a copy of any medical record information related to the care and services provided. This information will be included in the Veteran's medical record maintained by the Department. Source: www.va.gov

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

7. Supply Chain Modernization

7.1 - Healthcare IT News: VA proposes CARE Act to address health IT problems - The bill - written by the VA and proposed to Congress - would expand care access for veterans and make it legally easier to share patient records between the VA and outside providers. (18 October, Jessica Davis, 438k online visitors/mo; 143k online visitors/mo; New York, NY)

The U.S. Department of Veterans Affairs released a bill, which it presented to both the House and Senate, designed to address healthcare access and improve the veteran experience.

The Veterans Coordinated Access and Rewarding Experiences Act would create the framework to support the agency in continuing to build a high-performing network. Further, it would make it easier to share patient records between the VA and outside providers.

In addition, the proposal would bolster the VA's Choice Program by replacing the current wait-time and distance eligibility criteria, by eliminating the 30-day, 40-mile limit currently in place for the Choice program. It would also offer patients a network of walk-in clinics for minor health issues.

The bill would establish care coordination support, merge and modernize community care programs and streamline clinical and administrative processes.

Further, it proposes new workforce tools to assist the agency's medical staff. And also features provisions to strengthen the VA's partnerships with other government agencies, while improving financial management of its Community Care Program.

"We want Veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community," VA Secretary David Shulkin, MD said in a statement. "This bill does just that while strengthening VA services at the same time."

The proposed bill is just the recent initiative introduced by Shulkin to improve the agency's IT and healthcare systems.

In August, Shulkin and the President launched "anywhere-to-anywhere" telehealth plans to expand care access. The secretary announced it would replace its outdated VistA EHR with Cerner to modernize its system and make it easier to share data with the Department of Defense.

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8. Other

8.1 - BuzzFeed: For These Veterans, Growing Pot Isn't Just A Job, It's A Cause - For veterans learning to cultivate marijuana through a Los Angeles grower's internship program, it's personal. They want to push for medical cannabis to become an option for veterans with PTSD. (18 October, Vera Bergengruen, 17.7M online visitors/mo; New York, NY)

LOS ANGELES – In a featureless industrial warehouse in downtown Los Angeles, a group of military veterans spends long days walking up and down rows of plants, delicately inspecting buds and leaves in the glow of orange lights.

At the end of their three-month "seed to sale" internship at THC Design's grow facility, they hope to enter the lucrative multibillion-dollar cannabis industry with full-time jobs.

"I didn't even smoke in high school, so when people find out that I'm farming it they're blown away," joked Steven Passmore, a 35-year-old US Army combat veteran whose hair is held back with a yellow headband in the cultivation room's humidity. "I just explain to them that it's a job, this is what I do."

When THC Design announced the first cannabis cultivation training program for veterans in June, it received more than 65 applications. One of them was from a 71-year-old Vietnam veteran. Seven were accepted into the program, two of whom already have been hired for full-time positions. Passmore, who is pursuing a degree in botany at Los Angeles City College and had been experimenting with growing marijuana in his own small closet, was a natural fit. Under California law, it is legal to grow up to six plants in your home.

After breaking his clavicle in Iraq and receiving an honorable discharge, he returned home in 2007. For a long time, Passmore said, he was offered jobs by well-meaning contacts — minimum-wage retail positions that barely paid enough to scrape by, with no future prospects.

"I was insulted," he said. "It cut me really deep that I had separated myself from my family, gone and done things that are still really hard to live with, and accept that I was capable of, but was asked to do for my country, and then I came back and couldn't make enough just to live."

THC Design's internship program pays $15 an hour, a third more than California's minimum wage, with the chance to make $25 an hour as a full-time grower by the end. But beyond the paycheck, the veteran interns say they're on a crusade to advocate for medical marijuana to treat post-traumatic stress disorder and other service-related injuries.

In interviews with BuzzFeed News, several of them described visiting Veterans Affairs clinics to seek help for physical pain, anxiety, depression, and insomnia and immediately being prescribed opiates and other addictive medications.

"The pills I was receiving from the VA — I could not work, I would take them and fall asleep standing up," said Brett Miller, a 35-year-old former US Marine and THC Design cultivation intern. "I no longer have that problem, because I no longer take them. Since then I've been to many talks with different groups of veterans, and you can really see how it brings a calm to what disturbs a lot of vets."

Similarly, Passmore said "the first thing the VA did is give me a bunch of pills," including opiates for his clavicle pain. His parents, a retired EMT firefighter and a nurse, "looked at them and said 'I wouldn't take these if I were you,'" he said.

After doing some research on more natural alternatives, Passmore, who describes himself as a "straight arrow," decided to try marijuana.

"I was spiraling," he said. "I was working a retail job that wasn't paying me enough to survive. I was disconnected from everyone in my life, my family, my lifelong friends. I thought no way, there's no way pot is going to fix all of these problems, but what's the worst thing that could happen?"

Unlike the VA-prescribed painkillers, he says, marijuana allowed him to manage his pain and get his life back together.

“Slowly but surely I pulled my own head out of my ass and reconnected with the people who mattered most to me in my life,” he said.

Their experiences with the VA are common among military veterans. Currently, there are about 2.7 million US veterans of the Iraq and Afghanistan wars, and at least 20% suffer from PTSD. At the same time, VA prescriptions of four potent opiates — hydrocodone, oxycodone, methadone, and morphine — have more than tripled since 9/11, according to a 2013 report by the Center for Investigative Reporting. In 2016 alone, the VA treated 66,000 ex-servicemen and women for opioid addiction.

For THC Design cofounder Ryan Jennemann, it’s also personal. After years of using opiates prescribed by his doctor, his father died from heart failure at 47. His father was a big advocate of medical marijuana, Jennemann said, but wasn’t able to take advantage of it as a treatment since it was illegal in Oklahoma, where he lived.

Another THC intern, National Guard veteran Dustin Beluscak, saw the opposite scenario play out with his father, a Vietnam veteran who was prescribed opiates for cancer pain in the last years of his life. When he was prescribed cannabis in 2004, he was at least able to eat and speak.

Medical benefits aside, many veterans at THC Design say the very act of spending all day growing plants has had surprisingly positive effects — although they joke they “wouldn’t be as excited if we were growing tomatoes.”

“We talk about it all the time, how growing the plants changes a person, and you just feel different in different rooms,” Miller said. “I grew up on a small farm in Pennsylvania and took the long way to end up in a small farm in Los Angeles, I guess.”

Michael Garcia, a 33-year-old US Navy veteran, said the last few weeks working with growers at the facility has felt different from any other job.

“Camaraderie was something that was really big in the military, and it was something that I really didn’t feel until I came back and started working here,” he said. “People working together, everyone giving 100%, its nice.”

Like many of the interns, Garcia heard about the program through the Santa Cruz Veterans Alliance, a veteran-owned medical marijuana collective. Now, as they begin to build careers in the cannabis industry, many say they’re actively working to change the stigma surrounding marijuana for veterans.

“At one point if you had a conversation with your primary care doctor about cannabis, it would jeopardize your benefits for the VA,” Miller said. “A lot of veterans are still unaware of the rules, and that’s why veterans are instrumental in the push for cannabis to become legal all across the country.”

VA physicians are currently banned from recommending medical marijuana, since the drug is illegal under federal law. If veterans want to use it, they have to pay out of their own pocket — but advocates say in many states they’re unlikely to even hear about it as an alternative.

Even though medical marijuana is legal in 29 states and the District of Columbia, its use to treat PTSD still carries a stigma for many veterans, who worry that it will impact their treatment at VA facilities.

“Veterans who are lawfully prescribed medical marijuana need the peace of mind that they can discuss their medical interventions with their VA clinician without fear of prosecution,” Iraq and Afghanistan Veterans of America lays out in its health policy agenda.

Federal approvals took more than a decade for a study of medical marijuana treatment for veterans with PTSD. Federal rules severely limit how marijuana can be studied because of its classification as a schedule 1 drug, along with heroin, ecstasy, and LSD.

“It’s still illegal under federal law because the FDA-regulated trials haven’t concluded, and they need to speak the federal government’s language,” said Brad Burge, the communications director for the Multidisciplinary Association for Psychedelic Studies, a California-based nonprofit that is running the study with a $2.16 million grant from the Colorado Department of Public Health and Environment. So far, they have been able to enroll 28 veterans out of 76 needed.

“We’ve gotten thousands of inquiries, but the requirements are very strict, very specific,” he said, adding that many veterans are not eligible because they would have to get off their current medications for the study. “The enrollment has been very slow, and would be a lot quicker if the VA was willing or able — we’re not sure which it is ——to refer their patients to us.”

Dr. Sue Sisley, the principal investigator conducting the FDA-approved research, has been lobbying the VA for years to let her discuss it with doctors at the Phoenix VA Medical Center, which has thousands of patients. It's repeatedly denied her requests.

“Federal law restricts VA’s ability to conduct research involving medical marijuana, or to refer veterans to such research projects,” VA spokesperson Curtis Cashour told BuzzFeed News. “If the researcher is truly interested in finding veterans for her study, she should spend more time recruiting candidates and less time protesting to the media.”

Sisley’s study has broad support among veterans groups, which say they are open to all research that might help with chronic pain and PTSD, the two most widespread illnesses connected to veterans’ military service. Last month, the largest veterans group in the country called on VA Secretary Dan Shulkin to support Sisley’s study.

“Many veterans have approached us to tell us that access to cannabis has materially improved their health and well-being,” American Legion National Commander Denise Rohan wrote in a letter. “While their stories are very compelling, we need clinical evidence to have a fact-based discussion on the future of cannabis policy.”

Shulkin, the VA secretary, said at a White House conference in May that he believes “everything that could help veterans should be debated by Congress and by medical experts."

"There may be some evidence that this is beginning to be helpful and we’re interested in looking at that and learning from that," he said.

If Sisley's study does not enroll the 76 veterans it needs, it may be opened to nonveterans as well. That would ruin the point of helping service-specific ailments, Burge said. If the study were to move forward, VA clinics would be able to recommend it as a treatment, maybe curbing the overreliance on opiates, he said.

Back at THC Design in Los Angeles, the veterans learning to cultivate marijuana say they realize their situation is unique. Living in Southern California, being open about marijuana is "just part of the culture," Garcia said. Once they are more established in the industry, they hope to continue to push to make medical cannabis a viable alternative for every veteran.

"To any vet that is struggling with one of these ailments that many of us have dealt with — the pills, depression, anxiety — I'd say look at all the options that are out there and reach out," Miller said.

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8.2 - The Hill: VA canine research helps foreign-based special interests, not US disabled veterans (18 October, Benjamin Krause, 11.8M online visitors/mo; Washington, DC)

The VA discounts animal research as invalid when it comes to informing decisions about benefits and medical care for service-disabled veterans, but now Secretary Shulkin dubiously defends the practice as "necessary" when his agency stands to lose taxpayer funding and upset corporate partners. VA can't have it both ways and the evidence doesn't look good.

By law, any VA research, including canine research, must contribute to advancements in spinal cord injury research or "research into injuries and illnesses particularly related to service."

Of all the current dog experimentation projects conducted by VA — of which there are 8 or 9 — only one appears to be related to spinal cord injury. Almost all of the others address cardiac irregularities or ailments not generally associated with military service-related disabilities despite the law. This is the VA research Sec. Shulkin says disabled veterans "need" to continue.

This is alarming because disabled veterans exposed to burn pits — a crude and toxic disposal method for waste, batteries, fuel, trash and other materials burned by military bases in Iraq and Afghanistan — urgently need research and solutions for service-connected disability benefits and health care. But the VA is expending resources on research that has nothing to do with that population or other service-disabled veterans.

Here in Minnesota, we recently lost Amie Muller — a 36-year-old wife and mother of three — who was exposed to burn pits at Balad air base, on deployments in 2005 and 2007. She died of pancreatic cancer, a disease believed linked to burn pit dioxins. Countless other disabled veterans have suffered the same fate.

Surely VA researchers are rushing to help those disabled veterans receive benefits and health care through research resources, including canine research, right?

VA and other authorities formerly relied on animal research, including canine research, to measure the effects of toxic exposures on veterans from Agent Orange, but those same

organizations no longer consider animal research valid for that purpose, telling the New Republic that such studies would be “difficult, expensive, and time-consuming to conduct.”

If canine research isn’t valid for confirming exposure-related illnesses in disabled veterans, how is it now “necessary” and “essential” to helping disabled veterans?

Veteran Warriors CEO Lauren Price says VA is speaking “out of both sides of its proverbial face” in refusing to consider animal research valid when it comes to veterans’ toxic exposure but insisting it’s needed for a host of non-veteran-specific research with questionable benefits for anyone.

Despite my repeated requests to VA press secretary Curt Cashour, VA has yet to name a single veteran-focused medical advancement that has ever resulted from dog testing in nearly 100 years of VA research.

Not only that, but Cashour could not point to a singular business case to support continued VA canine research, now. In fact, there’s only one 21st century innovation VA claims its canine research was involved in.

Specifically, in his USA Today op-ed, Sec. Shulkin wrote, “VA canine research has resulted in the first FDA approval of an artificial pancreas — a significant breakthrough that will make real differences in veterans’ lives.”

Given the VA’s penchant for stretching the truth, this claim deserves dissection.

The secretary is referring to a device called MiniMed 670G, which was developed by the for-profit medical device company Medtronic that received FDA approval in 2016 on the back of research from as early as 1991.

For some background on Medtronic, in 2014, the company moved its headquarters from Minnesota to Ireland in a move Fortune Magazine included in its list of offshore “Positively un-American tax dodges.” The Irish company and other large corporations have given VA money for use of agency canine research resources over the years.

As for the MiniMed, it struck me that VA was not mentioned in any of the press surrounding the FDA approval of this device. So, I contacted Medtronic for comment on VA canine research’s role in the development and approval of the MedMini 670G. Medtronic diabetes research director Rebecca Gottlieb, PhD, responded that VA canine research “was not specifically used in the development of the MiniMed 670G system.”

Now, even if VA canine research was used at some point in development of the MiniMed 670G artificial pancreas, that would not answer whether disabled veterans specifically “need” VA dog research, or as Shulkin claimed, that the device “will make real differences in veterans’ lives.”

Fact check: It won’t.

The Medtronic invention will help people with type-1 diabetes. This form of diabetes is generally diagnosed in childhood when the patient’s body does not produce insulin.

Do you know how many Americans can enlist into any branch of the military with a diagnosis of type-1 diabetes?

Zero. Generally, no American can enlist into the military with this diagnosis.

Even in the rare event that a disabled veteran somehow develops the disease later in life, the odds of VA health care using the newly developed MedMini seems slim to none.

When asked for specific examples of veterans benefiting from the invention, the VA press secretary could not provide a number. Medtronic likewise was unable to answer whether a single veteran made use of the implant to date or if it plans to sell the devices to VA.

Remember, by law, VA research should focus on spinal cord injuries or "research into injuries and illnesses particularly related to service." Let foreign-based multinational corporations like Medtronic conduct their own canine research in their own private labs, perhaps in Ireland, if it's so valuable to them.

But let's stop pretending this dog research is being done to specifically help disabled veterans. Congress must audit VA canine research to evaluate whether the agency has any business spending taxpayer dollars this way.

Benjamin Krause is a veterans rights attorney and investigative journalist. He is chief editor of the VA watchdog website DisabledVeterans.org, where he regularly publishes news and veterans benefits tips. Benjamin is a disabled veteran of the U.S. Air Force.

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8.3 - Union-Bulletin: Veterans Day explained - Congress passed a resolution in 1926 for an annual observance, and Nov. 11 became a national holiday beginning in 1938. (18 October, Annie Charnley Eveland, 60k online visitors/mo; Walla Walla, WA)

Walla Walla has sent many people off to war, enduring hardships and horrors noncombatants will never truly understand.

Among those returning was U.S. Army Gen. Jonathan Mayhew Wainwright, who served during World War II in the Philippines. The Walla Walla native was a career Army officer who commanded Allied forces in the Philippines at the time of their surrender to the Empire of Japan during World War II.

He served in battles during World War I and from 1941-42 in the battles of the Philippines, Bataan and Corregidor.

He received the Medal of Honor for courageous leadership during the fall of the Philippines and was a prisoner of war from 1942-45. He was also honored with a Distinguished Service Cross and Army Distinguished Service Medal.

Veterans Day, observed annually on Nov. 11, honors living and dead military veterans. Armistice Day came first, established on Nov. 11, 1919 to commemorate the end of World War I at the 11th hour of the 11th day of the 11th month, in Compiègne, France.

Congress passed a resolution in 1926 for an annual observance, and Nov. 11 became a national holiday beginning in 1938. The U.S. holiday was renamed Veterans Day in 1954.

Wainwright was born Aug. 23, 1883, at Fort Walla Walla. In 1945, over Veterans Day weekend, he returned to his birthplace.

He received a hero's welcome the morning of Nov. 10 when a downtown parade was held. That afternoon, Whitman Collegebestowed an honorary degree on him, and later in the day he visited the Veterans Affairs and McCaw General hospitals. Veterans and active military members hosted him that evening as the honored guest at a dinner in the Grand Hotel. That Sunday, he addressed a crowd at Borleske Stadium, calling for maintaining a strong military.

A new Ford automobile gifted by Walla Wallans to Wainwright was handed over by Mayor West and Susan Teague, whose family owned Teague Motor Co. The vehicle's special license plate read, "VJ 8-14-45 JMW," an abbreviation for Victory over Japan, Aug. 14, 1945, Jonathan M. Wainwright. The general planned a 10-day tour of the Pacific Northwest in the new car, then drove to the East Coast. At a stop in Detroit, the Ford Motor Co. replaced the Ford with a more-expensive Lincoln.

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Veterans Affairs Media Summary and News Clips

18 October 2017

1. Top Stories

1.1 - U.S. News & World Report (AP): VA Seeks 'Narrow' Exemption to For-Profit College Ethics Law (17 October, Hope Yen, 24.M online visitors/mo; Washington, DC)
The Department of Veterans Affairs said Tuesday it would proceed with a narrow waiver to an ethics law banning VA employees from receiving benefits from for-profit colleges, saying most cases posed no actual conflicts of interest with private companies vying for millions in GI Bill tuition. The VA's latest move comes after it abruptly dropped plans last week for a broader exemption.

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1.2 - U.S. News & World Report (AP): Memo: Secret Wait List Kept for Some Omaha VA Appointments (17 October, 24M online visitors/mo; Washington, DC)
Employees of a veterans health care system for Nebraska and western Iowa maintained an unauthorized, secret waiting list of veterans for some Omaha mental health appointments, according to U.S. Department of Veterans Affairs documents. The list dodged strict VA requirements for establishing and maintaining waiting lists, according to a compliance officer's memo to the director of the Department of Veterans Affairs' Nebraska-Western Iowa Health Care System.

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1.3 - U.S. News & World Report (AP): Veterans Affairs Workers Highlight Job Vacancies at Rally (17 October, 24M online visitors/mo; Washington, DC)
The union representing Department of Veterans Affairs employees claims that care for veterans has suffered due to the tens of thousands of vacant positions across the country. The Salt Lake Tribune reports that about a dozen members of the American Federation of Government Employees held a rally on Monday outside the Salt Lake City Veterans Affairs Hospital to demand that the agency fill the vacancies.

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1.4 - U.S. News & World Report (AP): 2 Admit Roles in $24M Benefits Scheme That Targeted Veterans (17 October, 24M online visitors/mo; Washington, DC)
A former official at a New Jersey university and another woman have admitted their roles in a scheme that stole more than $24 million from a federal education benefits program designed to help veterans. Fifty-six-year-old Lisa DiBisceglie and 61-year-old Helen Sechrist pleaded guilty Tuesday to conspiracy to commit wire fraud. Each woman faces up to 20 years in prison when they're sentenced Jan. 24.

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1.5 - Boston Herald: Bay State pols share outrage over vet's death at Bedford VA (18 October, Antonio Planas, 9M online visitors/mo; Boston, MA)
Members of the Bay State congressional delegation expressed outrage after a Vietnam veteran who required round-the-clock care died at the Bedford VA Medical Center. The Boston Globe reported yesterday that Bill Nutter, who had lost both legs to diabetes and had a condition in which his heart could stop, died at the veterans' hospital in July 2016 after a night-shift aide failed to check on him.

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1.6 - Boston Globe: A nurse's aide plays video games while a veteran dies at Bedford VA hospital (17 October, Andrea Estes, 8.8M online visitors/mo; Boston, MA)
Bill Nutter was very sick. Not only had he just lost his second leg to diabetes, but he also suffered from a condition that could cause his heart to stop beating without warning. But his daughter, Brigitte Darton, felt reassured because her mother had found a bed for the ailing Vietnam veteran and retired police detective at the Bedford VA Medical Center. He would be under the watchful eyes of the staff at a hospital ranked by the Veterans Administration as one of its best nationwide.

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1.7 - Military Times: Federal union slams VA health reforms as dangerous for vets (17 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Officials from the largest federal workers union slammed Veterans Affairs officials' new health care reform plan as "a total dismantling of the department" that would jeopardize veterans services. "It's taking resources out of VA and shifting them into the private sector," said J. David Cox Sr., national president of the American Federation of Government Employees. "It's voucherizing veterans health care."

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1.8 - KARE (NBC-11, Video): MN veteran's legal battle wins billions for other vets - It was a huge victory – not just for Staab, but for veterans nationwide. And it has massive financial ramifications. (17 October, A.J. Lagoe and Steve Eckert, 1.5M online visitors/mo; Golden Valley, MN)
A Minnesota veteran's precedent-setting legal case is forcing the Department of Veterans Affairs to change course after years of denying payment of veterans' emergency medical bills. A court ruled a VA policy violated federal law. As a result, the VA estimates it may be on the hook for billions of dollars in previously denied claims.

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2. Veteran and Employee Experience

2.1 - The Washington Post: Opinion - Now is a terrible time for Trump's VA secretary to abandon his post (17 October, Joseph R. Chenelly, 43.9M online visitors/mo; Washington, DC)
A long-awaited overhaul of veterans' health care is being unveiled to the world. At the helm throughout the two years of developing this road map has been David J. Shulkin. As the U.S. Department of Veterans Affairs is finally on the cusp of rolling out its master plan to ensure every veteran has access to timely, quality care, the VA secretary reportedly is interviewing for another job.

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2.2 - Philadelphia Inquirer: Leaving the war in the woods (17 October, Jason Nark, 11.8M online visitors/mo; Philadelphia, PA)

Amy Cook, the supervisory recreation therapist at the Lebanon Veterans Administration Hospital, said Ross' programs help veterans learn outdoor skills, like paddling or cycling, that can make them want to spend even more time in nature. "She allows our vets to experience the natural world and, through the natural world, find a little bit of peace in themselves," Cook said.

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2.3 - Washington Examiner: A good start at reforming the Veterans Administration (18 October, Editorial Board, 4.8M online visitors/mo; Washington, DC)
In the three and a half years since news broke of a major scandal at the Department of Veterans' Affairs, the public has heard a depressing story of dysfunction, pettiness, and malfeasance at the heart of the VA health system. Employees manipulated their computer scheduling system to make it look like veterans were being served in a timely fashion, for which the staff was then able to collect bonuses. Veterans, meanwhile, waited months and years without being able to see a doctor.

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2.4 - WCTV (CBS-6): Tallahassee National Cemetery officially opens Tuesday (17 October, 1.4M online visitors/mo; Tallahassee, FL)
The new Tallahassee National Cemetery is officially open, and dignitaries marked the moment during a ceremony this morning. A contractor has wrapped up construction, turning over the property to the Federal Government. On Tuesday, an Honor Guard raised a giant American flag at the center of the cemetery for the first time, along with flags representing all branches of the Military.

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2.5 - Bradenton Herald: Veterans will be able to get federal ID card starting in November (17 October, James A. Jones Jr., 861k online visitors/mo; Bradenton, FL)
Veterans will be able to go online and order their new identification cards in November, Rep. Vern Buchanan, R-Longboat Key, announced. Buchanan, whose Veterans Identification Card Act (H.R. 91) was signed into law in 2015, said official ID cards will be available to all veterans free of charge by visiting the Department of Veterans Affairs website.

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2.6 - KDVR (FOX-31): New veteran ID card makes it safer, easier to prove service (17 October, Joe Dahlke, 662k online visitors/mo; Denver, CO)
Military veterans can soon apply for a new identification card from the Department of Veterans Affairs that will make it easier for them to prove their service. The ID cards will be available starting in November. Veterans will be able to apply online for the card through the VA's website. Military.com reports that veterans can register through vets.gov – which requires a valid government ID photo and a social security number.

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2.7 - WJW (FOX-8, Video): Battlefield Cross marker back in place at Ohio Western Reserve National Cemetery (17 October, Jack Shea, 659k online visitors/mo; Cleveland, OH)
A Battlefield Cross marker which was removed from the Ohio Western Reserve National Cemetery in Rittman, Ohio, has been returned. Veterans say the marker, made up of a helmet,

a rifle and a pair of boots, is one of the most powerful tributes that can be paid to servicemen and women.

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2.8 - KFSN (ABC-30, Video): VA employees demand agency to fill thousands of vacancies (17 October, Jason Oliveira, 617k online visitors/mo; Fresno, CA)
A few dozen workers held a rally Tuesday outside the Fresno veteran's affairs hospital -- claiming care for veterans has suffered because there are not enough workers to cover the thousands of positions needed across the country. "This has always been an issue. It's just taken till now to bring it to public light," said Fresno Union President Jacob Dunn.

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2.9 - Becker's Hospital Review: VA head Shulkin goes to White House to interview for HHS Secretary (17 October, Julie Spitzer, 441k online visitors/mo; Glencoe, IL)
Last week, the Trump administration appointed Eric Hargan, a former Chicago lawyer, as acting HHS secretary. Mr. Hargan is filling in for former HHS Secretary Tom Price, MD, who resigned late September amid a scandal in which he used taxpayer dollars to fund private and government related travel.

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2.10 - Poughkeepsie Journal (Video): VA Hudson Valley offers listening session for veterans (17 October, 438k online visitors/mo; Poughkeepsie, NY)
Local veterans can voice their recommendations to the VA Hudson Valley Health Care System during an upcoming town hall in Wappingers Falls. The listening session, held at the VA Castle Point campus Nov. 7, will give veterans, their families and the public an open forum to provide feedback and recommendations to VA officials. The one-hour meeting is open to the public.

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2.11 - Tallahassee Democrat: Tallahassee National Cemetery opens admin building (17 October, 437k online visitors/mo; Tallahassee, FL)
Retired Brig. Gen. William Webb (USAF) was the keynote speaker at a ceremony Tuesday marking the opening of the new administration building at the Tallahassee National Cemetery. The new building includes a public information center, the maintenance buildings, two new committal shelters and an honor guard building as well as the extensive cemetery grounds.

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2.12 - USRowing: USRowing Awarded $250,000 VA Grant to Support Veterans (17 October, Allison Mueller, 159k online visitors/mo; Princeton, NJ)
The U.S. Department of Veteran Affairs announced that for the fourth consecutive year, USRowing has been awarded an Adaptive Sports Grant of $250,000 to support community-based Freedom Rows programs throughout the United States. Freedom Rows is a national program that has been changing lives for disabled veterans and members of the armed forces since its inception in 2014.

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2.13 - Healthcare IT News: Report: VA Secretary Shulkin interviewed for HHS secretary role - The much-liked holdover from the Obama administration is a top contender to fill the position abruptly left vacant by Tom Price. (17 October, Jessica Davis, 143k online visitors/mo; New York, NY)
The U.S. Department of Veterans Affairs' Secretary David Shulkin, MD, was interviewed by the White House for the Department of Health and Human Services Secretary position, according to a report by the Wall Street Journal. Shulkin is a top contender for the position, but his success in his current role at the VA may hinder his chances.

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2.14 - Task & Purpose: The VA Just Dropped More Details About The New Veteran ID Cards (17 October, Adam Linehan, 102k online visitors/mo; New York, NY)
The Department of Veterans Affairs has been playing coy since it first announced that new veterans identification cards — wallet-sized IDs that allow people to prove their military service without a copy of their DD214 — will become available to former service members beginning in November, revealing details about the application process in piecemeal. Now the department has graced us with a little more information.

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2.15 - WTXL (ABC-27, Video): Ribbon cutting ceremony held at Tallahassee National Cemetery (17 October, 60k online visitors/mo; Midway, FL)
The Department of Veterans affairs held a ribbon cutting ceremony Tuesday at the Tallahassee National Cemetery. It was all to celebrate the completion of the first phase of construction, which included a new administration building housing a public information center, maintenance buildings, two new committal shelters and honor guard building.

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2.16 - Columbia Basin Herald: Newhouse Veterans Bill Passes Through Committee (17 October, Richard Byrd, 47k online visitors/mo; Moses Lake, WA)
A bill sponsored by Rep. Dan Newhouse, R-Yakima, designed to fix mismanagement issues at the Veterans Health Administration recently passed through a key Congressional committee. The House Committee on Veterans' Affairs passed the VA Management Alignment Act of 2017, which is sponsored by Newhouse and Rep. Derek Kilmer, D-Gig Harbor. The bill, if made into law, would bring about fixes to the VA and its management issues.

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2.17 - Marion Republic: Congressional investigators visit Marion VA this week (18 October, Holly Kee, 12k online visitors/mo; Marion, IL)
An investigative team from the House Veterans' Affairs Subcommittee on Oversight and Investigations arrived Monday afternoon for an unannounced visit to the Marion VA Medical Center. House Committee on Veterans Affairs Investigative Counsel Amy Centanni, research assistant Hillary Dickinson and health care investigator Tamara Bonzanto are expected to spend about three days touring the facilities and speaking with staff.

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3. Access to Healthcare

3.1 - WCMH (NBC-4, Video): Veterans Stand Down event gives help to those who served (17 October, Elyse Chengery, 1.1M online visitors/mo; Columbus, OH)
Hundreds of Ohio veterans came to the convention center downtown on Tuesday for the Central Ohio Veterans Stand Down where they were offered free services, food, clothing – just to name a few. NBC4's Elyse Chengery spent the day with veterans to find out how important these services are here in our community.

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3.2 - Government Executive: Trump Administration's Plan to Expand Private Care for Vets Sparks Fight Over VA's Future (17 October, Eric Katz, 852k online visitors/mo; Washington, DC)
The Trump administration has issued its plan to streamline and expand its programs allowing veterans to receive health care from the private sector, igniting the first spark in an upcoming fight on the future of the government's role in providing care to former military personnel. The Veterans Affairs Department wants to "merge and modernize" the array of programs allowing patients to receive care outside of VA providers…

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3.3 - WFED (AM-1500): AFGE ramping up anti-privatization campaign, as VA readies new Choice draft (17 October, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)
The Veterans Affairs Department on Monday released its long-awaited proposal to refashion the current Veterans Choice Program. VA's draft proposal, or the Veterans Coordinated Access and Rewarding Experiences (CARE) Act, suggests eliminating the current, arbitrary eligibility requirement that veterans must meet in order to qualify for care in the private sector.

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3.4 - JD Supra: VA Proposed Rule Would Expand Telemedicine and Override State Licensure Barriers (17 October, Ross D'Emanuele and Grace Fleming, 701k online visitors/mo; Sausalito, CA)
On October 2, the Veterans Administration (VA) proposed a new rule that would expand access to quality care and availability of mental health, specialty, and general clinical care for VA beneficiaries through the use of telemedicine. In their proposed rule, the VA explains the difficulty it has faced attracting a sufficient number of providers to furnish telemedicine services because state professional licensure laws restrict telehealth activities to within state borders.

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3.5 - Becker's Hospital Review: VA proposes changes to Choice Program criteria: 4 things to know (17 October, Kelly Gooch, 441k online visitors/mo; Glencoe, IL)
The Department of Veterans Affairs has proposed the Veterans Coordinated Access & Rewarding Experiences Act. Here are four things to know. 1. The VA presented a draft proposal of the legislation to the House and Senate VA committees Monday.

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3.6 - The Register-Guard: VA nurses, former surgeon claim mismanagement delaying care at Eugene clinic (18 October, Sherri Buri McDonald, 436k online visitors/mo; Eugene, OR)
A rash of doctors have left the Eugene Veterans Affairs clinic in northeast Eugene, leading to longer waits and poorer service for area veterans, several nurses and a former surgeon at the clinic said. In recent months, the 270-employee clinic has lost five primary care providers, either doctors or nurse practitioners, and numerous surgeons, according to the nurses and former surgeon.

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3.7 - Fierce Healthcare: VA plans overhaul of Veterans Choice program (17 October, Paige Minemyer, 141k online visitors/mo; Washington, DC)
The VA announced that it has submitted the Veterans Coordinated Access & Rewarding Experiences (CARE) Act to both the House and Senate Veterans Affairs committees. The bill would eliminate the current wait time and distance requirements under the Choice program, which limits participation to veterans who face a 30-day wait for an appointment at a VA hospital or who live 40 miles or more from a VA facility.

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3.8 - Finger Lakes Times: VA project could start in 2018 (17 October, 53k online visitors/mo; Geneva, NY)
Construction could start next summer on a long-awaited $141 million modernization project at the Department of Veterans Affairs Medical Center. In a recent news release, U.S. Senate Minority Leader Chuck Schumer said the U.S. Army Corps of Engineers has received bids for the project after setting an Oct. 2 deadline. The Corps expects to award contracts in January, with construction expected to start in the summer and continue through 2022.

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3.9 - Patient Engagement HIT: VA Sends Congress Draft Proposal for Veterans Choice Program - The new Veterans Choice Program draft proposal scraps the 30-day wait period and 40-mile eligibility parameters. (17 October, Sara Heath, 21k online visitors/mo; Danvers, MA)
The Department of Veterans Affairs presented its Veterans Coordinated Access & Rewarding Experiences (CARE) Act to the House and Senate Veterans Affairs Committees. The proposed draft is a Veterans Choice Program revamp that gets rid of the 30-day wait period and 40-mile eligibility rules.

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3.10 - ExecutiveGov: VA Presents Draft Proposal for Replacement of Veteran Care Access Rules (17 October, Joanna Crews, 20k online visitors/mo; Tysons Corner, VA)
The Department of Veterans Affairs has presented a draft proposal to the House and Senate veterans affairs committees of a potential legislation that seeks to build on veterans' access to healthcare services. VA said Monday the proposed Veterans Coordinated Access & Rewarding Experiences Act is meant to replace the current "30-day/40-mile" rule under the Choice Program.

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3.11 - Brooklyn Reporter: Local pol's push to maintain crucial services at Brooklyn VA successful (17 October, Meaghan McGoldrick, 16k online visitors/mo; Brooklyn, NY)
Existing services at the Brooklyn VA Medical Center are safe for now, according to Congressmember Dan Donovan who, on Tuesday, October 10 announced that the Department of Veterans Affairs has decided to reconsider its proposal to require vets to travel to Manhattan for certain inpatient surgeries, thanks to a lengthy discussion with the pol's veterans' roundtable.

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4. Women Veterans

4.1 - KOLO (ABC-8): Women Veterans seek their own medical care (17 October, Terri Russell, 274k online visitors/mo; Reno, NV)
There has been no mandatory draft since 1973. Still women in active military has increased from 42,000 to more than 167,000 in that time. That's despite the overall numbers in the military have seen a decline. You can find women in all military walks of life. It only makes sense then they would require medical care once they become Veterans. Here at the Veterans Hospital in Reno, a women's health clinic is available to them.

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4.2 - New Hampshire Public Radio: Manchester VA Plans to Relocate Women's Clinic (17 October, Peter Biello, 151k online visitors/mo; Concord, NH)
The Manchester VA is responding to criticism about the medical center's women's clinic. The clinic is currently on the 6th floor, accessible by a flight of stairs or an elevator. A report on NHPR described how women who have suffered military sexual trauma can find riding in that elevator with men stressful.

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4.3 - KRMA (PBS-6, Video): Colorado Homeless Female Veterans Undercounted, Underserved (17 October, Marybel Gonzalez, 62k online visitors/mo; Denver, CO)
For decades, Navy veteran Leslie Sanchez suppressed traumatic memories of an incident that harmed her early in her military career. "I put them in a box, and I locked the box, never to open it," Sanchez said. At 19-years-old, she was raped and impregnated by a fellow sailor. The stress of a home burglary brought back the emotional pain.

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5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization – No Coverage

8. Other – No Coverage

1. Top Stories

1.1 - U.S. News & World Report (AP): VA Seeks 'Narrow' Exemption to For-Profit College Ethics Law (17 October, Hope Yen, 24.M online visitors/mo; Washington, DC)

WASHINGTON (AP) — The Department of Veterans Affairs said Tuesday it would proceed with a narrow waiver to an ethics law banning VA employees from receiving benefits from for-profit colleges, saying most cases posed no actual conflicts of interest with private companies vying for millions in GI Bill tuition.

The VA's latest move comes after it abruptly dropped plans last week for a broader exemption.

Under the new plan, the VA said it would generally grant waivers only to those employees who take classes or receive payments for teaching at for-profit colleges. Government watchdogs had worried that suspending the law entirely would create financial entanglements with the private companies.

"There will be no blanket waiver, just a consistent approach to considering and granting individual waivers for those employees who are eligible for them," said VA spokesman Curt Cashour.

The VA had originally sought to suspend the law, publishing a proposal in the Federal Register in September that was set to take effect this week for all 330,000 VA employees. The VA cited the lack of any "significant adverse comment," but abruptly backed off the plan after The Associated Press asked about rising opposition.

In particular, veterans groups and ethics experts said the VA's original proposal was rushed, betrayed the will of Congress and gave for-profit colleges an opening to improperly reward VA employees who steer veterans to the schools.

On Tuesday, the VA said it had no plans to publish a new proposal and would direct department leaders to issue more narrow waivers. The VA has estimated that thousands of department employees who took classes or taught at for-profit colleges could be exempted.

Some veterans groups and ethics experts said they still had questions about VA's latest plan, pointing to what they say is a requirement in the law for public hearings to be held when issuing waivers. The VA said the law is ambiguous and that it was reviewing whether or not hearings would be needed.

"We are still concerned," said Carrie Wofford, president of Veterans Education Success, a group that focuses on fraud and abuse of student veterans.

The ethics law, passed in 1966 in the wake of several scandals involving the for-profit education industry, calls for dismissal of any VA employee who receives "any wages, salary, dividends, profits, gratuities, or services" from a for-profit school in which a veteran is also enrolled using VA GI Bill benefits.

For-profit colleges have found an ally in President Donald Trump, who earlier this year paid $25 million to settle charges his Trump University misled customers. Trump's education secretary, Betsy DeVos, halted two Obama-era regulations meant to shield students from fraud and predatory actions by for-profit universities.

Total government spending on the GI Bill is expected to be more than $100 billion over 10 years.

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1.2 - U.S. News & World Report (AP): Memo: Secret Wait List Kept for Some Omaha VA Appointments (17 October, 24M online visitors/mo; Washington, DC)

OMAHA, Neb. (AP) — Employees of a veterans health care system for Nebraska and western Iowa maintained an unauthorized, secret waiting list of veterans for some Omaha mental health appointments, according to U.S. Department of Veterans Affairs documents.

The list dodged strict VA requirements for establishing and maintaining waiting lists, according to a compliance officer's memo to the director of the Department of Veterans Affairs' Nebraska-Western Iowa Health Care System. The Omaha World-Herald reported the compliance officer's audit included whistleblower complaints made about unauthorized lists for appointments at the VA's mental health psychotherapy clinic in Omaha.

The VA set up strict requirements for establishing waiting lists following a 2014 scandal that showed VA employees were covering up chronic delays with false paperwork and secret lists. It was reported in 2016 that 40 medical facilities maintained secret lists. The Omaha facility had not been among those 40.

VA officials acknowledged the audit's conclusions but wouldn't say how many Nebraska or western Iowa veterans were affected. They also declined to say who kept the unauthorized list and why, or say how many employees were involved.

"Although no adverse patient outcomes occurred, some veterans waited longer for psychotherapy treatment," the VA said in a statement. "Employees involved with this situation were held accountable; however, none was terminated from employment."

The VA's Nebraska-Western Iowa Health Care System audit was conducted this year. It covered cases of 301 unnamed veterans from Nebraska and western Iowa who were added to the VA's official electronic waiting list between August 2016 and August 2017.

One of the whistleblower complaints included a paper waiting list dating to January 2014 of about 400 veterans who'd requested psychotherapy appointments. The whistleblowing employee said the unofficial logs were used in place of the VA-authorized electronic waiting list.

According to the audit, the employee said the VA established therapy groups in order to meet the VA's standard of scheduling mental health appointments within 14 days, because the group sessions satisfy the requirement for consultation. The veterans would get individual appointments later as they became available.

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1.3 - U.S. News & World Report (AP): Veterans Affairs Workers Highlight Job Vacancies at Rally (17 October, 24M online visitors/mo; Washington, DC)

SALT LAKE CITY (AP) — The union representing Department of Veterans Affairs employees claims that care for veterans has suffered due to the tens of thousands of vacant positions across the country.

The Salt Lake Tribune reports that about a dozen members of the American Federation of Government Employees held a rally on Monday outside the Salt Lake City Veterans Affairs Hospital to demand that the agency fill the vacancies.

Local union president Clayton McDaniel says the job vacancies are "causing issues with our veterans who deserve the best care."

Veterans Affairs officials say there are about 35,000 vacancies across the county.

Similar rallies were held at other VA facilities across the country.

VA spokesman Curt Cashour says the 9 percent vacancy rate is less than half of the rate for private sector hospitals.

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1.4 - U.S. News & World Report (AP): 2 Admit Roles in $24M Benefits Scheme That Targeted Veterans (17 October, 24M online visitors/mo; Washington, DC)

NEWARK, N.J. (AP) — A former official at a New Jersey university and another woman have admitted their roles in a scheme that stole more than $24 million from a federal education benefits program designed to help veterans.

Fifty-six-year-old Lisa DiBisceglie and 61-year-old Helen Sechrist pleaded guilty Tuesday to conspiracy to commit wire fraud. Each woman faces up to 20 years in prison when they're sentenced Jan. 24.

DiBisceglie, of Lavallette, was the former associate dean at Caldwell University's Office of External Partnerships. Sechrist, of Sandy Level, Virginia, worked for a Pennsylvania firm that sold educational materials to military members.

Prosecutors say the conspirators aggressively marketed online courses to veterans who thought they were enrolling in accredited courses taught by Caldwell faculty. But they ended up in online correspondence courses administered by an unaccredited company the firm subcontracted.

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1.5 - Boston Herald: Bay State pols share outrage over vet's death at Bedford VA (18 October, Antonio Planas, 9M online visitors/mo; Boston, MA)

Members of the Bay State congressional delegation expressed outrage after a Vietnam veteran who required round-the-clock care died at the Bedford VA Medical Center.

The Boston Globe reported yesterday that Bill Nutter, who had lost both legs to diabetes and had a condition in which his heart could stop, died at the veterans' hospital in July 2016 after a night-shift aide failed to check on him.

U.S. Rep. Katherine Clark said in an emailed statement: "When families trust the well-being of their loved ones to the VA, they deserve the peace of mind that comes with quality, compassionate care. That any veteran is subject to the treatment described today is unconscionable, and we must use every available resource to not only get to the bottom of what happened at the Bedford VA, but also to make sure it never happens again."

Matt Corridoni, a spokesman for U.S. Rep. Seth Moulton, said Moulton is expected to have a phone conversation with Veteran Affairs Secretary David Shulkin today to discuss Nutter's death.

The Globe reported Shulkin's office suspended the nurse's aide with pay. The aide was supposed to make hourly checks on Nutter. The aide was playing video games on her computer when she should have checked in on Nutter, the report said.

The VA inspector general is investigating the allegations against the aide with assistance from the FBI and U.S. Attorney General's Office, the report said.

Michael Hartigan, a spokesman for U.S. Rep Niki Tsongas, said in a statement: "A primary concern of hers has been that the Bedford VA has been without a permanent director for so long. She has repeatedly requested that VA and Administration officials update her directly with regard to actions they are taking to address complaints raised not only in these articles, but also by veterans who have reached out to our office directly."

U.S. Sen. Elizabeth Warren tweeted: "This is a disgrace. Our veterans deserve better. I'll be demanding answers and accountability from @DeptVetAffairs."

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1.6 - Boston Globe: A nurse's aide plays video games while a veteran dies at Bedford VA hospital (17 October, Andrea Estes, 8.8M online visitors/mo; Boston, MA)

Bill Nutter was very sick. Not only had he just lost his second leg to diabetes, but he also suffered from a condition that could cause his heart to stop beating without warning.

But his daughter, Brigitte Darton, felt reassured because her mother had found a bed for the ailing Vietnam veteran and retired police detective at the Bedford VA Medical Center. He would be under the watchful eyes of the staff at a hospital ranked by the Veterans Administration as one of its best nationwide.

So Darton went on a long-planned family vacation in July 2016, only to get a shocking call from her mother the next day. "Your father passed away," Carol Nutter said. "He didn't wake up."

A doctor eventually told Carol Nutter that a staff member on the night shift had failed to check on him hourly, as she should have.

But that was not the full story: The aide, Patricia Waible, eventually admitted that she was playing video games on her computer and didn't check on Nutter at all, according to someone with firsthand knowledge. And when a nurse discovered Nutter dead the next morning, the hospital's internal report shows she announced it to her boss with a crude gesture signifying a slit throat.

Now, the VA inspector general has launched a criminal investigation, working with the US attorney's office and the FBI to identify systemic failings that may have led to Nutter's death.

And after the Globe contacted Veterans Affairs Secretary David Shulkin's office about the case on Sept. 22, the agency suspended Waible with pay from her job in the cafeteria where she had been transferred after Nutter's death. The secretary's office plans to seek her permanent removal.

But Brigitte Darton can't understand why it took the hospital so long to take action — and why she discovered what happened to her father from a journalist.

"I hold the VA responsible for all of this. They're responsible for their employees," said Darton. "How many other people did this lady cause issues with?"

Waible has not returned multiple text messages and phone calls from the Globe.

The revelations about Bill Nutter's poor care threaten to open a Pandora's box of problems for the Bedford VA Medical Center. Although the hospital has received the highest possible five-star rating from the VA, the Globe reported last month that several employees have come forward to raise serious patient-safety concerns.

Whistle-blowers and families of veterans have claimed that relatively healthy patients deteriorate within months after being admitted to the Bedford VA. Others say that veterans living in long-term care buildings on the campus sometimes go without food for many hours, or they're left in soiled clothes or bed linens. And buildings are laced with asbestos, a Bedford electrician charges, exposing everyone to the cancer-causing material.

In written responses to some of the whistle-blowers' complaints and other outside reviews, the Bedford VA leaders acknowledged some of the problems but said they are working to improve conditions, where improvement is warranted. Bedford VA spokeswoman Maureen Heard declined to comment on Nutter's care.

Shulkin has already demonstrated that he's willing to take tough action if he believes veterans are not getting high quality care. Within 24 hours of a Spotlight report this summer detailing serious problems at the Manchester, N.H., veterans hospital, Shulkin dismissed the top two administrators.

"Secretary Shulkin has made clear that VA will hold employees accountable when the facts demonstrate that they have failed to live up to the high standards taxpayers expect from us," said a statement from Shulkin's spokesman, Curtis Cashour, in late September, citing Waible's suspension as proof.

In Vietnam, Nutter was a door gunner, shooting at the enemy from the open door of a helicopter.On the ground, Agent Orange, a highly toxic herbicide used to strip foliage from the trees to make it harder for the enemy to hide, poured down like rain, his wife said, and he and his fellow soldiers would seek protection under a tarp. Even then, they feared the chemical was dangerous.

When he returned to the United States in 1969 he was greeted by jeers from anti-war protesters and was so traumatized he would sleep with his arm poised as if he were holding a gun. “He’d literally shake and I’d hold him.” said his wife. “During his last year, he started getting the flashbacks back.”

He channeled his anguish into hard work and enrolled at Northeastern, where he received a degree in criminology and made the dean’s list. He worked as a detective and photographer at the Concord Police Department and started an investigation business on the side.

But after 20 years, the effects of his Agent Orange poisoning surfaced and his health began to deteriorate. He got diabetes, a condition the VA presumes was caused by his exposure to the herbicide. The diabetes, in turn, badly damaged Nutter’s kidneys and forced the amputation of one leg years ago and the second leg in 2016 at the West Roxbury VA. He also suffered severe respiratory problems, which his doctors also attributed to Agent Orange.

But when he was finally stabilized and sent to the Bedford VA in early June, his family thought he had turned a corner.

“He seemed fine, healthy,” said Brigitte Darton. He was just getting out of Lowell General Hospital after fighting off a severe case of pneumonia and his family thought the Bedford VA was the best place for him, in part because Darton was a civilian working with the Air Force and had just returned from a tour of Afghanistan.

Brigitte Darton embraced a photograph of her father, William Nutter, a Vietnam combat veteran who died at the Bedford VA hospital.

“I was hoping the VA would give him the care that non-VA facilities didn’t,” said Darton, who was working nearby at the Hanscom Air Force base and could visit him daily for lunch. “My dad and I were very close.”

But Bill Nutter, 68, was a very vulnerable patient, in danger of cardiac arrest at any given moment due to an arrhythmia. He couldn’t get out of bed on his own, and his hands were so crippled with neuropathy as a result of his diabetes that it was almost impossible for him to press the call button if he was in trouble. Plus, his wife said, his voice was barely a whisper after the surgery, and his roommate was deaf. Even if he could have tried to summon help, no one would have heard him, she said.

His doctors agreed that someone should check on him at least once an hour.

A nurse beginning her morning shift on July 3, 2016, found Bill Nutter unresponsive in his bed, according to the hospital’s report. When she saw her supervisor, she slid her fingers across her throat, indicating he was dead, according to internal hospital reports. “Mr. N9041 is gone,” the nurse explained, using Nutter’s VA patient number.

Carol Nutter recalled that someone from the hospital called that day to tell her that her husband had died, giving her the impression that his heart stopped between one scheduled check and the next, and that his death could not have been prevented.

”They said he went into cardiac arrest and [they] couldn’t do anything about it,” recalled Carol Nutter.

However, a few days later, a doctor called and gave her a better idea of what had actually happened, though he wasn’t specific. Nutter said the doctor was repeating what a woman in the background was telling him.

The woman said “they weren’t doing their job, and if they had done what I told them to, he could have possibly been alive because I told them to check on him once or twice an hour,” Nutter quoted her as saying.

The official medical records described the conversation this way: “Condolences were offered to wife and she was informed that we were calling because we did not believe care was up to our standards.”

Carol Nutter said she heard the words, but didn’t fully grasp what she was being told. Though the report said she was informed of her right to file a “tort claim,” or a potential lawsuit, she insisted she was never given that information.

Bedford VA officials immediately reassigned Waible, who had failed to check on Nutter, while the nurse who made the “cut-throat” sign, still in her probationary period, was terminated. The Office of the Inspector General launched an investigation.

At first, Waible insisted she had made the required checks on Nutter, even initialing paperwork that purported to document her visits. But she eventually confessed when an OIG investigator told her the hospital’s cameras showed she never left her computer for her entire shift, according to someone with direct knowledge. None of these facts were shared with the Nutters, family members said.

Now, Nutter’s family has consulted a lawyer and is trying to figure out whether to take legal action against the VA, after all.

“My dad might not have lived another five months, who knows? But if we could have had another month with him — this lady took that away,” his daughter said.

On the evening before he died, Bill Nutter feasted on pasta and meatballs. The hospital had served him fish, but it sat on the plate for several hours while he was at dialysis. His wife ran out to Papa Gino’s to give him a meal he would enjoy.

“Poor Bill, I fought to keep him alive,” she said. “We were married for 47 years. I was always with him. He wanted me there. But I wasn’t able to watch over him at the end.”

“You want to hear something?” she asked. She played a message, which her husband left on her phone three days before he died.

“Hello. Hurry up. Get here. I need your help — now, bad. In a hurry. Please, please, please. Thank you.”

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1.7 - Military Times: Federal union slams VA health reforms as dangerous for vets (17 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Officials from the largest federal workers union slammed Veterans Affairs officials' new health care reform plan as "a total dismantling of the department" that would jeopardize veterans services.

"It's taking resources out of VA and shifting them into the private sector," said J. David Cox Sr., national president of the American Federation of Government Employees. "It's voucherizing veterans health care."

The comments came less than a day after the formal unveiling of the new Coordinated Access & Rewarding Experiences (Vets CARE) Act, proposed by VA leaders as a way to increase patient access to physicians through expanded appointments outside the department's system.

In a statement, VA Secretary David Shulkin said the new plan puts veterans at the center of all health care plans, instead of bureaucrats.

"We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community," he said "This bill does just that, while strengthening VA services at the same time."

The Vets CARE program would replace the three-year-old Veterans Choice program, which allows veterans to seek private sector care at government expense if they face a 30-day wait for a department appointment or a 40-mile trek to the nearest department facility.

Under the new plan — which still needs congressional approval — those options would open to any veteran who faces a wait longer than "a clinically acceptable period." VA officials could would also be able to authorize outside care for a variety of other reasons, and make it easier for private-sector doctors to get reimbursed for veterans walk-in care.

On Tuesday, officials from the American Legion offered general support for the reforms, saying they are in favor of making VA health care options "more efficient, transparent, and effective."

But AFGE leaders attacked the proposal, labeling it another effort to slowly undermine and destroy the VA system.

"We're seeing a constant push to expand 'choice' at VA against veterans wishes," Cox said. "This is another attempt to dismantle VA from the inside out. It's appalling, and it has to stop now."

AFGE has been a frequent critic of President Donald Trump's veterans policies, including legislation he signed into law this summer which made it easier to fire VA workers. In recent weeks, those arguments have centered around the idea that Trump appointees are working to privatize VA health care, an accusation Shulkin has repeatedly refuted.

Cox — whose group represents about 250,000 VA employees — said instead of opting for an expensive expansion of outside care programs, lawmakers should back plans to reinvest in existing VA facilities and more carefully rely on private-sector doctors for specialties the federal workforce lacks.

Shulkin's vision has instead been focused on offering an expanded network of VA and community physicians. Conservatives on Capitol Hill have backed that idea, with similar promises that they aren't looking to pull away resources from the department.

Will Fischer, director of government relations for VoteVets, called that approach "death by a thousand cuts." Their group, which has close ties to the Democratic Party, is working with AFGE to campaign against the new plan.

"They're promising not to privatize VA, but their actions and words don't match up," he said. "Each time one of these vouchers is issued, it's money that is leaving the VA system."

House lawmakers are expected to review the plan and their own health care reform proposals at a Capitol Hill hearing next Tuesday.

Meanwhile, officials from Concerned Veterans for America — which AFGE attacked in a press call Tuesday as pro-privatization, Republican activists — called the Vets CARE proposal a good start to the debate over VA's future.

"There is room for improvement," said Dan Caldwell, policy director for the group. "One important modification that we believe should be made is that a veteran should be able to choose a primary care physician inside or outside of the Veterans Health Administration within the integrated care network.

"This reform would be an important step towards fulfilling President Trump's promise to increase health care choice for our veterans."

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1.8 - KARE (NBC-11, Video): MN veteran's legal battle wins billions for other vets - It was a huge victory – not just for Staab, but for veterans nationwide. And it has massive financial ramifications. (17 October, A.J. Lagoe and Steve Eckert, 1.5M online visitors/mo; Golden Valley, MN)

ST. CLOUD, Minn. – A Minnesota veteran's precedent-setting legal case is forcing the Department of Veterans Affairs to change course after years of denying payment of veterans' emergency medical bills.

A court ruled a VA policy violated federal law. As a result, the VA estimates it may be on the hook for billions of dollars in previously denied claims.

For several months, KARE 11's continuing investigation – A Pattern of Denial – has exposed how veterans are being saddled with medical debt they should not owe, some of it even turned over to collection agencies after trips to the emergency room.

For St. Cloud attorney Jacqueline Schuh, KARE 11's reporting hits close to home.

"I followed your story on the news, and I just sat there and thought, hello, this is the same thing that we've been tangling with." She added, "Same identical situation, maybe slightly different facts, same set of denials."

A David & Goliath story

The story begins in 2010, when 77-year-old Richard Staab suffered a heart attack and stroke.

He was rushed to a nearby private hospital and had open-heart surgery.

Medicare covered a portion of his treatment, but Staab was ultimately left with about $48,000 in out-of-pocket expenses.

A U.S. Air Force veteran who served in Korea, Staab typically relied on the VA for care. He submitted a claim for the outstanding balance to the St. Cloud VA, expecting to be reimbursed.

But his claim was denied.

As a result, Staab said he had to clean out his life savings to cover the unpaid bills.

The VA had an internal regulation saying it would only reimburse a veteran if the "veteran has no coverage under a health-plan contract for payment or reimbursement, in whole or in part, for the emergency treatment."

Because Staab's expenses were partially covered by Medicare, the VA denied his claim for reimbursement of the remaining amount.

Enter Jacqueline Schuh, a retired JAG attorney now in private practice, who agreed to help Mr. Staab with his appeal.

"It kind of appealed to the military aspect of me," Schuh said of her decision to take on Staab's case pro-bono.

Little did she know, she and her client were about to enter into a war with billions of dollars at stake if the VA lost.

"It truly, really is, a David and Goliath story," Schuh now says.

Staab, who is now 84 and in failing health, was unable to be interviewed for this report.

A seven-year fight

"This is one of many boxes that we have for Mr. Staab's case," attorney Jacqueline Schuh said as she began pulling out voluminous stacks of records that detail a legal battle with the Department of Veterans Affairs.

The boxes of paperwork easily fill the conference room of Schuh's small St Cloud, Minnesota law office.

“Seven years,” she said as she described her long fight to show the VA had wrongly denied Staab’s claims for emergency care.

Staab and Schuh appealed to the St Cloud VA twice and were denied both times.

They appealed again, this time to the Board of Veterans Appeals. They lost again as the Board ruled their claim was without legal merit.

“We didn’t give up,” said Schuh, who appealed again with the help of the National Veterans Legal Services Program (NVLSP).

They took the case to the U.S. Court of Appeals for Veterans Claims, arguing that the VA regulation used to deny Staab’s claim violated the Emergency Care Fairness Act of 2009.

“The denial was based upon the internal rule that the VA had been enforcing since 2010,” Schuh said. “But the internal rule was inconsistent with the law.”

When Congress passed the Emergency Care Fairness Act, it required the VA Secretary to cover qualified veteran’s emergency medical bills for which the veterans were “personally liable.”

Schuh and the NVLSP attorneys argued the law required VA to step in as a “secondary payer” when other health care insurers, such as Medicare, cover only a portion of the cost of a veteran’s emergency treatment leaving the veteran “personally liable” for the rest.

“It is pretty cut and dry,” Schuh said.

In April 2016, the three-judge panel agreed. They ruled in Staab’s favor, striking down the regulation the VA had been using to deny veterans emergency medical claims nationwide.

The Court’s decision rebuked the VA, emphasizing that VA’s reimbursement regulation became “wholly inconsistent” with the governing statute when Congress amended it in 2009, but thereafter the VA unlawfully “declined to remedy this inconsistency.”

The VA appealed that decision and the matter was pending before the U.S. Court of Appeals for the Federal Circuit, when in June 2017, VA Secretary David Shulkin made a surprise announcement.

Shulkin said the VA would “voluntarily withdraw” its appeal of the Staab case.

It was a huge victory – not just for Staab, but for veterans nationwide. And it has massive financial ramifications.

VA is now liable to pay 370,000 previously denied veteran’s claims, which according to the government agency’s own estimates totals more than $2 billion.

“This is one of those where you say, 'Yeah!'” Schuh said while pumping her fist. “There truly is good, and right is right, and the decision was right!”

Payment delays

Despite dropping the appeal more than four months ago, the VA has yet to comply with the court ruling and reimburse Mr. Staab the $48,000 he's owed.

"This was the money that he had set aside that he wanted to leave as a legacy for his children," Schuh said.

She claims the VA appears to be stalling payment for her client, who is in increasingly failing health.

"If they do not make the payment before my client passes, that payment dies with the client." Schuh added, "In other words, the estate and the heirs are not entitled to that payment."

VA Secretary Schulkin declined to be interviewed for this report, so KARE 11 questioned U.S. Senator Amy Klobuchar (D-MN) about the government delay.

Klobuchar promised to call the VA Secretary directly and get answers.

"And we're going to have a discussion about this specific case, because he deserves his benefits," Klobuchar said.

A Klobuchar staff member tells KARE 11 that the Senator did speak with the VA Secretary, that discussions are ongoing, and a conference call is being set up among all involved parties to get the situation sorted out.

Until that happens, Schuh says Mr. Staab's victory will not be complete. "The real celebration I hope to come is when Dick has that check in his hands or the money has been deposited in his account and then we're going to uncork the champagne!"

Advice for veterans

In June, Secretary Shulkin announced that the VA has drafted a regulation to authorize payment for Staab-related claims, and has sent the regulation to the Office of Management and Budget (OMB).

The VA says the draft regulations must clear OMB and be published in the Federal Register before VA can begin reimbursements. VA estimates that this process could take between 9 and 24 months.

The NVLSP offers the following advice for veterans who also had their claims inappropriately denied because of the VA's unlawful regulation:

"While the regulation is going through its required review process at OMB, we suggest veterans with claims for reimbursement of emergency medical expenses that were previously and finally denied because they had additional insurance, should prepare a new claim," said NVLSP Executive Director Bart Stichman. "Veterans may find it helpful to talk with a veterans service officer or advocate in preparing their claim."

"Veterans have one year to appeal a denial of reimbursement for emergency medical expenses they incurred outside the VA system. If the claim was denied because they had partial secondary insurance, they should keep their claim alive by appealing to the Board of Veterans' Appeals. Veterans in this situation should file VA Form 21-0958. Veterans who have not yet filed

a claim for reimbursement should file a formal written claim with the VA's Veterans Health Administration."

Meanwhile, in the wake of KARE 11's reporting into other forms of wrongful emergency medical care claims denials, Congressman Tim Walz (D-MN) said he is asking the VA Inspector General to open an investigation.

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2. Veteran and Employee Experience

2.1 - The Washington Post: Opinion - Now is a terrible time for Trump's VA secretary to abandon his post (17 October, Joseph R. Chenelly, 43.9M online visitors/mo; Washington, DC)

A long-awaited overhaul of veterans' health care is being unveiled to the world. At the helm throughout the two years of developing this road map has been David J. Shulkin.

As the U.S. Department of Veterans Affairs is finally on the cusp of rolling out its master plan to ensure every veteran has access to timely, quality care, the VA secretary reportedly is interviewing for another job. As the Wall Street Journal revealed Friday, the White House brought Shulkin in last week to discuss having him take over the Department of Health and Human Services, a post left vacant by the abrupt resignation of Tom Price. (VA did not confirm or deny the Journal's reporting.)

There is a lot of unfinished business in VA, requiring knowledgeable leadership. The White House cannot sacrifice that even if direction is needed elsewhere in the battle over the Affordable Care Act.

Shulkin was drafted from the private sector in 2015 to tackle VA's access crisis as it was being blamed for killing veterans stuck on secret wait lists, forced to line up for months before being seen. He was appointed undersecretary of VA's Veterans Health Administration by President Barack Obama and promoted 18 months later to VA secretary after President Trump was elected. With veterans organizations' enthusiastic support, the Senate confirmed Shulkin 100-0 in February.

During an otherwise chaotic time in Washington, the transition of power has been smooth at VA. Shulkin was already intimately aware of the challenges he faced coming in, having worked closely with his predecessor Bob McDonald. That experience mattered in understanding the VA as well as the relationships with Congress and the veteran communities and organizations within it.

Shulkin elevated his top aides to seamlessly backfill. While other agencies struggled through drastic change, VA benefited from continuity. The result is perhaps the most productive first year among any of President Trump's Cabinet-level positions.

President-elect Donald Trump announced on Jan. 11 that he has picked David Shulkin to lead the Department of Veterans Affairs. (Victoria Walker, Danielle Kunitz/The Washington Post) Now the prospect of VA losing its chief at this critical time is alarming. But significantly compounding the concern is that two of Shulkin's top lieutenants just quit. Both were driving

creation of the new “CARE” plan, which stands for Coordinated Access and Rewarding Experiences, a multibillion-dollar strategy to ensure access for veterans who live far from VA facilities or near VA medical centers that are over capacity or underperforming.

Poonam Allaigh and Baligh Yehia each abruptly resigned within the past few weeks. Alleigh was VA’s acting undersecretary for health since Shulkin was promoted, and Yehia ran VA’s network of community medical providers. Both joined the organization in 2015, commissioned to fix a broken system.

CARE is the product of more than two years of collaboration by VA, veterans service organizations and other stakeholders. Much of the plan, expected to be released this month, contains a lot of vagueness, outlining policies but leaving the creation and implementation of regulations up to the VA secretary — someone, it is hoped, intimately involved in its creation. We cannot leave formation of these regulations to a person who was not integral in establishing overall strategy.

VA has three major pillars: health care, veterans benefits and cemeteries. Each is vital to the government keeping its promise to veterans and their families, so each is supposed to be led by an undersecretary confirmed by Congress. But President Trump has yet to nominate anyone for VHA or the Veterans Benefits Administration. If the administration does not move wisely, it will create a dangerous leadership void in an agency that the president often says is among his most important.

There is no doubt the top post at Health and Human Services is vital to every American, given the raging debate over the future of health-care insurance, certainly including veterans. There is little doubt Shulkin is qualified. But the timing is dangerous to the Department of Veterans Affairs and the millions of veterans who depend on it.

As a veteran, I would never leave my compatriots behind. I hope Shulkin feels the same way.

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2.2 - Philadelphia Inquirer: Leaving the war in the woods (17 October, Jason Nark, 11.8M online visitors/mo; Philadelphia, PA)

On a Saturday in April 1948, a loner poet from Pennsylvania shouldered a rucksack and a weight no scale could measure and embarked on a journey no man had taken before.

Earl Shaffer, 29, walked down a Georgia mountain and kept going, alone with the sound of his breath and the wild things around him, northward for 2,000-plus miles, hoping the Appalachian Trail could help him forget a war mankind hadn’t seen before.

“It straightened me out, more or less,” Shaffer, now deceased, said of his journey in 1998.

Carl “Steve” Clendenning was salvaged on the trail 65 years later, after the war in Iraq tore him up and left him a rusting Marine trying to find his way back to normal in the United States.

“I found what I needed in nature. It’s amazing, and it’s just hard to describe what it truly does for you. You can be pissed off at the world and take a walk into the woods, and five feet into the

woods, you're not pissed off anymore," Clendenning, 43, said. "Honestly, if I wouldn't have done the trail, I would have committed suicide or I would still be a raging alcoholic. That's the truth."

Clendenning, who hiked the Appalachian Trail in 2013, was one of about 50 veterans and their family members who came together in Schuylkill County on a recent, warm fall weekend, all of them pitching tents or sleeping in bunks beside Indian Run at the New Ringgold Boy Scout Camp beneath Hawk Mountain, just a few miles from the trail.

The gathering was hosted by Cindy Ross and her husband, Todd Gladfelter, a couple who've spent most of their lives among the trees under sun and stars, trading baby strollers for llamas as they hiked their children across the country.

"We raised them in the wilderness," Ross said at the campground. "We knew what it could do for forming people and healing people."

A thru-hiker typically takes five to seven months to complete the trail from Georgia to Maine. Shaffer, who grew up in York, finished in 124 days, the first person to hike the trail continuously from summit to summit. The Smithsonian was given Shaffer's trail diary, its sparse entries somehow haunting.

"In very good spirits. thinking of Walter. Weather like yesterday, fair with breeze," Shaffer wrote while in Maine.

Walter Winemiller was Shaffer's best friend. As boys, they dreamed of walking the trail together, but World War II changed that. Winemiller died in the invasion of Iwo Jima, and Shaffer spent years setting up radar equipment and airstrips while battling tropical illnesses in the South Pacific with the Army Signal Corps.

Lost and aimless when he returned, Shaffer hit the trail alone.

Hiking the Appalachian Trail is Herculean for everyone, but even more so for veterans struggling with Post Traumatic Stress Disorder. Ross, a writer, runs a nonprofit retreat, River House in East Brunswick, Schuylkill County, that helps bring vets like Clendenning into nature in smaller increments. Ross first met vets like Clendenning when they stopped at Eckville Shelter, a hikers' hostel she ran by the trail.

"Every veteran can't hike 2,000 miles," Ross said, silver bracelets and bangles halfway up her arm. "We know how to help them."

Nature-as-therapy is a no-brainer, obvious to just about anyone who gets under a tree canopy or sits beside a stream for a few minutes. Getting outside isn't so simple as it used to be, though, and even is seen by some as a privilege generally unavailable to the poor.

Advancing technologies such as video games and cell phones play a part in keeping children indoors, but schools cutting outdoor activities and a long history of poor urban design are also contributors, said Richard Louv, author of Last Child in the Woods: Saving Our Children From Nature-Deficit Disorder.

"I think it's fairly well-accepted that nature can have a pretty profound effect on physical health, ability to learn, and creativity," Louv said from California last week.

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Amy Cook, the supervisory recreation therapist at the Lebanon Veterans Administration Hospital, said Ross' programs help veterans learn outdoor skills, like paddling or cycling, that can make them want to spend even more time in nature.

"She allows our vets to experience the natural world and, through the natural world, find a little bit of peace in themselves," Cook said.

At the Boy Scout camp, a light rain made all the mossy rocks and footbridges more slippery on a Sunday morning. Clendenning's little boy, Sean, scurried from one person who tossed him into the air to another, his feet appropriately dirty.

Kayaks were still strapped atop cars after a Saturday on the Little Schuylkill River. In the large pavilion, a fire crackled, and eggs sizzled on a long griddle.

A bluegrass duo played a languid guitar and fiddle tune as Sara Bernhart, 40, sat by the entrance, smoking a cigarette.

"I came out here to relax, deal with my anxiety, and get away from people," the Berks County resident said. "I don't really like being around people. Coming out here just helps me get away from it all."

Bernhart was in the U.S. Army for three years.

"I had a bad experience," she said. "I was assaulted while I was there."

All of the vets gathered at the picnic tables in the pavilion were open about the burdens they carry and how just being around others who've carried that weight is healing.

"It's the camaraderie," said Ed Arneson, 51, of Maryland. "People come together to have something in common. I work in civilian government, and you work and go home and don't really talk to anyone. This kind of brings you back to your roots."

Arneson is retired from the Army after 20 years and suffers from PTSD stemming from an incident in Korea. That's not something he talks about, but he did say he tried to take his own life in 2012.

For a long time, Clenndenning, from West Virginia, didn't like living, either. He served in Fallujah, sweeping roads for IEDs. He carried pieces of a friend who'd been blown up by an IED and later suffered a traumatic brain injury and hearing loss when one went off beneath him in 2006. He retired in 2013 as a staff sergeant.

"In the last two years, I've lost seven I know directly, know personally, who've killed themselves from the military," he said, stroking his long beard. "One of them was just a month ago."

When Clenndenning reached the trail's terminus at the summit of Mt. Katahdin in Maine's Baxter State Park, he felt he'd unlocked a mystery about the powers of nature, one he's been preaching to anyone who will listen, just like Earl Shaffer did.

"It gave me a really long time to think about life. Completely changed me," he said, his boy crashing into his legs. "It works. I swear by it, and that is what I tell everybody, every veteran I come across."

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2.3 - Washington Examiner: A good start at reforming the Veterans Administration (18 October, Editorial Board, 4.8M online visitors/mo; Washington, DC)

In the three and a half years since news broke of a major scandal at the Department of Veterans' Affairs, the public has heard a depressing story of dysfunction, pettiness, and malfeasance at the heart of the VA health system.

Employees manipulated their computer scheduling system to make it look like veterans were being served in a timely fashion, for which the staff was then able to collect bonuses. Veterans, meanwhile, waited months and years without being able to see a doctor. Some died as a result.

But the sting of that scandal was only one of many. There were plenty more to come from the vipers' nest that was the VA. Benefit applications from troops returning from war were being hoarded and unprocessed, whistleblowers faced retaliation, staff stole money, and others committed felonies and kept their jobs.

At some VA facilities, prescription abuses were rampant. At others, elderly patients were neglected. At still others, administrators covered up infectious outbreaks. Physicians performed unnecessary procedures or pretended to perform procedures that were in fact never done, so they could improve their image with faked productivity metrics.

No one was fired for cooking the scheduling books, even though this misconduct had harmed veterans. Former Secretary Robert McDonald, whom President Barack Obama had brought in to fix the problem, added insult to injury by misleading the public on this matter, representing as if he had fired many employees responsible.

President Trump ran on a platform of fixing the VA. How has he done so far? Things have improved in some ways. More than 1,000 staff have been fired for misconduct since January. That's a good start because the agency cannot improve without mass firings of the callous people who created the culture of unaccountability in which abuse could thrive.

Still, as even the VA's harshest critics understand, firings alone cannot fix everything. The agency also needs to be reformed in such a way that its new staff can succeed, and good employees can thrive without fear of retribution.

Next week, Veterans Affairs Secretary David Shulkin will describe to Congress a plan that has veterans' advocates cautiously optimistic. He will be removing limitations on the existing Veterans Choice Program, which serves veterans who live too far away from VA facilities to get care. It will become easier for any veteran to use if he or she can't get a timely appointment or lives more than 40 miles from a VA facility. Tens of thousands of additional veterans will be allowed to see private doctors, with the VA picking up the tab. It will also become easier for veterans getting care from the VA to go to private specialists when referred.

Left-wingers and the VA staff union scream about "privatization" as though the new administration was proposing to smash a well-oiled machine. But the agency has already proven it cannot handle the work alone. If part of the solution is to lighten the burden by letting

patients get care the same way Medicare patients do, it should be allowed. The only case against it is the usual one from organized labor, which is that it isn't in their interests. Nope, it's not supposed to be.

No argument against outsourcing government functions withstands the force of argument that veterans deserve high-quality medical care. It is the least that a grateful nation can do. Government contracting is complex and has pitfalls, but the private sector can be an appropriate partner or, as in this case, a force multiplier for an overextended agency that is unable to cope. As in education, the fact that government pays for something doesn't mean government should run it.

The Trump administration has made big long-term promises to veterans — the nation has, too — and they must be kept. If the president follows through on this plan, we will have begun to keep them.

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2.4 - WCTV (CBS-6): Tallahassee National Cemetery officially opens Tuesday (17 October, 1.4M online visitors/mo; Tallahassee, FL)

TALLAHASSEE, Fla. (WCTV) -- The new Tallahassee National Cemetery is officially open, and dignitaries marked the moment during a ceremony this morning.

A contractor has wrapped up construction, turning over the property to the Federal Government.

On Tuesday, an Honor Guard raised a giant American flag at the center of the cemetery for the first time, along with flags representing all branches of the Military.

The cemetery serves Veterans from parts of Florida, Georgia and Alabama.

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2.5 - Bradenton Herald: Veterans will be able to get federal ID card starting in November (17 October, James A. Jones Jr., 861k online visitors/mo; Bradenton, FL)

WASHINGTON - Veterans will be able to go online and order their new identification cards in November, Rep. Vern Buchanan, R-Longboat Key, announced.

Buchanan, whose Veterans Identification Card Act (H.R. 91) was signed into law in 2015, said official ID cards will be available to all veterans free of charge by visiting the Department of Veterans Affairs website (www.VA.gov).

“Every veteran – past, present, and future – will now be able to prove their military service without the added risk of identity theft,” Buchanan said, noting that millions of veterans are currently unable to document their service without carrying around official military records.

These ID cards will make life a little bit easier for veterans and serve as a constant reminder that that the men and women in uniform deserve all the care and respect a grateful nation can offer, Buchanan said.

Carl Hunsinger, chairman of the Manatee County Veterans Council, applauded the new veterans ID.

“I was very happy to see three years of waiting for this law to finally be implemented by the Veterans Administration. Congressman Vern Buchanan and his staff did a great job seeing this requirement for a standardized non-retired Veteran identification card from the beginning through implementation. The majority of our veterans are not retired or 100 percent disabled and therefore are not entitled to be issued an identification card from the Department of Defense upon separation. At the very least, this new Veteran I.D. card will validate that the holder served in the United States Armed Forces honorably. It’s important to understand that this card and the VA medical card serve two different purposes,” Hunsinger said.

“Perhaps this new standardized form of veteran identification will eliminate the need for states to develop their own method of doing this. For example; Florida through two different sessions has changed the Florida driver license with first selling veterans the option of a “V” which was rarely understood and then again it was changed to “veteran” which spells it out to a vendor that offers a veteran discount,” Hunsinger said.

When ordering online, veterans will need to upload a copy of a valid government issued ID (drivers license/passport) and a copy of a recent photograph to be displayed on the card, and will need to provide service-related details. Once ordered, the Veteran ID Card will be printed and mailed directly to the veteran.

Don Courtney, past chairman of the Manatee County Veterans Council, said the arrival of a veterans ID card is long overdue.

A DD-214, the official record of a veteran’s military service, can become torn and tattered being carried in a wallet, Courtney said. “You need it for so many things, including burial in a national cemetery.”

Prior to Buchanan’s bill, the VA provided identification cards only to those who served at least 20 years in the Armed Forces or received care from the VA for a service-connected disability. Veterans who did not meet these qualifications had to carry around a paper DD-214 document to prove their military status. This form contains sensitive personal information including Social Security numbers and service details that put veterans at needless risk for identity theft if they lost or misplaced their documents.

The new identification card will also provide employers looking to hire veterans with an easier way to verify an employee's military service.

Buchanan represents more than 88,000 veterans in Sarasota, Manatee and Hillsborough counties. He served six years in the Michigan Air National Guard and four years on the House Veterans Affairs Committee.

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2.6 - KDVR (FOX-31): New veteran ID card makes it safer, easier to prove service (17 October, Joe Dahlke, 662k online visitors/mo; Denver, CO)

DENVER – Military veterans can soon apply for a new identification card from the Department of Veterans Affairs that will make it easier for them to prove their service.

The ID cards will be available starting in November. Veterans will be able to apply online for the card through the VA's website.

Military.com reports that veterans can register through vets.gov – which requires a valid government ID photo and a social security number.

To get the card, veterans then will upload a recent photo to the VA that can be printed on the card.

The VA did not provide the turnaround time for the ID cards or a specific web address where veterans can apply.

The card is the result of the Veterans Identification Card Act of 2015, which was signed by then-President Obama on July 20, 2015.

It will have the veteran's name, photo, and a non-social security identification number. It will make it easier for veterans to prove their service with carrying a copy of their DD214, which has sensitive information.

The card is different from a Veteran Health Identification card or a DoD Uniformed Services or retiree ID Card.

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2.7 - WJW (FOX-8, Video): Battlefield Cross marker back in place at Ohio Western Reserve National Cemetery (17 October, Jack Shea, 659k online visitors/mo; Cleveland, OH)

A Battlefield Cross marker which was removed from the Ohio Western Reserve National Cemetery in Rittman, Ohio, has been returned.

Veterans say the marker, made up of a helmet, a rifle and a pair of boots, is one of the most powerful tributes that can be paid to servicemen and women.

But, some veterans were outraged when they learned that the Department of Veterans Affairs, which runs the cemetery, had removed a Battlefield Cross because of a complaint that it included the depiction of a realistic-looking gun.

On Monday, FOX 8 spoke with the administrator of the cemetery, who told us that the removal of the marker was as a result of "guidance" from Veterans Affairs headquarters in Washington. The policy applies to all cemeteries operated by Veterans Affairs.

Then, on Tuesday, we received the following statement from National Cemetery Administration Public Affairs Officer Jessica Schiefer.

> *"The monument at Ohio Western Reserve National Cemetery was removed due to a regrettable misinterpretation of policy guidance regarding the acceptance of new monuments that depict weaponry. It has since been returned to its original location. VA will continue to honor Veterans and their families with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our Nation."*

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2.8 - KFSN (ABC-30, Video): VA employees demand agency to fill thousands of vacancies
(17 October, Jason Oliveira, 617k online visitors/mo; Fresno, CA)

FRESNO, Calif. (KFSN) -- A few dozen workers held a rally Tuesday outside the Fresno veteran's affairs hospital -- claiming care for veterans has suffered because there are not enough workers to cover the thousands of positions needed across the country.

"This has always been an issue. It's just taken till now to bring it to public light," said Fresno Union President Jacob Dunn.

The union that represents VA workers says there are about 49,000 vacant positions nationwide and the shortage can be found in a long list of job titles.

"We're talking janitors, custodians, social workers, nurses, doctors every single position. There's vacancies that shouldn't happen. How can any company operate when they're not fully staffed," said George McCubbin.

The VA hospital in Fresno employs about 1,400 people as of Tuesday there were 17 job postings on the agency's website.

VA Central California health care system disputes the union's nationwide number of vacancies but did release this statement: "We're always looking for qualified medical professionals to fill positions that meet patient needs."

"You take a location like here in Fresno. It means everything one or two more doctors a handful of nurses a couple more social workers--that just means they're able to take care of our veterans even better," said George McCubbin.

The union has organized similar rallies at several VA facilities across the country in recent weeks, with the hope of grabbing the attention from members of Congress.

"The struggle we normally see is getting folks in the door getting seen and sometimes getting reimbursed but across the country, we've been hearing stories about the VA. We have passed some legislative and more funding some more dollars towards them," said David Valadao.

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2.9 - Becker's Hospital Review: VA head Shulkin goes to White House to interview for HHS Secretary (17 October, Julie Spitzer, 441k online visitors/mo; Glencoe, IL)

Department of Veterans Affairs Secretary David Shulkin, MD, has been interviewed by the White House for the HHS secretary post, according to a Wall Street Journal report from Oct. 13.

Last week, the Trump administration appointed Eric Hargan, a former Chicago lawyer, as acting HHS secretary. Mr. Hargan is filling in for former HHS Secretary Tom Price, MD, who resigned late September amid a scandal in which he used taxpayer dollars to fund private and government related travel.

Dr. Shulkin, who has been working to transition the VA's EHR from its homegrown, legacy VistA system to Cerner, expressed some interest in the move.

"I'm very happy at VA. But I serve at the president's will, and whatever the president needs me for, I would do. But I'm very happy where I am," he told Politico Morning eHealth at an American Telemedicine Association event earlier this month.

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2.10 - Poughkeepsie Journal (Video): VA Hudson Valley offers listening session for veterans (17 October, 438k online visitors/mo; Poughkeepsie, NY)

Local veterans can voice their recommendations to the VA Hudson Valley Health Care System during an upcoming town hall in Wappingers Falls.

The listening session, held at the VA Castle Point campus Nov. 7, will give veterans, their families and the public an open forum to provide feedback and recommendations to VA officials.

The one-hour meeting is open to the public. Congressional stakeholders, veteran service organizations, non-governmental organizations, and other community partners are also invited to attend.

The town hall will take place at 11:00 a.m. at the Castle Point campus multipurpose room, 41 Castle Point Road in Wappingers Falls.

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Tallahassee Democrat: Tallahassee National Cemetery opens admin building (17 October, 437k online visitors/mo; Tallahassee, FL)

Retired Brig. Gen. William Webb (USAF) was the keynote speaker at a ceremony Tuesday marking the opening of the new administration building at the Tallahassee National Cemetery. The new building includes a public information center, the maintenance buildings, two new committal shelters and an honor guard building as well as the extensive cemetery grounds.

The event also signaled completion of the initial phase of construction at the Tallahassee National Cemetery. Opened in May 2015, the first phase of the cemetery is expected to provide burial options for the next 10 years on the 250-acre ceremony grounds. The cemetery will serve over 83,000 veterans with available burial space for the next 100 years.

The cemetery can also accommodate interment for in-ground cremation burial and traditional in-ground casket burial. The completion of this phase will add the option of the columbarium niche for cremation, or the memorial wall to memorialize veterans who are not interred in another cemetery.

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2.11 - US Rowing: USRowing Awarded $250,000 VA Grant to Support Veterans (17 October, Allison Mueller, 159k online visitors/mo; Princeton, NJ)

PRINCETON, N.J. – The U.S. Department of Veteran Affairs announced that for the fourth consecutive year, USRowing has been awarded an Adaptive Sports Grant of $250,000 to support community-based Freedom Rows programs throughout the United States. Freedom Rows is a national program that has been changing lives for disabled veterans and members of the armed forces since its inception in 2014.

Total grant awards to USRowing from the VA now exceed $1,000,000. Freedom Rows has grown from six to over 30 programs serving an average of 1,000 veterans each year. The Grants for Adaptive Sports Programs for Disabled Veterans and Members of the Armed Forces (ASG Program) provides grant funding to organizations to increase and expand the quantity and quality of adaptive sport activities disabled Veterans and members of the Armed Forces have to participate in physical activity within their home communities, as well as more advanced Paralympic and adaptive sport programs at the regional and national levels.

This year, 96 organizations in 33 states received a 2017-18 grant, up from 67 organizations in the 2016 fiscal year. The VA estimates that 10,000 veterans and service members will benefit from the nearly $8 million in funding.

“We are proud to be partnering with so many excellent community and service organizations to provide adaptive sports to Veterans across the country,” said Dr. Leif Nelson, director of VA’s Office of National Veterans Sports Programs and Special Events, who administers the VA’s adaptive sports grants. “Together, through VA’s Adaptive Sports Grant program, we are able to increase access to adaptive sports for Veterans with disabilities by bringing the opportunities closer to home.”

“We are proud to be partnering with so many excellent community and service organizations to provide adaptive sports to Veterans across the country.”

— Dr. Leif Nelson, director of VA’s Office of National Veterans Sports Programs and Special Events, who administers the VA’s adaptive sports grants.

In addition to USRowing, several organizations that offer adaptive rowing programs were awarded grants including Greater Columbus Rowing Association, Row New York, Holyoke

Rows, Inc., Community Rowing, Inc., Saratoga Rowing Association, Far West Wheelchair Athletic Association, Riekes Center for Human Enhancement, Chicago Park District, Bridge II Sports and the San Antonio Sports Foundation.

“We are honored that USRowing received the second-largest grant awarded to a single-sport National Governing Body and attribute the incredible work of the Freedom Rows program leaders and volunteers at USRowing member clubs and VA medical facilities throughout the U.S. for our continued success,” said Deb Arenberg, USRowing Adaptive Programs Development Specialist.

“Rowing is uniquely suited to veterans, as it provides a support system that involves team effort, mutual trust, dedication towards a common goal and an ethos that veterans are familiar with from their service training. For some rowers, returning to their pre-injury level of fitness, getting back on the water, or even just leaving their house for the first time since they were injured are major milestones,” said Arenberg.

Funds will be used to continue existing Freedom Rows programming, send qualified athletes to competition, purchase needed adaptive rowing equipment and supplement coaching fees.

Participants in Freedom Rows programs have reached the elite level, with more athletes expected to compete in events like The Head of The Charles Regatta and San Diego Crew Classic this coming year. Two Freedom Rows athletes – Helman Roman from Miami Beach Rowing Club in Florida and Russell Gernaat from Bair Island Aquatic Center in California – competed on the U.S. National Team. Roman raced in the mixed double sculls at the 2016 Paralympic Games in Rio, while Gernaat raced earlier this month in the mixed double sculls at the 2017 World Rowing Championships in Sarasota-Bradenton, Fla.

“It is gratifying to see the impact rowing has on the lives of veterans,” said Arenberg, who said that she’s seen transformative results in those diagnosed with Post-Traumatic Stress Disorder. “We can report that some veterans have been able to decrease or stop using medication for PTSD, while others have successfully lost weight and improved their mental and physical well-being.

“Rowing benefits veterans the same way it benefits all of USRowing’s members physically, spiritually and mentally and can offset the ravages of depression and addiction, which are unfortunately major themes with too many veterans.”

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2.12 - Healthcare IT News: Report: VA Secretary Shulkin interviewed for HHS secretary role - The much-liked holdover from the Obama administration is a top contender to fill the position abruptly left vacant by Tom Price. (17 October, Jessica Davis, 143k online visitors/mo; New York, NY)

The U.S. Department of Veterans Affairs’ Secretary David Shulkin, MD, was interviewed by the White House for the Department of Health and Human Services Secretary position, according to a report by the Wall Street Journal.

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Shulkin is a top contender for the position, but his success in his current role at the VA may hinder his chances. Centers for Medicare and Medicaid Services Administrator Seema Verma and Food and Drug Administration Commissioner Scott Gottlieb are also reportedly being considered for the role.

The VA has not confirmed or denied WSJ's report.

[Also: Trump, Shulkin announce 'anywhere-to-anywhere' telehealth plans for VA]

"Sometimes you promote someone who's doing a great job," an official familiar with the situation told WSJ. "On the other hand, these are two highly functioning, effective officials doing a good job where they are. And they're very little trouble."

Shulkin has made a lot of progress since becoming VA secretary in February. He launched a site dedicated to posting wait times at local VA care sites, vowed to protect whistleblowers and determined he would replace the VA's legacy EHR Vista with Cerner -- along with other initiatives. Shulkin is respected by both political parties.

Shulkin is the remaining holdover from the Obama administration currently working under President Donald Trump.

The position has been vacant since former HHS Secretary Tom Price resigned over reports he took private jets to travel for both work and personal use. An investigation by Politico found Price took 24 private flights, which cost taxpayers about $400,000. Price started as HHS Secretary in May.

As a result of the report, HHS Office of the Inspector General and the House Committee on Oversight and Government Reform launched separate investigations into his travel. Initially, HHS defended Price's flights, and before resigning Price promised to repay the administration for the cost. He paid about $52,000 before officially resigning.

Currently, Eric Hargan, a former George W. Bush administration official, is in place as acting secretary.

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2.13 - Task & Purpose: The VA Just Dropped More Details About The New Veteran ID Cards (17 October, Adam Linehan, 102k online visitors/mo; New York, NY)

The Department of Veterans Affairs has been playing coy since it first announced that new veterans identification cards — wallet-sized IDs that allow people to prove their military service without a copy of their DD214 — will become available to former service members beginning in November, revealing details about the application process in piecemeal. Now the department has graced us with a little more information.

Military.com, which first broke the news of the new veteran IDs earlier this month, now reports that vets who want one of the new cards must first register online with Vets.gov, a website that authenticates users through the ID.me system. Officials originally told Military.com that veterans

would be able to apply for the cards online, but provided few specifics; they were no less taciturn with Task & Purpose.

We did confirm, however, that veterans will not be able to use the cards as proof of age when shopping for adult commodities like cigarettes and beer, because they are not official government-issued IDs — which, as a Military.com notes, also means they can't be used for things like air travel.

Unfortunately, we still don't know what the cards will look like.

The 2015 Veterans Identification Card Act directed the VA to issue a hard-copy photo ID to any veteran who applies for one (though there are some gray areas, detailed below). The legislation was introduced after politicians realized that people were having trouble proving that they had served in the military when attempting to secure sweet veteran discounts and benefits, like a free meal at Applebee's on Veterans Day.

"Goods, services and promotional activities are often offered by public and private institutions to veterans who demonstrate proof of service in the military, but it is impractical for a veteran to always carry Department of Defense form DD-214 discharge papers to demonstrate such proof," the law states.

Currently, only veterans who are enrolled in the VA healthcare system or receive retirement pay have photo ID cards. A handful of states also allow people to identify themselves as veterans on their driver's licenses.

The law does not stipulate that only honorably discharged veterans are eligible for the card. However, Military.com reports that an honorable discharge is required. Task & Purpose is waiting for verification on this crucial bit of information from the VA, and will update this article accordingly.

According to Military.com, to complete the application process, veterans must upload a copy of a valid government photo ID — like a driver's license or a passport — and providing other information, such as a Social Security number. The VA has yet to announce the specific website address where vets can apply.

The VA will mail the cards directly to the veteran, but officials told Military.com that the department has yet to finalize a "timeline for how long it will take to receive a card." We also don't know when in November the VA will start accepting applications. Stay tuned.

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2.14 - WTXL (ABC-27, Video): Ribbon cutting ceremony held at Tallahassee National Cemetery (17 October, 60k online visitors/mo; Midway, FL)

TALLAHASSEE, Fla. (WTXL) - The Department of Veterans affairs held a ribbon cutting ceremony Tuesday at the Tallahassee National Cemetery.

It was all to celebrate the completion of the first phase of construction, which included a new administration building housing a public information center, maintenance buildings, two new committal shelters and honor guard building.

Retired United States Air Force Brigadier General, William Webb, was the keynote speaker.

"The current property right now is 250 acres and it will be here for veterans for the next one hundred years to serve them," said Raymond Miller, the director of the cemetery.

The cemetery will now have the added option of the columbarium niche for cremation, as well as in-ground cremation burial and traditional in-ground casket burial. The memorial wall to memorialize veterans who are not interred in another cemetery will be available as well.

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2.15 - Columbia Basin Herald: Newhouse Veterans Bill Passes Through Committee (17 October, Richard Byrd, 47k online visitors/mo; Moses Lake, WA)

WASHINGTON D.C. — A bill sponsored by Rep. Dan Newhouse, R-Yakima, designed to fix mismanagement issues at the Veterans Health Administration recently passed through a key Congressional committee.

The House Committee on Veterans' Affairs passed the VA Management Alignment Act of 2017, which is sponsored by Newhouse and Rep. Derek Kilmer, D-Gig Harbor. The bill, if made into law, would bring about fixes to the VA and its management issues. The bill would direct the head of the VA to create a report to Congress in which they detail the necessary steps to reorganize and effectively improve veterans' access to health care.

In 2014 news broke about wait times for patients at the VA in Phoenix, along with other VA locations in the U.S. A national audit of the VA discovered that new patients at the VA Puget Sound hospital had to wait, on average, 59 days for an appointment.

"Veterans deserve a VA that works, and our bill will require action to improve systemic problems that affect delivery of care," Newhouse said. "I am grateful for my colleagues on the House Committee on Veterans Affairs for approving our legislation to pinpoint and address mismanagement issues at the VA."

The American Legion- and American Federation of Government Employees-supported legislation comes in the wake of studies that detailed issues of mismanagement at the VA. Reports, including one released by the Government Accountability Office (GAO), uncovered problems with human resources at the VA and found the VA failed to address internal and congressional recommendations to fix manipulated wait times and management failures.

The bill states the VA will deliver its report to the Committees on Veterans' Affairs of the Senate and House within 180 days of the passage of the bill. The report would detail the job duties of senior level VA staff and how the department is actually organized. In addition, the bill stipulates the report would recommend any legislative changes that are needed at the VA.

“We need to have the backs of those who serve,” Kilmer stated. “Stories and reports about manipulated wait times and mismanagement in our VA system proved that systemic reforms were needed. I’m glad our bill to improve care so veterans get the services they have earned is moving forward.”

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2.16 - Marion Republic: Congressional investigators visit Marion VA this week (18 October, Holly Kee, 12k online visitors/mo; Marion, IL)

An investigative team from the House Veterans' Affairs Subcommittee on Oversight and Investigations arrived Monday afternoon for an unannounced visit to the Marion VA Medical Center.

House Committee on Veterans Affairs Investigative Counsel Amy Centanni, research assistant Hillary Dickinson and health care investigator Tamara Bonzanto are expected to spend about three days touring the facilities and speaking with staff.

How many staffers they intend to speak with, and what questions they are asking, are not known.

George O'Connor, communications director for Rep. Mike Bost (R-Murphysboro), confirmed Tuesday the visit is related to employee allegations of mismanagement at the Marion VA -- allegations that include nepotism, employee intimidation and questions why some patients died at the VA Medical Center in Marion.

Bost, vice chairman of the Oversight subcommittee, said last month he was not happy with the results of a VA-led inquiry into the allegations, saying its Sept. 22 report largely exonerated the Marion VA but didn't investigate deeply enough.

That inquiry was initiated by a July 28 letter from Bost to VA Secretary David Shulkin demanding the allegations be investigated.

The results of the VA inquiry have not been made public by either Bost or the VA. Bost said many of the answers would violate the privacy of individual veterans if they were made public.

However, he referred to the report as "vague," with no real plan for correcting issues. He took particular exception to the VA's explanation for deaths associated with the 54-bed Community Living Center, the nursing home facility on the VA campus.

At the time, Bost said he and subcommittee chairman Jack Bergman (R-Michigan) intended to have a face-to-face meeting with Shulkin.

If they were not satisfied after that meeting, he said, the subcommittee could proceed with a congressional hearing, where it would call its own witnesses.

According to O'Connor, the Shulkin meeting has not yet been scheduled, but it may occur next week.

O'Connor also said he believes the unannounced oversight visit is a direct response to the July 28 letter sent to Shulkin.

He added that although he expects Bost to be briefed in the "near future," it's too early for Bost to make a statement on the current investigation.

"We're letting the investigators do their job," he said.

Marion VAMC director Jo-Ann Ginsberg sent a memo to the approximately 1,400 staff members at the Marion facility Monday afternoon, telling them about the congressional visit and encouraging employees "to be open and honest in your interactions ... share our success and accomplishments ... and let them see the great work each every one of you does each day caring for our Veterans."

According to Ginsberg's memo, the oversight team is expected to conclude its on-site visit Thursday afternoon.

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3. Access to Healthcare

3.1 - WCMH (NBC-4, Video): Veterans Stand Down event gives help to those who served
(17 October, Elyse Chengery, 1.1M online visitors/mo; Columbus, OH)

COLUMBUS (WCMH) — Hundreds of Ohio veterans came to the convention center downtown on Tuesday for the Central Ohio Veterans Stand Down where they were offered free services, food, clothing – just to name a few.

NBC4's Elyse Chengery spent the day with veterans to find out how important these services are here in our community.

This is the 23rd year for The Central Ohio Veterans Stand Down which is a free event for veterans with 250 volunteers on hand to help.

"Oh it's great, it's great. I feel sorry for the people I know there's a lot of homeless veterans in Columbus that just don't get this information," says Dennis England, an Army veteran who was impressed with all the free services provided.

The event included a VA medical center area, providers from 85 different agencies, free clothing, meals – even free haircuts.

Thomas Herbert says, "I'm glad that everybody is supporting the veterans. I'm a veteran of The United States Army – I want to thank the commission that helped all the veterans and a free haircut is not bad."

Daniel joined the navy in 1972 at the age of 18.

"We're here we want to be counted listen to us we need help, home housing, medical you name it. These people are I don't know some of them are getting lost they don't know who to turn to

and we need to turn to someone. It is very important because it makes you feel wanted you're not left out in the cold you know," said Daniel.

He says his favorite part about the day was seeing all the camaraderie.

"Everybody coming together, being happy, smiling at each other. I mean we look at us in here the United States and I mean I don't care what people say from the other…we're in the best country in the world. We need everybody pulling together," Daniel.

More than 500 veterans attended on Tuesday and organizers add they are looking forward to planning next year's event.

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3.2 - Government Executive: Trump Administration's Plan to Expand Private Care for Vets Sparks Fight Over VA's Future (17 October, Eric Katz, 852k online visitors/mo; Washington, DC)

The Trump administration has issued its plan to streamline and expand its programs allowing veterans to receive health care from the private sector, igniting the first spark in an upcoming fight on the future of the government's role in providing care to former military personnel.

The Veterans Affairs Department wants to "merge and modernize" the array of programs allowing patients to receive care outside of VA providers, according to a framework of the Veterans Coordinated Access and Rewarding Experiences (CARE) Act department officials presented to Congress this week. The measure would eliminate rules for the Veterans Choice Program that require a veteran to live 40 miles from a VA facility or face a 30-day wait to receive care at one in order to become eligible for private care on the department's dime. That program, created by a law President Obama signed in 2014, got off to a rocky start but has since gained popularity.

VA said its measure would also shore up VA facilities by improving buildings and boosting staffing levels where large numbers of vacancies persist. Secretary David Shulkin said earlier this year department has 49,000 unfilled positions, but the number has since decreased.

Still, opponents of expanding private care were quick to denounce VA's plan, saying loosening eligibility restrictions for private coverage robs the department of resources for its own facilities and begins a slippery slope toward privatization. Many Democrats have said they can support expanding the choice program only if Congress invests equally in VA's internal care. President Trump extended the shelf life of the choice program in August by signing a stopgap measure,

"I think the choice program is here to stay," Rep. Julia Brownley, D-Calif., said at a forum on the future VA health care earlier this month, "but many like myself are advocating very hard in any of these debates if we're going to invest in choice have to invest at least as much in VA."

Rep. Mark Takano, D-Calif., the vice ranking member of the House Veterans' Affairs Committee, warned at the same forum that private care for veterans was "not a panacea."

“Community care has always been part of care vets receive and it will continue to be,” Takano said. “But we can’t let it supplant VA care.”

VA Secretary David Shulkin has repeatedly pledged not to privatize his department’s health care mission and said VA’s legislative proposal honors that promise.

“We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community,” Shulkin said, “and this bill does just that, while strengthening VA services at the same time.”

This is not the first time VA and lawmakers have added sweeteners to assuage potential opponents to private care expansion. Congress initially rejected the choice program extension bill this summer before the administration and detractors reached an agreement to boost Veterans Health Administration funding by $1.8 billion. A key co-author of the legislation creating the choice act, Sen. Bernie Sanders, I-Vt., did not sign on until provisions were added to authorize VA to build 26 new facilities.

Lawmakers, veterans service organizations and other advocacy groups have expressed concern about the approach the Trump administration would take as it sought to remake the choice program and consolidate its private care offerings. The 2014 law that created the choice program also chartered the Commission on Care to come up with proposals for the future of VA, but Obama rejected many of its main conclusions. The commission’s plan, Obama said last year, would force “untenable resource tradeoffs that would limit the ability of VA to carry out other parts of its mission on behalf of veterans.”

Meanwhile, three of the commissioners on that panel refused to sign off on the final report they said was far too mild. The leader of that cotingent, Darin Selnick, spent the opening months of the Trump administration as a senior adviser to Shulkin and now sits on the White House Domestic Policy Council as a veterans affairs adviser. Shulkin, who is an Obama administration holdover, has not pursued the drastic changes some have feared. Concerned Veterans for America, for example, a conservative group funded by libertarian-minded Koch brothers network that used to count Selnick among its advisers and whose former CEO Trump interviewed for VA secretary, has backed shifting VHA into a government-chartered nonprofit corporation. CVA said VA’s Veterans CARE Act offered some “positive reform,” but did not go far enough.

Lawmakers offered a tepidly positive response to VA’s new proposal.

“Secretary Shulkin’s proposal is a good starting point that takes into account months of our bipartisan conversations about the future of community care,” said Sen. Jon Tester, D-Mont, the ranking member of the Senate Veterans' Affairs Committee. “I’m pleased that the VA has prioritized putting veterans and their doctors at the center of medical decisions and getting rid of a one-size-fits-all system that doesn’t work for our nation’s veterans.”

Sen. Johnny Isakson, R-Ga., that panel’s chairman, praised the bill without offering his full endorsement, saying he will work with VA, VSOs and his colleagues in the House and Senate to come up with a final legislative proposal.

“Secretary Shulkin’s proposal for continuing efficient and timely veterans’ care in the community is very thoughtful and balanced,” Isakson said. “The VA’s proposal is the result of continued collaboration with veterans groups and Congress, and I will carefully evaluate its contents.”

The House Veterans Affairs Committee, led by Chairman Phil Roe, R-Tenn., is pursuing its own path on reforming VA's choice program and relationship with the private sector. A draft bill Roe is still ironing out with input from colleagues and VSOs would allow any veteran to whom VA determines it cannot support with a care team or a dedicated primary care provider to seek treatment in the private sector through a network of providers it establishes in each of its regions.

"Chairman Roe and committee staff are reviewing VA's community care proposal and will take it and stakeholder feedback into consideration as the legislative process moves forward," said Tiffany Havely, a spokeswoman for Roe.

Roe is also leading the charge on another controversial measure to put VA through a process similar to the Defense Department's Base Realignment and Closures. The department must assess which facilities are underutilized and either consolidate or closure them, Roe and his supporters argue. The Commission on Care included a VA BRAC proposal in its final recommendations. Some of the savings would be reinvested back into the VA system, closure proponents have said, though the bill is intentionally being coupled with choice reform to offset some of the costs that will inevitably stem from expanding that program.

The VA reformers will face an uphill battle, despite some signs of bipartisan agreement. The American Federation of Government Employees, which represents about 230,000 VA employees, has held 36 rallies in 22 states across the country to fight against what it views as privatization efforts. Those rallies will continue, said AFGE President J. David Cox, adding groups such as the American Legion, Disabled American Veterans and Veterans of Foreign Wars are all collaborating to oppose choice expansion (for its part, the Legion applauded VA's efforts and promised to work with Shulkin to develop "improved healthcare options and outcomes to our nation's veterans.")

"We're definitely ratcheting up," Cox said on Tuesday. The union chief called Shulkin's proposal a "total dismantling of VA, taking resources out of VA and shifting it to private sector."

Roe will hold a hearing on his bill and efforts to boost private sector care next week.

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3.3 - WFED (AM-1500): AFGE ramping up anti-privatization campaign, as VA readies new Choice draft (17 October, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

The Veterans Affairs Department on Monday released its long-awaited proposal to refashion the current Veterans Choice Program.

VA's draft proposal, or the Veterans Coordinated Access and Rewarding Experiences (CARE) Act, suggests eliminating the current, arbitrary eligibility requirement that veterans must meet in order to qualify for care in the private sector. Under the current Veterans Access, Choice and Accountability Act of 2014, veterans must live 40 miles away from a VA facility or wait 30 days or longer for care.

"We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community, and this bill does just that while

strengthening VA services at the same time," VA Secretary David Shulkin said in a statement yesterday.

But the American Federation of Government Employees isn't buying it.

"This is a step to dismantle, privatize [and] to avoid hiring these 49,000 vacancies," AFGE National President J. David Cox said during a call Tuesday morning with reporters.

AFGE has been making a concerted push in recent weeks to raise awareness of the tens of thousands of open positions at VA.

"As these vacancies are plaguing the agency nationwide, Congress and the administration are busy patting themselves on the back for eliminating veterans' rights at work," Cox said.

He's referring to the VA Accountability and Whistleblower Protection Act, which Congress passed and the president signed into law over the summer, which gives the VA secretary the authority to expedite the review on VA executives' disciplinary appeals without the Merit Systems Protection Board.

AFGE actively expressed its opposition against that bill, arguing that its provisions would unravel due process rights for VA employees.

Shulkin said he believed the law would improve morale and wouldn't hinder the department's ability to recruit and retain qualified talent to fill roughly 49,000 vacancies. Shulkin has described VA's hiring challenge as the biggest challenge facing the department.

Yet AFGE said leaving those vacancies unfilled is "irresponsible" and questioned whether the department is publicly posting for all of those open job positions.

Cox acknowledged there were "good and bad parts" of VA's draft Choice legislation. He agrees the department should consolidate the many community care programs that currently exist into one.

But AFGE fears legislation that eliminates those eligibility rules will pave the way for VA "voucher" system for private health care.

Lawmakers have frequently said they're not interested in privatizing VA health care.

"Somebody saying they're not interested in privatizing the VA and their actions to privatize the VA don't always match up," Will Fischer, government relations director for VoteVets, said Tuesday. "You're going to hear people say all the time, 'Oh, I'm not trying to destroy and privatize the VA.' Yet they're going to want to privatize just this little piece over here."

House and Senate VA committees are reviewing VA's CARE Act proposal now and plan to debate it in a public forum in the coming weeks.

The VA draft also includes:

> Proposals for "new workforce tools" to recruit and retain VA medical professionals,
> Business process changes to improve financial management for the community care programs, and

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Provisions that would strengthen VA's real property management authorities.

Real property authorities would be a timely addition for the department, as Congress is also debating legislation that would authorize a BRAC-like commission to realign and close some outdated and vacant VA medical facilities.

AFGE believes that proposal is also wrong for the VA.

"The VA does not need a BRAC," Cox said. "If the VA has outdated buildings, as there are at some facilities, then yeah, those buildings need to be dealt with, maybe they need to be demolished and a new building built. The private sector constantly tears down old parts of its hospitals or clinics and builds new hospitals and clinics. … A BRAC is wrong. It's dead wrong."

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3.4 - JD Supra: VA Proposed Rule Would Expand Telemedicine and Override State Licensure Barriers (17 October, Ross D'Emanuele and Grace Fleming, 701k online visitors/mo; Sausalito, CA)

On October 2, the Veterans Administration (VA) proposed a new rule that would expand access to quality care and availability of mental health, specialty, and general clinical care for VA beneficiaries through the use of telemedicine.

In their proposed rule, the VA explains the difficulty it has faced attracting a sufficient number of providers to furnish telemedicine services because state professional licensure laws restrict telehealth activities to within state borders. Providers fear discipline from those states for the unlicensed practice of medicine for treating veteran beneficiaries outside of the state in which they are licensed. In addition, in the current telehealth program, many VA medical centers only allow telehealth on federal property out of concern regarding these state limitations, which has hindered the telehealth program from expanding and reaching beneficiaries who need treatment but are not on federal property (e.g., those who are in their homes).

The proposed rule aims to address these issues by permitting all VA physicians to treat patients via telehealth across state lines, regardless of where they're licensed. This federal law would preempt state restrictions on licensure and telehealth, as most states currently restrict providers (including VA clinicians) from treating patients located in that state if the provider is not licensed there.

Relaxing these requirements will encourage greater provider participation in the VA's telemedicine program. In addition, these new rules would allow veterans, from their home, to use a mobile app, called VA Video Connect, to connect with their healthcare providers and conduct a home videoconferencing session. The proposed rule explains that eliminating veteran suicide and providing access to mental health care is the VA's "number one priority" and this proposed rule would improve the VA's ability to reach some of its most vulnerable beneficiaries. The commentary in the rule explains that telehealth "empowers beneficiaries to take a more active role in their overall health" and that the program is "particularly important for beneficiaries with limited mobility, or for whom travel to a health care provider would be a personal hardship." Rural connectivity, decreasing wait times for veterans, improving access to mental health services, and an overall increase in access to care is the driving force behind these efforts.

In fiscal year 2016, VA practitioners saw 702,000 patients via telemedicine in 2.17 million episodes of care. Almost half of those who received telemedicine care were in rural areas. The VA has already seen improved patient care as a result of the VA's expansion of telemedicine services. For example, the VA reports there was a 31 percent decrease in VA hospital admissions for beneficiaries enrolled in the VA telehealth monitoring program for non-institutional care and chronic care management. Additionally, the VA reports a 39 percent reduction in the number of acute psychiatric VA bed days of care.

The commentary states, "This rule would ensure that VA health care providers provide the same level of care to all beneficiaries, irrespective of the State or location in a State of the VA health care provider or the beneficiary." The AMA supports this proposed rule. In its statement supporting the proposed rule, the AMA emphasized that the rule is narrowly tailored to only apply the multi-state licensure pre-emption to VA-employed providers who are directly controlled and supervised by the VA, and does not cover contracted physicians or providers who are not directly controlled and supervised.

Those interested in providing feedback can submit written comments until November 1, 2017.

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3.5 - Becker's Hospital Review: VA proposes changes to Choice Program criteria: 4 things to know (17 October, Kelly Gooch, 441k online visitors/mo; Glencoe, IL)

The Department of Veterans Affairs has proposed the Veterans Coordinated Access & Rewarding Experiences Act.

Here are four things to know.

1. The VA presented a draft proposal of the legislation to the House and Senate VA committees Monday.

2. The bill would replace provisions of the Choice Program, which pays for veterans to see private providers not associated with the VA. Veterans are currently eligible for the program if their wait times are longer than 30 days or they live more than 40 miles from a VA facility.

3. Under the bill, the current Choice Program criteria would be replaced with criteria that "place the veteran and his or her physician at the center of the decision process on how and where to get the best care available," VA officials said via news release. They added the new criteria would also "ensure VA is improving medical facilities and staffing levels to meet veterans' needs in areas where VA care is substandard" as well as "offer options for veterans to use a network of walk-in clinics for minor illnesses and injuries."

4. VA officials said the legislation also includes proposals for new workforce tools for medical staff, along with provisions related to bolstering the agency's ability to partner with other federal agencies and streamlining its real property management authorities.

Leo Vartorella contributed to this report.

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3.6 - The Register-Guard: VA nurses, former surgeon claim mismanagement delaying care at Eugene clinic (18 October, Sherri Buri McDonald, 436k online visitors/mo; Eugene, OR)

A rash of doctors have left the Eugene Veterans Affairs clinic in northeast Eugene, leading to longer waits and poorer service for area veterans, several nurses and a former surgeon at the clinic said.

In recent months, the 270-employee clinic has lost five primary care providers, either doctors or nurse practitioners, and numerous surgeons, according to the nurses and former surgeon.

They blame the departures on mismanagement at the VA Roseburg Health Care System, which oversees the Eugene clinic, and say the Eugene clinic is struggling to recruit qualified replacements.

“The Eugene VA is crumbling under the poor management and iron claw of Roseburg administration,” said Amber Beyer, a nurse in urology at the Eugene clinic.

Roseburg VA officials deny those claims. A number of primary care providers have left for various reasons, but the clinic has 10 primary care providers, about the same number as in January, and 13 surgical providers, said Shanon Goodwin, a VA spokesman in Roseburg.

He said the quality of care provided at the clinic has improved according to several quality measures.

U.S. Rep. Peter DeFazio has sided with VA employees, including former Eugene VA surgeon, Dr. Scott Russi, who have spoken up to try to improve and modernize health care services at the VA. Last week DeFazio called for leadership changes at the Roseburg VA as he spoke in favor of legislation to strengthen whistleblower protections for VA employees.

DeFazio said he has received complaints about Roseburg VA management for years and has reached out to every level of leadership at the Department of Veterans Affairs, to no avail.

“Poor management has resulted in degraded patient care and difficulty in recruiting and retaining talented medical professionals to help Oregon’s veterans,” DeFazio said. “It’s outrageous that in addition to delays and government bureaucracy veteran care is being hampered by management issues.”

VA spokesman Goodwin responded: “Patient care is of the utmost importance and priority for all levels of leadership within our organization.”

The gleaming, 126,000-square-foot VA clinic on Chad Drive west of North Game Farm Road opened in January 2016. It promised local veterans a broad range of health services, from teeth cleaning to foot surgery, ending the need for vets to travel to Roseburg or Portland for most outpatient services.

In January 2016 the Eugene clinic had 11 primary care providers. Several nurses said that five recently left. Each primary care provider sees about 1,000 veterans, so that's 5,000 veterans who don't have a primary care provider, Beyer said.

Veterans are having to wait longer to be seen by a doctor and aren't being referred to services or specialists as quickly as they should, she and other nurses said.

Roseburg VA officials deny this, saying all veterans at the clinic have a primary care provider. The Eugene clinic serves 14,620 veterans, said Goodwin, the VA spokesman in Roseburg.

New primary care patients at the clinic wait 43 days on average to see a provider, he said. Wait times for other services and to see specialists vary depending on individual patients' needs, he said.

Local veterans are grateful for the Eugene clinic, but the doctor turnover and long waits take a toll, said Frank Blair, a VA accredited service officer with several veterans groups, including the American Legion.

Doctors come and go, he said.

"If you get a brand new doctor, he can't see you in two to three months," Blair said. "He gets shifted out, you get a new doctor, and you have to wait another two to three months. This is not an uncommon problem."

Blair recalled one Eugene veteran whose VA primary care provider was shifted four times over several months.

The patient had had a heart valve replaced and a knee replaced and required close monitoring by his doctor, Blair said.

"The concern is there's no continuity of care," Blair said. He said the patient has since left the VA and enrolled in the Oregon Health Plan, Oregon's version of Medicaid, the government health plan for low-income and disabled people.

Treva Moss, a VA nurse in urology and a veteran, is distressed by the shortcuts she sees the clinic taking.

She said she was scheduled recently for her annual check-up at the VA. But about a week before her appointment she received a message saying that because she doesn't have a primary care provider, another provider would do a "clinical review" of her chart and call her before her appointment. The phone call would either take the place of her check-up, or she could schedule an in-person appointment later, Moss said she was told.

"I am on medication for blood pressure," she said. "I am diabetic. I find it weird they can review my chart and say how are things going.

"I know there are vets on blood pressure medication and heart medication that need their heart and lungs listened to," she said. "Getting a clinical chart review over the phone is not an adequate way of providing care.

“Unfortunately, I think we’re going to get vets dying if we don’t have them come in for their yearly appointment and give them a good once-over and adjust their medications,” she said. “We’re in crisis right now.”

Once patients get in with a primary care provider, they often encounter delays being referred to specialists, several nurses said.

Cardiology nurse Eunice Allison-Quick said poor management in Roseburg has delayed Eugene clinic patients’ requests to see a cardiologist.

The administrator who reviews the requests went on vacation recently and didn’t designate someone to cover for him, she said. So 28 patient requests dating to Sept. 11 weren’t touched for nearly a month, Allison-Quick said.

“(Those) 28 were delayed care, and they still all haven’t been reviewed,” she said.

The recent loss of surgeons at the Eugene clinic resulted in the cancellation of scheduled surgeries and longer delays for patients whose surgeries are being scheduled at VA clinics in Roseburg or Portland or at nonVA facilities, said VA nurses and Russi, the former VA surgeon.

Beyer, the urology nurse, said a patient in her department waited five months from the time he requested a vasectomy to the time he finally received it.

Russi, a former surgeon at the Eugene clinic, said Roseburg VA officials can claim that the clinic has plenty of surgical providers, but what matters is how many surgeries are completed.

Roseburg VA officials declined to disclose how many surgeries are being performed in Eugene.

Russi and Moss, a VA nurse, said the Eugene clinic has completed only one general surgery since the VA fired Russi on Aug. 4.

Russi said the VA fired him without providing any evidence against him, or the opportunity to challenge the VA’s findings.

VA spokesman Goodwin said privacy rules prevent the VA from commenting on personnel issues.

Russi retired as a colonel after serving 29 years in the U.S. Air Force. He moved to Oregon and established his reputation as a trauma surgeon, then trauma medical director at PeaceHealth Sacred Heart Medical Center at RiverBend in Springfield.

He was the on-call surgeon on Oct. 1, 2015, when three students injured in the Umpqua Community College shooting were treated at Sacred Heart.

Drawn to help other veterans and as a way to cope with his own Post-Traumatic Stress Disorder, Russi said he sought work at the VA.

Russi began working at the Eugene clinic once a week in January. On July 23, he signed papers to start working full-time, he said. On Aug. 4, he was fired.

Russi said in his brief time at the VA, he completed 27 surgeries, including minor procedures such as removal of skin lesions.

He said he was bringing laparoscopic surgery to the Eugene VA for gall bladder and hernia surgeries. Laparoscopic, also called minimally invasive, surgery uses small incisions. Patients typically feel less pain and have faster recoveries, Russi said.

Russi said in late September he was finally notified of four cases that the VA said he mismanaged, as part of a VA review to determine whether he should be reported to the Oregon Medical Board.

Russi said that process is still pending, but he is confident his work will stand up to scrutiny.

Russi said he has contacted the VA whistleblower hotline, and his case is being investigated by the U.S. Office of Special Counsel.

Russi said he still doesn't know why he was fired and that the Roseburg chief of surgery retaliated against him. Russi said before being fired he had questioned why his annual salary had been dropped to $280,000, when the contract he had signed listed a salary of $385,000. Russi said he had questioned the chief of surgery about procedures and he raised his concern that his patients did not have the ability to contact him directly after surgery.

After Russi was fired, surgeons have fled the Eugene clinic for fear of rubbing Roseburg administrators the wrong way and jeopardizing their ability to practice, Russi and several nurses said.

Russi's termination also has made other doctors and nurses hesitant to work at the VA, Russi and the nurses said.

There is no better surgeon than Dr. Russi, Beyer said.

"I worked side by side with him with the UCC shootings, she said. "We all know how good he is. For (Roseburg VA) management to hammer him and fire him for no good reason, it tells anyone who works here or is thinking of working here, they don't want to work here."

Allison-Quick, the cardiology nurse, said it's demoralizing to work in such a beautiful facility that Roseburg leadership isn't allowing to reach its potential.

"We could do great care if we just had a chain of command that supported us instead of fighting us," she said.

"It really all comes from the top," Russi said.

"I was a commander in the Air Force and the commander sets the tone. If you have problems the commander is responsible for those.

"The environment is toxic in Roseburg, and their behavior translates up here to Eugene," he said.

"Ninety percent of the people who work at the VA are wonderful and very good people — many of them vets. It's that minority in the leadership that are causing this atmosphere."

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3.7 - Fierce Healthcare: VA plans overhaul of Veterans Choice program (17 October, Paige Minemyer, 141k online visitors/mo; Washington, DC)

The Department of Veterans Affairs has prepared a bill that would overhaul its Choice program.

The VA announced that it has submitted the Veterans Coordinated Access & Rewarding Experiences (CARE) Act to both the House and Senate Veterans Affairs committees. The bill would eliminate the current wait time and distance requirements under the Choice program, which limits participation to veterans who face a 30-day wait for an appointment at a VA hospital or who live 40 miles or more from a VA facility.

Instead, veterans would be able to seek care outside of the VA if they face a wait that is longer than a "clinically acceptable period."

The changes would create options for veterans to use walk-in clinics for nonemergency needs and would place veterans and their physicians "at the center" of decisions on where to receive care, according to the VA.

"We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community, and this bill does just that, while strengthening VA choices at the same time," VA Secretary David Shulkin said in the announcement.

The Veterans Choice program was created in 2014 following a nationwide scandal that revealed thousands of veterans faced monthslong waits for care at VA facilities. The Senate approved $2.1 billion in emergency funding in August to keep the program going, but the VA revealed it may need additional funds before the end of the year.

In addition to the changes to the Choice program, the CARE Act would include proposals for tools that could assist in training and retaining staff at VA facilities, solutions to improve financial management for the Community Care program and elements that would better allow the VA to partner with other federal agencies, according to the announcement.

Sen. Johnny Isakson, R-Ga., chairman of that chambers' Veterans Affairs committee, said in a statement that the bill is "very thoughtful and balanced." The committee's ranking Democrat, Sen. Jon Tester of Montana, said the CARE Act is a "good starting point" and considers months of bipartisan discussion in its provisions.

But veterans groups are not completely convinced. Dan Caldwell, policy director for Concerned Veterans for America, said in a statement emailed to FierceHealthcare that the bill contains "some positive reforms" but there is "room for improvement."

"One important modification that we believe should be made is that a veteran should be able to choose a primary care physician inside or outside of the Veterans Health Administration within the integrated care network," Caldwell said. "This reform would be an important step towards fulfilling President Trump’s promise to increase health care choice for our veterans."

Meanwhile, Shulkin may be eyeing an exit from the VA amid the reform process. He has interviewed for the vacant secretary post at the Department of Health and Human Affairs and is likely a leading candidate for the job, alongside Centers for Medicare & Medicaid Services Administrator Seema Verma.

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3.8 - Finger Lakes Times: VA project could start in 2018 (17 October, 53k online visitors/mo; Geneva, NY)

CANANDAIGUA — Construction could start next summer on a long-awaited $141 million modernization project at the Department of Veterans Affairs Medical Center.

In a recent news release, U.S. Senate Minority Leader Chuck Schumer said the U.S. Army Corps of Engineers has received bids for the project after setting an Oct. 2 deadline. The Corps expects to award contracts in January, with construction expected to start in the summer and continue through 2022.

The work will include renovating existing facilities and constructing new buildings, including a three-story, 84,200-square-foot outpatient clinic on what is now undeveloped space between Building 1 and 2. Schumer also discussed groundbreaking on an 84,000-square-foot VA clinic in Henrietta, which will replace the smaller and outdated Rochester Community Based Outpatient Clinic.

“The groundbreaking of the long sought new Rochester VA Clinic, together with the receipt of contractor bids for the $141 million project to upgrade the Canandaigua VA Medical Center with an expanded clinic, is a prescription for better care for our Rochester and Finger Lakes area veterans. The new Rochester clinic will be nearly twice the size of the current outdated and aging clinic ... and include new services like CT scan and endoscopy,” Schumer said. “Together with an expanded three-story clinic in Canandaigua that’s now green-lighted for construction, this more than $150 million in investment will not only create good-paying construction jobs, but is a good next step forward to provide Rochester and Finger Lakes area veterans with the care they deserve after so bravely serving our country.”

The Department of Veterans Affairs announced in 2007 that it would start a major reconstruction project to modernize the Canandaigua VA and provide state-of-the-art care and meet the needs of current and future veterans. The announcement came after Schumer, local veterans and the community — in 2003-04 — convinced the VA’s Capital Asset Realignment for Enhancement Services Commission to reverse its recommendation that the VA close the Canandaigua facility.

To begin the redevelopment project, Schumer secured $36.58 million in fiscal year 2010 to complete a new campus master plan, and in 2014 he helped secured the necessary $122.4 million in the fiscal year 2015 omnibus spending bill to begin the construction phase of this project.

The $122 million appropriation funds phase one scope of work and represents a substantial portion of the Canandaigua VA's estimated $300 million redevelopment plan, including the new outpatient clinic as well as utilities upgrades, parking and construction of additional state-of-the-art updates. So far, $141.13 million has been delivered, including $134.33 million for construction and $6.8 million for asbestos abatement and demolition will fund the scope of phase one work.

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3.9 - Patient Engagement HIT: VA Sends Congress Draft Proposal for Veterans Choice Program - The new Veterans Choice Program draft proposal scraps the 30-day wait period and 40-mile eligibility parameters. (17 October, Sara Heath, 21k online visitors/mo; Danvers, MA)

The Department of Veterans Affairs presented its Veterans Coordinated Access & Rewarding Experiences (CARE) Act to the House and Senate Veterans Affairs Committees. The proposed draft is a Veterans Choice Program revamp that gets rid of the 30-day wait period and 40-mile eligibility rules.

Under the Choice Program's original iteration, veterans were entitled to receive non-VA healthcare if they faced a wait period exceeding 30 days or faced extraordinary barriers to receiving care, such as living 40 miles or more from a VA healthcare facility.

The CARE Act would scrap those requirements and replace them with provisions putting more decision-making power in the hands of veterans and their providers. For example, the new bill will let veterans and their providers decide whether the veteran should seek care outside of VA, the agency said.

Additionally, the new bill will create a network of walk-in clinic options for veterans to easily access treatment for minor illnesses or injuries. The bill will also establish parameters by which VA can surveil and support its facilities to ensure they maintain adequate workforce and other resources to offer access to veteran care in a reasonable timeframe.

The bill will allow VA to leverage its business relationships to improve the fiscal health of its Community Care program. The agency also plans to strengthen its partnerships with other federal groups to improve VA's ability to deliver care to veterans.

On a larger scale, the bill aims to:

- Clarify and simplify eligibility requirements
- Set the framework for VA to continue to build a high-performing network
- Streamline clinical and administrative processes
- Implement new care coordination support for Veterans
- Merge and modernize community care programs

Ultimately, these moves are geared toward putting care decisions back in the hands of veterans, while creating a better network of healthcare resources with which VA can better serve its patient population.

"We want Veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community, and this bill does just that, while strengthening VA services at the same time," VA Secretary Dr. David J. Shulkin, MD, said in a public statement.

Currently, the Veterans Choice Program hosts a list of qualifying access criteria based upon a patient's ability to access VA care, including:

> the next available medical appointment with a VHA provider is more than 30 days from the veteran's preferred date or the date the veteran's physician determines he or she should be seen;
> the veteran lives more than 40 miles driving distance from the nearest VHA facility with a full-time primary care physician;
> the veteran needs to travel by air, boat, or ferry to the VHA facility that is closest to his or her home;
> the veteran faces an unusual or excessive burden in traveling to a VHA facility based on geographic challenges, environmental factors, or a medical condition;
> the veteran's specific healthcare needs, including the nature and frequency of care needed, warrants participation in the program;
> the veteran lives in a state or territory without a full-service VHA medical facility.

Although the program was intended to address treatment access issues that run rampant throughout VA, the Choice Program has faced several hurdles, most notably including its own long wait time issues.

A March 2017 report from the Government Accountability Office (GAO) showed that veterans participating in the Choice Program face wait times of up to 81 days, far exceeding the 30-day threshold the agency says it upholds in treatment access cases.

A complex approval process – which includes vetting from VA and third-party providers – makes for the long wait period, GAO found.

As a result, members of Congress and VA representatives have debated overhauling the Choice Program. VA received the go-ahead for a proposal back in August when Congress also approved extended funding to preserve the program.

At time of publication, the draft proposal's full text is not available. The proposal now awaits the greenlight from Congress.

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3.10 - ExecutiveGov: VA Presents Draft Proposal for Replacement of Veteran Care Access Rules (17 October, Joanna Crews, 20k online visitors/mo; Tysons Corner, VA)

The Department of Veterans Affairs has presented a draft proposal to the House and Senate veterans affairs committees of a potential legislation that seeks to build on veterans' access to healthcare services.

VA said Monday the proposed Veterans Coordinated Access & Rewarding Experiences Act is meant to replace the current "30-day/40-mile" rule under the Choice Program.

"We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community, and this bill does just that while strengthening VA services at the same time," said VA Secretary David Shulkin.

The proposal aims to simplify eligibility requirements, facilitate a high-performing network, consolidate clinical and administrative processes, implement new veterans' care coordination support and modernize community care programs.

VA noted that the wait-time and distance eligibility criteria of the Choice Program will be eliminated with CARE Act criteria that work to give veterans and their physicians leeway in deciding how and where to avail healthcare services, update VA medical facilities and staffing and provide veterans with walk-in clinic options for minor health concerns.

The draft includes a proposal on new workforce tools for VA's medical staff, enhancements to the Community Care program's financial management process as well as provisions that would fortify the department's capacity to collaborate with other federal agencies and streamline authority for real property management.

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3.11 - Brooklyn Reporter: Local pol's push to maintain crucial services at Brooklyn VA successful (17 October, Meaghan McGoldrick, 16k online visitors/mo; Brooklyn, NY)

Existing services at the Brooklyn VA Medical Center are safe for now, according to Congressmember Dan Donovan who, on Tuesday, October 10 announced that the Department of Veterans Affairs has decided to reconsider its proposal to require vets to travel to Manhattan for certain inpatient surgeries, thanks to a lengthy discussion with the pol's veterans' roundtable.

"After discussing this matter extensively with my veterans' roundtable, I asked the Department of Veterans Affairs to reconsider its proposal. Our veterans have sacrificed enough, and they shouldn't have to trek to Manhattan for medical care," said Donovan, who, in August, led a push – together with a bipartisan coalition of Brooklyn and Staten Island electeds – for the VA to abandon the proposal and maintain existing services at the hospital. "To their credit, the VA heard our concerns and decided to keep everything as is at the Brooklyn hospital."

The original proposal suggested that the facility – which provides access to crucial healthcare and rehabilitation services for a bevy of Brooklyn and Staten Island vets – be modified from "Complex" to "Ambulatory Advanced," which, the group contended would "severely affect access to medical care for veterans" from their districts, forcing many of them to have to leave the borough for treatment they once received locally."

"Thanks to the leadership of Representative Donovan, the bipartisan response to the threat of service cuts at the Brooklyn VA Medical Center has been successful," lauded Brooklyn Borough President Eric Adams. "After putting their lives on the line to defend our freedom, our veterans deserve nothing less than reliable access to high-quality health care."

“I’ll keep fighting for those who put everything on the line to defend our great country,” said Donovan.

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4. Women Veterans

4.1 - KOLO (ABC-8): Women Veterans seek their own medical care (17 October, Terri Russell, 274k online visitors/mo; Reno, NV)

There has been no mandatory draft since 1973.

Still women in active military has increased from 42,000 to more than 167,000 in that time.

That’s despite the overall numbers in the military have seen a decline.

You can find women in all military walks of life.

It only makes sense then they would require medical care once they become Veterans.

Here at the Veterans Hospital in Reno, a women’s health clinic is available to them.

“I love the environment here, everyone is so friendly. It is patient centric. You can tell. People are smiling, they actually want to do the best for you as a patient,” says Joy Goan, a patient.

Goan says she's been coming to this stand-alone clinic inside the hospital for two years now.

The clinic is available to all women veterans who qualify for enrollment in health care.

Women say they feel comfortable here.

Dr. Kristina McCain has been the gynecologist at the clinic for nearly three years.

She says while she can take care of a veterans physical needs as they apply to women.

There is also an emotional component as well.

“Some women are still traumatized from military experience from military sexual trauma. And so they don't necessarily want to wait in the main waiting room with all the men. They like to have a place they can come and just relax,” says Dr. McCain.

While younger women who served are more likely to take advantage of the services here, older women veterans are just now realizing they too qualify for these benefits.

“A couple of women in their eighties came in with different circumstances. One who had recently moved to the area and a family member said, you know mom let's see if you are eligible for care at the VA, and she is,” says Francie Mahoney, Women Veterans Program Manager.

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Mahoney says many women who served may not know what health benefits are available to them through the VA.

There are a couple of events in early November to help you discover what is at your disposal. Go to the bottom of this story for a link to the information.

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4.2 - New Hampshire Public Radio: Manchester VA Plans to Relocate Women's Clinic (17 October, Peter Biello, 151k online visitors/mo; Concord, NH)

The Manchester VA is responding to criticism about the medical center's women's clinic. The clinic is currently on the 6th floor, accessible by a flight of stairs or an elevator.

A report on NHPR described how women who have suffered military sexual trauma can find riding in that elevator with men stressful.

In response, the state's congressional delegation requested that the women's clinic be moved to the first floor and given a separate entrance from the outside.

Interim Manchester VA Medical Center director Al Montoya says he's drawn up plans to honor the delegation's requests, and hopes the VA regional office will approve them this week.

"As a department, we see that there's an increasing number of female veterans, and we need to make sure that the space is appropriate for that," says Montoya.

The timeline for completing construction on the new space is rough, Montoya says, but if the plan is approved, the new first-floor clinic would open in one or two years.

In the meantime, Manchester VA officials are encouraging female veterans to get in touch with them and provide feedback on the new clinic's design.

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4.3 - KRMA (PBS-6, Video): Colorado Homeless Female Veterans Undercounted, Underserved (17 October, Marybel Gonzalez, 62k online visitors/mo; Denver, CO)

For decades, Navy veteran Leslie Sanchez suppressed traumatic memories of an incident that harmed her early in her military career.

“I put them in a box, and I locked the box, never to open it,” Sanchez said.

At 19-years-old, she was raped and impregnated by a fellow sailor.

The stress of a home burglary brought back the emotional pain.

“I seriously didn't want to live. I had those same feeling again of being vulnerable,” she said. “Of not being in control of my own destiny.”

Sanchez’s assault went unreported and her trauma untreated.

For months after the break-in, Sanchez was emotionally paralyzed, unable to leave her home. She lost her job and was eventually evicted. She became homeless, living out of her car for the next four years.

Fast forward several years, and Sanchez became homeless again when she couldn’t afford the large rent increases that are common in Denver’s red-hot housing market.

Now, she is living in a shelter for homeless female veterans.

Sanchez is one of the 628 veteran women in Colorado who are homeless or at-risk of being homeless so far this year, according to the U.S. Department of Veteran Affairs.

Despite successful efforts by the agency to reduce the overall homeless population by nearly half in the last decade, the national number of female veterans who are homeless or at-risk of becoming homeless is increasing. It’s projected to jump 9 percent, from 36,443 in 2015 to 39,686 by 2025.

Homeless female veterans face unique challenges that differ from their male counterparts. For example, one in four women report experiencing sexual harassment or assault while in service, according to VA.

These incidents, known as military sexual trauma, has been linked to mental health conditions, including Post Traumatic Stress Disorder. Both MST and PTSD are known risk-factors for homelessness.

Advocates like Brenton Hutson, division director of veteran and supportive services at Volunteers of America Colorado, acknowledges the VA’s recent efforts to address gender-specific risk factors, but says there still is more to be done.

“We have failed in this state to develop a good system for accounting for them,” he said of homeless female veterans. “A good system to locate them. A good system to ultimately connect them with the services that they're needing.”

Hutson says the numbers of homeless female vets in Colorado are likely much higher, particularly in rural parts of Colorado.

“We can never hope to end homelessness as a state if we don't have that data,” Hutson said. “We can ever hope to connect veterans to the services they need, until we have that data.”

The non-profit VOA independently keeps track of the number of women veterans in Colorado who identify as homeless or are on the brink of it.

The data gap is one that Michelle Lapidow, section chief of homeless programs at the VA Eastern Colorado Health System, is trying to bridge.

“It's the veterans that we don't know about that we very much want to find,” she says. “We felt like the best way to do that is to be part of our community to support their efforts and to make sure that we're involved in and finding all the veterans.”

The VA funds several programs to house female veterans, including short-term and long-term housing. The latter program, known as supportive housing, provides shelter to homeless veterans for up to two years. This had been the VA model, but effective October 2017, the agency is shifting to short-term housing, not to exceed 90 days.

Currently, there are only two shelters in Colorado exclusively for homeless female veterans, both funded by the VA and managed by Volunteers of America.

The two shelters – a three-home property known as the Claremont Commons and a family motel, both in Denver -- can collectively house up to 22 female veterans and their children at any given time.

Veteran Leslie Sanchez, who currently lives at Clermont Commons, says this capacity is not nearly enough.

“What you see now is just the tip of the iceberg, and you'll have to build twenty more Clermont Commons to accommodate the female veterans that are going to be on the streets.”

Sanchez advocates for more preventative services, like gender-specific mental health therapy, to support female veterans in crisis before they reach the point of homelessness.

Lapidow of the VA echoes that concern.

“We want to be sensitive to what the female veterans’ needs are,” she said. “If you're a woman veteran and you've experienced trauma, certainly you may not want to be around men and you may not want to be in a facility at all that even has men present.”

Meanwhile, Sanchez is moving out of the all-female veteran shelter and into her own apartment. Her new home will be subsidized through a HUD-VASH voucher, a program that provides rental assistance from the Department of Housing and Urban Development and case management from the VA.

“It's almost unreal to think that that help is so close and now I try to pinch myself sometimes in knowing that this is my life and that I will get better and things will be safe,” she said. “And that's one of the happiest thoughts that I can have, to know that I am safe in a place to call my own.”

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5. Appeals Modernization

6. Strategic Partnerships

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7. Supply Chain Modernization

8. Other

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Veterans Affairs Media Summary and News Clips

18 October 2017

1. Top Stories

1.1 - U.S. News & World Report (AP): VA Seeks 'Narrow' Exemption to For-Profit College Ethics Law (17 October, Hope Yen, 24.M online visitors/mo; Washington, DC)
The Department of Veterans Affairs said Tuesday it would proceed with a narrow waiver to an ethics law banning VA employees from receiving benefits from for-profit colleges, saying most cases posed no actual conflicts of interest with private companies vying for millions in GI Bill tuition. The VA's latest move comes after it abruptly dropped plans last week for a broader exemption.

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1.2 - U.S. News & World Report (AP): Memo: Secret Wait List Kept for Some Omaha VA Appointments (17 October, 24M online visitors/mo; Washington, DC)
Employees of a veterans health care system for Nebraska and western Iowa maintained an unauthorized, secret waiting list of veterans for some Omaha mental health appointments, according to U.S. Department of Veterans Affairs documents. The list dodged strict VA requirements for establishing and maintaining waiting lists, according to a compliance officer's memo to the director of the Department of Veterans Affairs' Nebraska-Western Iowa Health Care System.

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Veterans Affairs Workers Highlight Job Vacancies at Rally (17 October, 24M online visitors/mo; Washington, DC)
The union representing Department of Veterans Affairs employees claims that care for veterans has suffered due to the tens of thousands of vacant positions across the country. The Salt Lake Tribune reports that about a dozen members of the American Federation of Government Employees held a rally on Monday outside the Salt Lake City Veterans Affairs Hospital to demand that the agency fill the vacancies.

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1.4 - U.S. News & World Report (AP): 2 Admit Roles in $24M Benefits Scheme That Targeted Veterans (17 October, 24M online visitors/mo; Washington, DC)
A former official at a New Jersey university and another woman have admitted their roles in a scheme that stole more than $24 million from a federal education benefits program designed to help veterans. Fifty-six-year-old Lisa DiBisceglie and 61-year-old Helen Sechrist pleaded guilty Tuesday to conspiracy to commit wire fraud. Each woman faces up to 20 years in prison when they're sentenced Jan. 24.

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1.5 - Boston Herald: Bay State pols share outrage over vet's death at Bedford VA (18 October, Antonio Planas, 9M online visitors/mo; Boston, MA)
Members of the Bay State congressional delegation expressed outrage after a Vietnam veteran who required round-the-clock care died at the Bedford VA Medical Center. The Boston Globe reported yesterday that Bill Nutter, who had lost both legs to diabetes and had a condition in which his heart could stop, died at the veterans' hospital in July 2016 after a night-shift aide failed to check on him.

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1.6 - Boston Globe: A nurse's aide plays video games while a veteran dies at Bedford VA hospital (17 October, Andrea Estes, 8.8M online visitors/mo; Boston, MA)
Bill Nutter was very sick. Not only had he just lost his second leg to diabetes, but he also suffered from a condition that could cause his heart to stop beating without warning. But his daughter, Brigitte Darton, felt reassured because her mother had found a bed for the ailing Vietnam veteran and retired police detective at the Bedford VA Medical Center. He would be under the watchful eyes of the staff at a hospital ranked by the Veterans Administration as one of its best nationwide.

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1.7 - Military Times: Federal union slams VA health reforms as dangerous for vets (17 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Officials from the largest federal workers union slammed Veterans Affairs officials' new health care reform plan as "a total dismantling of the department" that would jeopardize veterans services. "It's taking resources out of VA and shifting them into the private sector," said J. David Cox Sr., national president of the American Federation of Government Employees. "It's voucherizing veterans health care."

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1.8 - KARE (NBC-11, Video): MN veteran's legal battle wins billions for other vets - It was a huge victory – not just for Staab, but for veterans nationwide. And it has massive financial ramifications. (17 October, A.J. Lagoe and Steve Eckert, 1.5M online visitors/mo; Golden Valley, MN)
A Minnesota veteran's precedent-setting legal case is forcing the Department of Veterans Affairs to change course after years of denying payment of veterans' emergency medical bills. A court ruled a VA policy violated federal law. As a result, the VA estimates it may be on the hook for billions of dollars in previously denied claims.

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2. Veteran and Employee Experience

2.1 - The Washington Post: Opinion - Now is a terrible time for Trump's VA secretary to abandon his post (17 October, Joseph R. Chenelly, 43.9M online visitors/mo; Washington, DC)
A long-awaited overhaul of veterans' health care is being unveiled to the world. At the helm throughout the two years of developing this road map has been David J. Shulkin. As the U.S. Department of Veterans Affairs is finally on the cusp of rolling out its master plan to ensure every veteran has access to timely, quality care, the VA secretary reportedly is interviewing for another job.

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2.2 - Philadelphia Inquirer: Leaving the war in the woods (17 October, Jason Nark, 11.8M online visitors/mo; Philadelphia, PA)

Amy Cook, the supervisory recreation therapist at the Lebanon Veterans Administration Hospital, said Ross' programs help veterans learn outdoor skills, like paddling or cycling, that can make them want to spend even more time in nature. "She allows our vets to experience the natural world and, through the natural world, find a little bit of peace in themselves," Cook said.

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2.3 - Washington Examiner: A good start at reforming the Veterans Administration (18 October, Editorial Board, 4.8M online visitors/mo; Washington, DC)
In the three and a half years since news broke of a major scandal at the Department of Veterans' Affairs, the public has heard a depressing story of dysfunction, pettiness, and malfeasance at the heart of the VA health system. Employees manipulated their computer scheduling system to make it look like veterans were being served in a timely fashion, for which the staff was then able to collect bonuses. Veterans, meanwhile, waited months and years without being able to see a doctor.

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2.4 - WCTV (CBS-6): Tallahassee National Cemetery officially opens Tuesday (17 October, 1.4M online visitors/mo; Tallahassee, FL)
The new Tallahassee National Cemetery is officially open, and dignitaries marked the moment during a ceremony this morning. A contractor has wrapped up construction, turning over the property to the Federal Government. On Tuesday, an Honor Guard raised a giant American flag at the center of the cemetery for the first time, along with flags representing all branches of the Military.

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2.5 - Bradenton Herald: Veterans will be able to get federal ID card starting in November (17 October, James A. Jones Jr., 861k online visitors/mo; Bradenton, FL)
Veterans will be able to go online and order their new identification cards in November, Rep. Vern Buchanan, R-Longboat Key, announced. Buchanan, whose Veterans Identification Card Act (H.R. 91) was signed into law in 2015, said official ID cards will be available to all veterans free of charge by visiting the Department of Veterans Affairs website.

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2.6 - KDVR (FOX-31): New veteran ID card makes it safer, easier to prove service (17 October, Joe Dahlke, 662k online visitors/mo; Denver, CO)
Military veterans can soon apply for a new identification card from the Department of Veterans Affairs that will make it easier for them to prove their service. The ID cards will be available starting in November. Veterans will be able to apply online for the card through the VA's website. Military.com reports that veterans can register through vets.gov – which requires a valid government ID photo and a social security number.

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2.7 - WJW (FOX-8, Video): Battlefield Cross marker back in place at Ohio Western Reserve National Cemetery (17 October, Jack Shea, 659k online visitors/mo; Cleveland, OH)
A Battlefield Cross marker which was removed from the Ohio Western Reserve National Cemetery in Rittman, Ohio, has been returned. Veterans say the marker, made up of a helmet,

a rifle and a pair of boots, is one of the most powerful tributes that can be paid to servicemen and women.

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2.8 - KFSN (ABC-30, Video): VA employees demand agency to fill thousands of vacancies (17 October, Jason Oliveira, 617k online visitors/mo; Fresno, CA)
A few dozen workers held a rally Tuesday outside the Fresno veteran's affairs hospital -- claiming care for veterans has suffered because there are not enough workers to cover the thousands of positions needed across the country. "This has always been an issue. It's just taken till now to bring it to public light," said Fresno Union President Jacob Dunn.

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2.9 - Becker's Hospital Review: VA head Shulkin goes to White House to interview for HHS Secretary (17 October, Julie Spitzer, 441k online visitors/mo; Glencoe, IL)
Last week, the Trump administration appointed Eric Hargan, a former Chicago lawyer, as acting HHS secretary. Mr. Hargan is filling in for former HHS Secretary Tom Price, MD, who resigned late September amid a scandal in which he used taxpayer dollars to fund private and government related travel.

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2.10 - Poughkeepsie Journal (Video): VA Hudson Valley offers listening session for veterans (17 October, 438k online visitors/mo; Poughkeepsie, NY)
Local veterans can voice their recommendations to the VA Hudson Valley Health Care System during an upcoming town hall in Wappingers Falls. The listening session, held at the VA Castle Point campus Nov. 7, will give veterans, their families and the public an open forum to provide feedback and recommendations to VA officials. The one-hour meeting is open to the public.

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2.11 - Tallahassee Democrat: Tallahassee National Cemetery opens admin building (17 October, 437k online visitors/mo; Tallahassee, FL)
Retired Brig. Gen. William Webb (USAF) was the keynote speaker at a ceremony Tuesday marking the opening of the new administration building at the Tallahassee National Cemetery. The new building includes a public information center, the maintenance buildings, two new committal shelters and an honor guard building as well as the extensive cemetery grounds.

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2.12 - USRowing: USRowing Awarded $250,000 VA Grant to Support Veterans (17 October, Allison Mueller, 159k online visitors/mo; Princeton, NJ)
The U.S. Department of Veteran Affairs announced that for the fourth consecutive year, USRowing has been awarded an Adaptive Sports Grant of $250,000 to support community-based Freedom Rows programs throughout the United States. Freedom Rows is a national program that has been changing lives for disabled veterans and members of the armed forces since its inception in 2014.

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2.13 - Healthcare IT News: Report: VA Secretary Shulkin interviewed for HHS secretary role - The much-liked holdover from the Obama administration is a top contender to fill the position abruptly left vacant by Tom Price. (17 October, Jessica Davis, 143k online visitors/mo; New York, NY)
The U.S. Department of Veterans Affairs' Secretary David Shulkin, MD, was interviewed by the White House for the Department of Health and Human Services Secretary position, according to a report by the Wall Street Journal. Shulkin is a top contender for the position, but his success in his current role at the VA may hinder his chances.

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2.14 - Task & Purpose: The VA Just Dropped More Details About The New Veteran ID Cards (17 October, Adam Linehan, 102k online visitors/mo; New York, NY)
The Department of Veterans Affairs has been playing coy since it first announced that new veterans identification cards — wallet-sized IDs that allow people to prove their military service without a copy of their DD214 — will become available to former service members beginning in November, revealing details about the application process in piecemeal. Now the department has graced us with a little more information.

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2.15 - WTXL (ABC-27, Video): Ribbon cutting ceremony held at Tallahassee National Cemetery (17 October, 60k online visitors/mo; Midway, FL)
The Department of Veterans affairs held a ribbon cutting ceremony Tuesday at the Tallahassee National Cemetery. It was all to celebrate the completion of the first phase of construction, which included a new administration building housing a public information center, maintenance buildings, two new committal shelters and honor guard building.

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2.16 - Columbia Basin Herald: Newhouse Veterans Bill Passes Through Committee (17 October, Richard Byrd, 47k online visitors/mo; Moses Lake, WA)
A bill sponsored by Rep. Dan Newhouse, R-Yakima, designed to fix mismanagement issues at the Veterans Health Administration recently passed through a key Congressional committee. The House Committee on Veterans' Affairs passed the VA Management Alignment Act of 2017, which is sponsored by Newhouse and Rep. Derek Kilmer, D-Gig Harbor. The bill, if made into law, would bring about fixes to the VA and its management issues.

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2.17 - Marion Republic: Congressional investigators visit Marion VA this week (18 October, Holly Kee, 12k online visitors/mo; Marion, IL)
An investigative team from the House Veterans' Affairs Subcommittee on Oversight and Investigations arrived Monday afternoon for an unannounced visit to the Marion VA Medical Center. House Committee on Veterans Affairs Investigative Counsel Amy Centanni, research assistant Hillary Dickinson and health care investigator Tamara Bonzanto are expected to spend about three days touring the facilities and speaking with staff.

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3. Access to Healthcare

3.1 - WCMH (NBC-4, Video): Veterans Stand Down event gives help to those who served (17 October, Elyse Chengery, 1.1M online visitors/mo; Columbus, OH)
Hundreds of Ohio veterans came to the convention center downtown on Tuesday for the Central Ohio Veterans Stand Down where they were offered free services, food, clothing – just to name a few. NBC4's Elyse Chengery spent the day with veterans to find out how important these services are here in our community.

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3.2 - Government Executive: Trump Administration's Plan to Expand Private Care for Vets Sparks Fight Over VA's Future (17 October, Eric Katz, 852k online visitors/mo; Washington, DC)
The Trump administration has issued its plan to streamline and expand its programs allowing veterans to receive health care from the private sector, igniting the first spark in an upcoming fight on the future of the government's role in providing care to former military personnel. The Veterans Affairs Department wants to "merge and modernize" the array of programs allowing patients to receive care outside of VA providers…

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3.3 - WFED (AM-1500): AFGE ramping up anti-privatization campaign, as VA readies new Choice draft (17 October, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)
The Veterans Affairs Department on Monday released its long-awaited proposal to refashion the current Veterans Choice Program. VA's draft proposal, or the Veterans Coordinated Access and Rewarding Experiences (CARE) Act, suggests eliminating the current, arbitrary eligibility requirement that veterans must meet in order to qualify for care in the private sector.

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3.4 - JD Supra: VA Proposed Rule Would Expand Telemedicine and Override State Licensure Barriers (17 October, Ross D'Emanuele and Grace Fleming, 701k online visitors/mo; Sausalito, CA)
On October 2, the Veterans Administration (VA) proposed a new rule that would expand access to quality care and availability of mental health, specialty, and general clinical care for VA beneficiaries through the use of telemedicine. In their proposed rule, the VA explains the difficulty it has faced attracting a sufficient number of providers to furnish telemedicine services because state professional licensure laws restrict telehealth activities to within state borders.

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3.5 - Becker's Hospital Review: VA proposes changes to Choice Program criteria: 4 things to know (17 October, Kelly Gooch, 441k online visitors/mo; Glencoe, IL)
The Department of Veterans Affairs has proposed the Veterans Coordinated Access & Rewarding Experiences Act. Here are four things to know. 1. The VA presented a draft proposal of the legislation to the House and Senate VA committees Monday.

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3.6 - The Register-Guard: VA nurses, former surgeon claim mismanagement delaying care at Eugene clinic (18 October, Sherri Buri McDonald, 436k online visitors/mo; Eugene, OR)
A rash of doctors have left the Eugene Veterans Affairs clinic in northeast Eugene, leading to longer waits and poorer service for area veterans, several nurses and a former surgeon at the clinic said. In recent months, the 270-employee clinic has lost five primary care providers, either doctors or nurse practitioners, and numerous surgeons, according to the nurses and former surgeon.

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3.7 - Fierce Healthcare: VA plans overhaul of Veterans Choice program (17 October, Paige Minemyer, 141k online visitors/mo; Washington, DC)
The VA announced that it has submitted the Veterans Coordinated Access & Rewarding Experiences (CARE) Act to both the House and Senate Veterans Affairs committees. The bill would eliminate the current wait time and distance requirements under the Choice program, which limits participation to veterans who face a 30-day wait for an appointment at a VA hospital or who live 40 miles or more from a VA facility.

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3.8 - Finger Lakes Times: VA project could start in 2018 (17 October, 53k online visitors/mo; Geneva, NY)
Construction could start next summer on a long-awaited $141 million modernization project at the Department of Veterans Affairs Medical Center. In a recent news release, U.S. Senate Minority Leader Chuck Schumer said the U.S. Army Corps of Engineers has received bids for the project after setting an Oct. 2 deadline. The Corps expects to award contracts in January, with construction expected to start in the summer and continue through 2022.

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3.9 - Patient Engagement HIT: VA Sends Congress Draft Proposal for Veterans Choice Program - The new Veterans Choice Program draft proposal scraps the 30-day wait period and 40-mile eligibility parameters. (17 October, Sara Heath, 21k online visitors/mo; Danvers, MA)
The Department of Veterans Affairs presented its Veterans Coordinated Access & Rewarding Experiences (CARE) Act to the House and Senate Veterans Affairs Committees. The proposed draft is a Veterans Choice Program revamp that gets rid of the 30-day wait period and 40-mile eligibility rules.

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3.10 - ExecutiveGov: VA Presents Draft Proposal for Replacement of Veteran Care Access Rules (17 October, Joanna Crews, 20k online visitors/mo; Tysons Corner, VA)
The Department of Veterans Affairs has presented a draft proposal to the House and Senate veterans affairs committees of a potential legislation that seeks to build on veterans' access to healthcare services. VA said Monday the proposed Veterans Coordinated Access & Rewarding Experiences Act is meant to replace the current "30-day/40-mile" rule under the Choice Program.

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3.11 - Brooklyn Reporter: Local pol's push to maintain crucial services at Brooklyn VA successful (17 October, Meaghan McGoldrick, 16k online visitors/mo; Brooklyn, NY)
Existing services at the Brooklyn VA Medical Center are safe for now, according to Congressmember Dan Donovan who, on Tuesday, October 10 announced that the Department of Veterans Affairs has decided to reconsider its proposal to require vets to travel to Manhattan for certain inpatient surgeries, thanks to a lengthy discussion with the pol's veterans' roundtable.

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4. Women Veterans

4.1 - KOLO (ABC-8): Women Veterans seek their own medical care (17 October, Terri Russell, 274k online visitors/mo; Reno, NV)
There has been no mandatory draft since 1973. Still women in active military has increased from 42,000 to more than 167,000 in that time. That's despite the overall numbers in the military have seen a decline. You can find women in all military walks of life. It only makes sense then they would require medical care once they become Veterans. Here at the Veterans Hospital in Reno, a women's health clinic is available to them.

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4.2 - New Hampshire Public Radio: Manchester VA Plans to Relocate Women's Clinic (17 October, Peter Biello, 151k online visitors/mo; Concord, NH)
The Manchester VA is responding to criticism about the medical center's women's clinic. The clinic is currently on the 6th floor, accessible by a flight of stairs or an elevator. A report on NHPR described how women who have suffered military sexual trauma can find riding in that elevator with men stressful.

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4.3 - KRMA (PBS-6, Video): Colorado Homeless Female Veterans Undercounted, Underserved (17 October, Marybel Gonzalez, 62k online visitors/mo; Denver, CO)
For decades, Navy veteran Leslie Sanchez suppressed traumatic memories of an incident that harmed her early in her military career. "I put them in a box, and I locked the box, never to open it," Sanchez said. At 19-years-old, she was raped and impregnated by a fellow sailor. The stress of a home burglary brought back the emotional pain.

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5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization – No Coverage

AMERICAN OVERSIGHT

8. Other – No Coverage

AMERICAN OVERSIGHT

1. Top Stories

1.1 - U.S. News & World Report (AP): VA Seeks 'Narrow' Exemption to For-Profit College Ethics Law (17 October, Hope Yen, 24.M online visitors/mo; Washington, DC)

WASHINGTON (AP) — The Department of Veterans Affairs said Tuesday it would proceed with a narrow waiver to an ethics law banning VA employees from receiving benefits from for-profit colleges, saying most cases posed no actual conflicts of interest with private companies vying for millions in GI Bill tuition.

The VA's latest move comes after it abruptly dropped plans last week for a broader exemption.

Under the new plan, the VA said it would generally grant waivers only to those employees who take classes or receive payments for teaching at for-profit colleges. Government watchdogs had worried that suspending the law entirely would create financial entanglements with the private companies.

"There will be no blanket waiver, just a consistent approach to considering and granting individual waivers for those employees who are eligible for them," said VA spokesman Curt Cashour.

The VA had originally sought to suspend the law, publishing a proposal in the Federal Register in September that was set to take effect this week for all 330,000 VA employees. The VA cited the lack of any "significant adverse comment," but abruptly backed off the plan after The Associated Press asked about rising opposition.

In particular, veterans groups and ethics experts said the VA's original proposal was rushed, betrayed the will of Congress and gave for-profit colleges an opening to improperly reward VA employees who steer veterans to the schools.

On Tuesday, the VA said it had no plans to publish a new proposal and would direct department leaders to issue more narrow waivers. The VA has estimated that thousands of department employees who took classes or taught at for-profit colleges could be exempted.

Some veterans groups and ethics experts said they still had questions about VA's latest plan, pointing to what they say is a requirement in the law for public hearings to be held when issuing waivers. The VA said the law is ambiguous and that it was reviewing whether or not hearings would be needed.

"We are still concerned," said Carrie Wofford, president of Veterans Education Success, a group that focuses on fraud and abuse of student veterans.

The ethics law, passed in 1966 in the wake of several scandals involving the for-profit education industry, calls for dismissal of any VA employee who receives "any wages, salary, dividends, profits, gratuities, or services" from a for-profit school in which a veteran is also enrolled using VA GI Bill benefits.

For-profit colleges have found an ally in President Donald Trump, who earlier this year paid $25 million to settle charges his Trump University misled customers. Trump's education secretary, Betsy DeVos, halted two Obama-era regulations meant to shield students from fraud and predatory actions by for-profit universities.

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Total government spending on the GI Bill is expected to be more than $100 billion over 10 years.

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1.2 - U.S. News & World Report (AP): Memo: Secret Wait List Kept for Some Omaha VA Appointments (17 October, 24M online visitors/mo; Washington, DC)

OMAHA, Neb. (AP) — Employees of a veterans health care system for Nebraska and western Iowa maintained an unauthorized, secret waiting list of veterans for some Omaha mental health appointments, according to U.S. Department of Veterans Affairs documents.

The list dodged strict VA requirements for establishing and maintaining waiting lists, according to a compliance officer's memo to the director of the Department of Veterans Affairs' Nebraska-Western Iowa Health Care System. The Omaha World-Herald reported the compliance officer's audit included whistleblower complaints made about unauthorized lists for appointments at the VA's mental health psychotherapy clinic in Omaha.

The VA set up strict requirements for establishing waiting lists following a 2014 scandal that showed VA employees were covering up chronic delays with false paperwork and secret lists. It was reported in 2016 that 40 medical facilities maintained secret lists. The Omaha facility had not been among those 40.

VA officials acknowledged the audit's conclusions but wouldn't say how many Nebraska or western Iowa veterans were affected. They also declined to say who kept the unauthorized list and why, or say how many employees were involved.

"Although no adverse patient outcomes occurred, some veterans waited longer for psychotherapy treatment," the VA said in a statement. "Employees involved with this situation were held accountable; however, none was terminated from employment."

The VA's Nebraska-Western Iowa Health Care System audit was conducted this year. It covered cases of 301 unnamed veterans from Nebraska and western Iowa who were added to the VA's official electronic waiting list between August 2016 and August 2017.

One of the whistleblower complaints included a paper waiting list dating to January 2014 of about 400 veterans who'd requested psychotherapy appointments. The whistleblowing employee said the unofficial logs were used in place of the VA-authorized electronic waiting list.

According to the audit, the employee said the VA established therapy groups in order to meet the VA's standard of scheduling mental health appointments within 14 days, because the group sessions satisfy the requirement for consultation. The veterans would get individual appointments later as they became available.

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1.3 - U.S. News & World Report (AP): Veterans Affairs Workers Highlight Job Vacancies at Rally (17 October, 24M online visitors/mo; Washington, DC)

SALT LAKE CITY (AP) — The union representing Department of Veterans Affairs employees claims that care for veterans has suffered due to the tens of thousands of vacant positions across the country.

The Salt Lake Tribune reports that about a dozen members of the American Federation of Government Employees held a rally on Monday outside the Salt Lake City Veterans Affairs Hospital to demand that the agency fill the vacancies.

Local union president Clayton McDaniel says the job vacancies are "causing issues with our veterans who deserve the best care."

Veterans Affairs officials say there are about 35,000 vacancies across the county.

Similar rallies were held at other VA facilities across the country.

VA spokesman Curt Cashour says the 9 percent vacancy rate is less than half of the rate for private sector hospitals.

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1.4 - U.S. News & World Report (AP): 2 Admit Roles in $24M Benefits Scheme That Targeted Veterans (17 October, 24M online visitors/mo; Washington, DC)

NEWARK, N.J. (AP) — A former official at a New Jersey university and another woman have admitted their roles in a scheme that stole more than $24 million from a federal education benefits program designed to help veterans.

Fifty-six-year-old Lisa DiBisceglie and 61-year-old Helen Sechrist pleaded guilty Tuesday to conspiracy to commit wire fraud. Each woman faces up to 20 years in prison when they're sentenced Jan. 24.

DiBisceglie, of Lavallette, was the former associate dean at Caldwell University's Office of External Partnerships. Sechrist, of Sandy Level, Virginia, worked for a Pennsylvania firm that sold educational materials to military members.

Prosecutors say the conspirators aggressively marketed online courses to veterans who thought they were enrolling in accredited courses taught by Caldwell faculty. But they ended up in online correspondence courses administered by an unaccredited company the firm subcontracted.

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1.5 - Boston Herald: Bay State pols share outrage over vet's death at Bedford VA (18 October, Antonio Planas, 9M online visitors/mo; Boston, MA)

Members of the Bay State congressional delegation expressed outrage after a Vietnam veteran who required round-the-clock care died at the Bedford VA Medical Center.

The Boston Globe reported yesterday that Bill Nutter, who had lost both legs to diabetes and had a condition in which his heart could stop, died at the veterans' hospital in July 2016 after a night-shift aide failed to check on him.

U.S. Rep. Katherine Clark said in an emailed statement: "When families trust the well-being of their loved ones to the VA, they deserve the peace of mind that comes with quality, compassionate care. That any veteran is subject to the treatment described today is unconscionable, and we must use every available resource to not only get to the bottom of what happened at the Bedford VA, but also to make sure it never happens again."

Matt Corridoni, a spokesman for U.S. Rep. Seth Moulton, said Moulton is expected to have a phone conversation with Veteran Affairs Secretary David Shulkin today to discuss Nutter's death.

The Globe reported Shulkin's office suspended the nurse's aide with pay. The aide was supposed to make hourly checks on Nutter. The aide was playing video games on her computer when she should have checked in on Nutter, the report said.

The VA inspector general is investigating the allegations against the aide with assistance from the FBI and U.S. Attorney General's Office, the report said.

Michael Hartigan, a spokesman for U.S. Rep Niki Tsongas, said in a statement: "A primary concern of hers has been that the Bedford VA has been without a permanent director for so long. She has repeatedly requested that VA and Administration officials update her directly with regard to actions they are taking to address complaints raised not only in these articles, but also by veterans who have reached out to our office directly."

U.S. Sen. Elizabeth Warren tweeted: "This is a disgrace. Our veterans deserve better. I'll be demanding answers and accountability from @DeptVetAffairs."

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1.6 - Boston Globe: A nurse's aide plays video games while a veteran dies at Bedford VA hospital (17 October, Andrea Estes, 8.8M online visitors/mo; Boston, MA)

Bill Nutter was very sick. Not only had he just lost his second leg to diabetes, but he also suffered from a condition that could cause his heart to stop beating without warning.

But his daughter, Brigitte Darton, felt reassured because her mother had found a bed for the ailing Vietnam veteran and retired police detective at the Bedford VA Medical Center. He would be under the watchful eyes of the staff at a hospital ranked by the Veterans Administration as one of its best nationwide.

So Darton went on a long-planned family vacation in July 2016, only to get a shocking call from her mother the next day. "Your father passed away," Carol Nutter said. "He didn't wake up."

A doctor eventually told Carol Nutter that a staff member on the night shift had failed to check on him hourly, as she should have.

But that was not the full story: The aide, Patricia Waible, eventually admitted that she was playing video games on her computer and didn't check on Nutter at all, according to someone with firsthand knowledge. And when a nurse discovered Nutter dead the next morning, the hospital's internal report shows she announced it to her boss with a crude gesture signifying a slit throat.

Now, the VA inspector general has launched a criminal investigation, working with the US attorney's office and the FBI to identify systemic failings that may have led to Nutter's death.

And after the Globe contacted Veterans Affairs Secretary David Shulkin's office about the case on Sept. 22, the agency suspended Waible with pay from her job in the cafeteria where she had been transferred after Nutter's death. The secretary's office plans to seek her permanent removal.

But Brigitte Darton can't understand why it took the hospital so long to take action — and why she discovered what happened to her father from a journalist.

"I hold the VA responsible for all of this. They're responsible for their employees," said Darton. "How many other people did this lady cause issues with?"

Waible has not returned multiple text messages and phone calls from the Globe.

The revelations about Bill Nutter's poor care threaten to open a Pandora's box of problems for the Bedford VA Medical Center. Although the hospital has received the highest possible five-star rating from the VA, the Globe reported last month that several employees have come forward to raise serious patient-safety concerns.

Whistle-blowers and families of veterans have claimed that relatively healthy patients deteriorate within months after being admitted to the Bedford VA. Others say that veterans living in long-term care buildings on the campus sometimes go without food for many hours, or they're left in soiled clothes or bed linens. And buildings are laced with asbestos, a Bedford electrician charges, exposing everyone to the cancer-causing material.

In written responses to some of the whistle-blowers' complaints and other outside reviews, the Bedford VA leaders acknowledged some of the problems but said they are working to improve conditions, where improvement is warranted. Bedford VA spokeswoman Maureen Heard declined to comment on Nutter's care.

Shulkin has already demonstrated that he's willing to take tough action if he believes veterans are not getting high quality care. Within 24 hours of a Spotlight report this summer detailing serious problems at the Manchester, N.H., veterans hospital, Shulkin dismissed the top two administrators.

"Secretary Shulkin has made clear that VA will hold employees accountable when the facts demonstrate that they have failed to live up to the high standards taxpayers expect from us," said a statement from Shulkin's spokesman, Curtis Cashour, in late September, citing Waible's suspension as proof.

In Vietnam, Nutter was a door gunner, shooting at the enemy from the open door of a helicopter.On the ground, Agent Orange, a highly toxic herbicide used to strip foliage from the trees to make it harder for the enemy to hide, poured down like rain, his wife said, and he and his fellow soldiers would seek protection under a tarp. Even then, they feared the chemical was dangerous.

When he returned to the United States in 1969 he was greeted by jeers from anti-war protesters and was so traumatized he would sleep with his arm poised as if he were holding a gun. “He’d literally shake and I’d hold him.” said his wife. “During his last year, he started getting the flashbacks back.”

He channeled his anguish into hard work and enrolled at Northeastern, where he received a degree in criminology and made the dean’s list. He worked as a detective and photographer at the Concord Police Department and started an investigation business on the side.

But after 20 years, the effects of his Agent Orange poisoning surfaced and his health began to deteriorate. He got diabetes, a condition the VA presumes was caused by his exposure to the herbicide. The diabetes, in turn, badly damaged Nutter’s kidneys and forced the amputation of one leg years ago and the second leg in 2016 at the West Roxbury VA. He also suffered severe respiratory problems, which his doctors also attributed to Agent Orange.

But when he was finally stabilized and sent to the Bedford VA in early June, his family thought he had turned a corner.

“He seemed fine, healthy,” said Brigitte Darton. He was just getting out of Lowell General Hospital after fighting off a severe case of pneumonia and his family thought the Bedford VA was the best place for him, in part because Darton was a civilian working with the Air Force and had just returned from a tour of Afghanistan.

Brigitte Darton embraced a photograph of her father, William Nutter, a Vietnam combat veteran who died at the Bedford VA hospital.

“I was hoping the VA would give him the care that non-VA facilities didn’t,” said Darton, who was working nearby at the Hanscom Air Force base and could visit him daily for lunch. “My dad and I were very close.”

But Bill Nutter, 68, was a very vulnerable patient, in danger of cardiac arrest at any given moment due to an arrhythmia. He couldn’t get out of bed on his own, and his hands were so crippled with neuropathy as a result of his diabetes that it was almost impossible for him to press the call button if he was in trouble. Plus, his wife said, his voice was barely a whisper after the surgery, and his roommate was deaf. Even if he could have tried to summon help, no one would have heard him, she said.

His doctors agreed that someone should check on him at least once an hour.

A nurse beginning her morning shift on July 3, 2016, found Bill Nutter unresponsive in his bed, according to the hospital’s report. When she saw her supervisor, she slid her fingers across her throat, indicating he was dead, according to internal hospital reports. “Mr. N9041 is gone,” the nurse explained, using Nutter’s VA patient number.

Carol Nutter recalled that someone from the hospital called that day to tell her that her husband had died, giving her the impression that his heart stopped between one scheduled check and the next, and that his death could not have been prevented.

”They said he went into cardiac arrest and [they] couldn’t do anything about it,” recalled Carol Nutter.

However, a few days later, a doctor called and gave her a better idea of what had actually happened, though he wasn’t specific. Nutter said the doctor was repeating what a woman in the background was telling him.

The woman said “they weren’t doing their job, and if they had done what I told them to, he could have possibly been alive because I told them to check on him once or twice an hour,” Nutter quoted her as saying.

The official medical records described the conversation this way: “Condolences were offered to wife and she was informed that we were calling because we did not believe care was up to our standards.”

Carol Nutter said she heard the words, but didn’t fully grasp what she was being told. Though the report said she was informed of her right to file a “tort claim,” or a potential lawsuit, she insisted she was never given that information.

Bedford VA officials immediately reassigned Waible, who had failed to check on Nutter, while the nurse who made the “cut-throat” sign, still in her probationary period, was terminated. The Office of the Inspector General launched an investigation.

At first, Waible insisted she had made the required checks on Nutter, even initialing paperwork that purported to document her visits. But she eventually confessed when an OIG investigator told her the hospital’s cameras showed she never left her computer for her entire shift, according to someone with direct knowledge. None of these facts were shared with the Nutters, family members said.

Now, Nutter’s family has consulted a lawyer and is trying to figure out whether to take legal action against the VA, after all.

“My dad might not have lived another five months, who knows? But if we could have had another month with him — this lady took that away,” his daughter said.

On the evening before he died, Bill Nutter feasted on pasta and meatballs. The hospital had served him fish, but it sat on the plate for several hours while he was at dialysis. His wife ran out to Papa Gino’s to give him a meal he would enjoy.

“Poor Bill, I fought to keep him alive,” she said. “We were married for 47 years. I was always with him. He wanted me there. But I wasn’t able to watch over him at the end.”

“You want to hear something?” she asked. She played a message, which her husband left on her phone three days before he died.

“Hello. Hurry up. Get here. I need your help — now, bad. In a hurry. Please, please, please. Thank you.”

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1.7 - Military Times: Federal union slams VA health reforms as dangerous for vets (17 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Officials from the largest federal workers union slammed Veterans Affairs officials' new health care reform plan as "a total dismantling of the department" that would jeopardize veterans services.

"It's taking resources out of VA and shifting them into the private sector," said J. David Cox Sr., national president of the American Federation of Government Employees. "It's voucherizing veterans health care."

The comments came less than a day after the formal unveiling of the new Coordinated Access & Rewarding Experiences (Vets CARE) Act, proposed by VA leaders as a way to increase patient access to physicians through expanded appointments outside the department's system.

In a statement, VA Secretary David Shulkin said the new plan puts veterans at the center of all health care plans, instead of bureaucrats.

"We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community," he said "This bill does just that, while strengthening VA services at the same time."

The Vets CARE program would replace the three-year-old Veterans Choice program, which allows veterans to seek private sector care at government expense if they face a 30-day wait for a department appointment or a 40-mile trek to the nearest department facility.

Under the new plan — which still needs congressional approval — those options would open to any veteran who faces a wait longer than "a clinically acceptable period." VA officials could would also be able to authorize outside care for a variety of other reasons, and make it easier for private-sector doctors to get reimbursed for veterans walk-in care.

On Tuesday, officials from the American Legion offered general support for the reforms, saying they are in favor of making VA health care options "more efficient, transparent, and effective."

But AFGE leaders attacked the proposal, labeling it another effort to slowly undermine and destroy the VA system.

"We're seeing a constant push to expand 'choice' at VA against veterans wishes," Cox said. "This is another attempt to dismantle VA from the inside out. It's appalling, and it has to stop now."

AFGE has been a frequent critic of President Donald Trump's veterans policies, including legislation he signed into law this summer which made it easier to fire VA workers. In recent weeks, those arguments have centered around the idea that Trump appointees are working to privatize VA health care, an accusation Shulkin has repeatedly refuted.

Cox — whose group represents about 250,000 VA employees — said instead of opting for an expensive expansion of outside care programs, lawmakers should back plans to reinvest in existing VA facilities and more carefully rely on private-sector doctors for specialties the federal workforce lacks.

Shulkin's vision has instead been focused on offering an expanded network of VA and community physicians. Conservatives on Capitol Hill have backed that idea, with similar promises that they aren't looking to pull away resources from the department.

Will Fischer, director of government relations for VoteVets, called that approach "death by a thousand cuts." Their group, which has close ties to the Democratic Party, is working with AFGE to campaign against the new plan.

"They're promising not to privatize VA, but their actions and words don't match up," he said. "Each time one of these vouchers is issued, it's money that is leaving the VA system."

House lawmakers are expected to review the plan and their own health care reform proposals at a Capitol Hill hearing next Tuesday.

Meanwhile, officials from Concerned Veterans for America — which AFGE attacked in a press call Tuesday as pro-privatization, Republican activists — called the Vets CARE proposal a good start to the debate over VA's future.

"There is room for improvement," said Dan Caldwell, policy director for the group. "One important modification that we believe should be made is that a veteran should be able to choose a primary care physician inside or outside of the Veterans Health Administration within the integrated care network.

"This reform would be an important step towards fulfilling President Trump's promise to increase health care choice for our veterans."

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1.8 - KARE (NBC-11, Video): MN veteran's legal battle wins billions for other vets - It was a huge victory – not just for Staab, but for veterans nationwide. And it has massive financial ramifications. (17 October, A.J. Lagoe and Steve Eckert, 1.5M online visitors/mo; Golden Valley, MN)

ST. CLOUD, Minn. – A Minnesota veteran's precedent-setting legal case is forcing the Department of Veterans Affairs to change course after years of denying payment of veterans' emergency medical bills.

A court ruled a VA policy violated federal law. As a result, the VA estimates it may be on the hook for billions of dollars in previously denied claims.

For several months, KARE 11's continuing investigation – A Pattern of Denial – has exposed how veterans are being saddled with medical debt they should not owe, some of it even turned over to collection agencies after trips to the emergency room.

For St. Cloud attorney Jacqueline Schuh, KARE 11's reporting hits close to home.

"I followed your story on the news, and I just sat there and thought, hello, this is the same thing that we've been tangling with." She added, "Same identical situation, maybe slightly different facts, same set of denials."

A David & Goliath story

The story begins in 2010, when 77-year-old Richard Staab suffered a heart attack and stroke.

He was rushed to a nearby private hospital and had open-heart surgery.

Medicare covered a portion of his treatment, but Staab was ultimately left with about $48,000 in out-of-pocket expenses.

A U.S. Air Force veteran who served in Korea, Staab typically relied on the VA for care. He submitted a claim for the outstanding balance to the St. Cloud VA, expecting to be reimbursed.

But his claim was denied.

As a result, Staab said he had to clean out his life savings to cover the unpaid bills.

The VA had an internal regulation saying it would only reimburse a veteran if the "veteran has no coverage under a health-plan contract for payment or reimbursement, in whole or in part, for the emergency treatment."

Because Staab's expenses were partially covered by Medicare, the VA denied his claim for reimbursement of the remaining amount.

Enter Jacqueline Schuh, a retired JAG attorney now in private practice, who agreed to help Mr. Staab with his appeal.

"It kind of appealed to the military aspect of me," Schuh said of her decision to take on Staab's case pro-bono.

Little did she know, she and her client were about to enter into a war with billions of dollars at stake if the VA lost.

"It truly, really is, a David and Goliath story," Schuh now says.

Staab, who is now 84 and in failing health, was unable to be interviewed for this report.

A seven-year fight

"This is one of many boxes that we have for Mr. Staab's case," attorney Jacqueline Schuh said as she began pulling out voluminous stacks of records that detail a legal battle with the Department of Veterans Affairs.

The boxes of paperwork easily fill the conference room of Schuh's small St Cloud, Minnesota law office.

“Seven years,” she said as she described her long fight to show the VA had wrongly denied Staab’s claims for emergency care.

Staab and Schuh appealed to the St Cloud VA twice and were denied both times.

They appealed again, this time to the Board of Veterans Appeals. They lost again as the Board ruled their claim was without legal merit.

“We didn’t give up,” said Schuh, who appealed again with the help of the National Veterans Legal Services Program (NVLSP).

They took the case to the U.S. Court of Appeals for Veterans Claims, arguing that the VA regulation used to deny Staab’s claim violated the Emergency Care Fairness Act of 2009.

“The denial was based upon the internal rule that the VA had been enforcing since 2010,” Schuh said. “But the internal rule was inconsistent with the law.”

When Congress passed the Emergency Care Fairness Act, it required the VA Secretary to cover qualified veteran’s emergency medical bills for which the veterans were “personally liable.”

Schuh and the NVLSP attorneys argued the law required VA to step in as a “secondary payer” when other health care insurers, such as Medicare, cover only a portion of the cost of a veteran’s emergency treatment leaving the veteran “personally liable” for the rest.

“It is pretty cut and dry,” Schuh said.

In April 2016, the three-judge panel agreed. They ruled in Staab’s favor, striking down the regulation the VA had been using to deny veterans emergency medical claims nationwide.

The Court’s decision rebuked the VA, emphasizing that VA’s reimbursement regulation became “wholly inconsistent” with the governing statute when Congress amended it in 2009, but thereafter the VA unlawfully “declined to remedy this inconsistency.”

The VA appealed that decision and the matter was pending before the U.S. Court of Appeals for the Federal Circuit, when in June 2017, VA Secretary David Shulkin made a surprise announcement.

Shulkin said the VA would “voluntarily withdraw” its appeal of the Staab case.

It was a huge victory – not just for Staab, but for veterans nationwide. And it has massive financial ramifications.

VA is now liable to pay 370,000 previously denied veteran’s claims, which according to the government agency’s own estimates totals more than $2 billion.

“This is one of those where you say, 'Yeah!'” Schuh said while pumping her fist. “There truly is good, and right is right, and the decision was right!”

Payment delays

Despite dropping the appeal more than four months ago, the VA has yet to comply with the court ruling and reimburse Mr. Staab the $48,000 he's owed.

"This was the money that he had set aside that he wanted to leave as a legacy for his children," Schuh said.

She claims the VA appears to be stalling payment for her client, who is in increasingly failing health.

"If they do not make the payment before my client passes, that payment dies with the client." Schuh added, "In other words, the estate and the heirs are not entitled to that payment."

VA Secretary Schulkin declined to be interviewed for this report, so KARE 11 questioned U.S. Senator Amy Klobuchar (D-MN) about the government delay.

Klobuchar promised to call the VA Secretary directly and get answers.

"And we're going to have a discussion about this specific case, because he deserves his benefits," Klobuchar said.

A Klobuchar staff member tells KARE 11 that the Senator did speak with the VA Secretary, that discussions are ongoing, and a conference call is being set up among all involved parties to get the situation sorted out.

Until that happens, Schuh says Mr. Staab's victory will not be complete. "The real celebration I hope to come is when Dick has that check in his hands or the money has been deposited in his account and then we're going to uncork the champagne!"

Advice for veterans

In June, Secretary Shulkin announced that the VA has drafted a regulation to authorize payment for Staab-related claims, and has sent the regulation to the Office of Management and Budget (OMB).

The VA says the draft regulations must clear OMB and be published in the Federal Register before VA can begin reimbursements. VA estimates that this process could take between 9 and 24 months.

The NVLSP offers the following advice for veterans who also had their claims inappropriately denied because of the VA's unlawful regulation:

"While the regulation is going through its required review process at OMB, we suggest veterans with claims for reimbursement of emergency medical expenses that were previously and finally denied because they had additional insurance, should prepare a new claim," said NVLSP Executive Director Bart Stichman. "Veterans may find it helpful to talk with a veterans service officer or advocate in preparing their claim."

"Veterans have one year to appeal a denial of reimbursement for emergency medical expenses they incurred outside the VA system. If the claim was denied because they had partial secondary insurance, they should keep their claim alive by appealing to the Board of Veterans' Appeals. Veterans in this situation should file VA Form 21-0958. Veterans who have not yet filed

a claim for reimbursement should file a formal written claim with the VA's Veterans Health Administration."

Meanwhile, in the wake of KARE 11's reporting into other forms of wrongful emergency medical care claims denials, Congressman Tim Walz (D-MN) said he is asking the VA Inspector General to open an investigation.

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2.1 - The Washington Post: Opinion - Now is a terrible time for Trump's VA secretary to abandon his post (17 October, Joseph R. Chenelly, 43.9M online visitors/mo; Washington, DC)

A long-awaited overhaul of veterans' health care is being unveiled to the world. At the helm throughout the two years of developing this road map has been David J. Shulkin.

As the U.S. Department of Veterans Affairs is finally on the cusp of rolling out its master plan to ensure every veteran has access to timely, quality care, the VA secretary reportedly is interviewing for another job. As the Wall Street Journal revealed Friday, the White House brought Shulkin in last week to discuss having him take over the Department of Health and Human Services, a post left vacant by the abrupt resignation of Tom Price. (VA did not confirm or deny the Journal's reporting.)

There is a lot of unfinished business in VA, requiring knowledgeable leadership. The White House cannot sacrifice that even if direction is needed elsewhere in the battle over the Affordable Care Act.

Shulkin was drafted from the private sector in 2015 to tackle VA's access crisis as it was being blamed for killing veterans stuck on secret wait lists, forced to line up for months before being seen. He was appointed undersecretary of VA's Veterans Health Administration by President Barack Obama and promoted 18 months later to VA secretary after President Trump was elected. With veterans organizations' enthusiastic support, the Senate confirmed Shulkin 100-0 in February.

During an otherwise chaotic time in Washington, the transition of power has been smooth at VA. Shulkin was already intimately aware of the challenges he faced coming in, having worked closely with his predecessor Bob McDonald. That experience mattered in understanding the VA as well as the relationships with Congress and the veteran communities and organizations within it.

Shulkin elevated his top aides to seamlessly backfill. While other agencies struggled through drastic change, VA benefited from continuity. The result is perhaps the most productive first year among any of President Trump's Cabinet-level positions.

President-elect Donald Trump announced on Jan. 11 that he has picked David Shulkin to lead the Department of Veterans Affairs. (Victoria Walker, Danielle Kunitz/The Washington Post)

Now the prospect of VA losing its chief at this critical time is alarming. But significantly compounding the concern is that two of Shulkin's top lieutenants just quit. Both were driving creation of the new "CARE" plan, which stands for Coordinated Access and Rewarding Experiences, a multibillion-dollar strategy to ensure access for veterans who live far from VA facilities or near VA medical centers that are over capacity or underperforming.

Poonam Allaigh and Baligh Yehia each abruptly resigned within the past few weeks. Alleigh was VA's acting undersecretary for health since Shulkin was promoted, and Yehia ran VA's network of community medical providers. Both joined the organization in 2015, commissioned to fix a broken system.

CARE is the product of more than two years of collaboration by VA, veterans service organizations and other stakeholders. Much of the plan, expected to be released this month, contains a lot of vagueness, outlining policies but leaving the creation and implementation of regulations up to the VA secretary — someone, it is hoped, intimately involved in its creation. We cannot leave formation of these regulations to a person who was not integral in establishing overall strategy.

VA has three major pillars: health care, veterans benefits and cemeteries. Each is vital to the government keeping its promise to veterans and their families, so each is supposed to be led by an undersecretary confirmed by Congress. But President Trump has yet to nominate anyone for VHA or the Veterans Benefits Administration. If the administration does not move wisely, it will create a dangerous leadership void in an agency that the president often says is among his most important.

There is no doubt the top post at Health and Human Services is vital to every American, given the raging debate over the future of health-care insurance, certainly including veterans. There is little doubt Shulkin is qualified. But the timing is dangerous to the Department of Veterans Affairs and the millions of veterans who depend on it.

As a veteran, I would never leave my compatriots behind. I hope Shulkin feels the same way.

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2.2 - Philadelphia Inquirer: Leaving the war in the woods (17 October, Jason Nark, 11.8M online visitors/mo; Philadelphia, PA)

On a Saturday in April 1948, a loner poet from Pennsylvania shouldered a rucksack and a weight no scale could measure and embarked on a journey no man had taken before.

Earl Shaffer, 29, walked down a Georgia mountain and kept going, alone with the sound of his breath and the wild things around him, northward for 2,000-plus miles, hoping the Appalachian Trail could help him forget a war mankind hadn't seen before.

"It straightened me out, more or less," Shaffer, now deceased, said of his journey in 1998.

Carl "Steve" Clendenning was salvaged on the trail 65 years later, after the war in Iraq tore him up and left him a rusting Marine trying to find his way back to normal in the United States.

“I found what I needed in nature. It’s amazing, and it’s just hard to describe what it truly does for you. You can be pissed off at the world and take a walk into the woods, and five feet into the woods, you’re not pissed off anymore,” Clendenning, 43, said. “Honestly, if I wouldn’t have done the trail, I would have committed suicide or I would still be a raging alcoholic. That’s the truth.”

Clendenning, who hiked the Appalachian Trail in 2013, was one of about 50 veterans and their family members who came together in Schuylkill County on a recent, warm fall weekend, all of them pitching tents or sleeping in bunks beside Indian Run at the New Ringgold Boy Scout Camp beneath Hawk Mountain, just a few miles from the trail.

The gathering was hosted by Cindy Ross and her husband, Todd Gladfelter, a couple who’ve spent most of their lives among the trees under sun and stars, trading baby strollers for llamas as they hiked their children across the country.

“We raised them in the wilderness,” Ross said at the campground. “We knew what it could do for forming people and healing people.”

A thru-hiker typically takes five to seven months to complete the trail from Georgia to Maine. Shaffer, who grew up in York, finished in 124 days, the first person to hike the trail continuously from summit to summit. The Smithsonian was given Shaffer’s trail diary, its sparse entries somehow haunting.

“In very good spirits. thinking of Walter. Weather like yesterday, fair with breeze,” Shaffer wrote while in Maine.

Walter Winemiller was Shaffer’s best friend. As boys, they dreamed of walking the trail together, but World War II changed that. Winemiller died in the invasion of Iwo Jima, and Shaffer spent years setting up radar equipment and airstrips while battling tropical illnesses in the South Pacific with the Army Signal Corps.

Lost and aimless when he returned, Shaffer hit the trail alone.

Hiking the Appalachian Trail is Herculean for everyone, but even more so for veterans struggling with Post Traumatic Stress Disorder. Ross, a writer, runs a nonprofit retreat, River House in East Brunswick, Schuylkill County, that helps bring vets like Clendenning into nature in smaller increments. Ross first met vets like Clendenning when they stopped at Eckville Shelter, a hikers’ hostel she ran by the trail.

“Every veteran can’t hike 2,000 miles,” Ross said, silver bracelets and bangles halfway up her arm. “We know how to help them.”

Nature-as-therapy is a no-brainer, obvious to just about anyone who gets under a tree canopy or sits beside a stream for a few minutes. Getting outside isn’t so simple as it used to be, though, and even is seen by some as a privilege generally unavailable to the poor.

Advancing technologies such as video games and cell phones play a part in keeping children indoors, but schools cutting outdoor activities and a long history of poor urban design are also contributors, said Richard Louv, author of Last Child in the Woods: Saving Our Children From Nature-Deficit Disorder.

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“I think it’s fairly well-accepted that nature can have a pretty profound effect on physical health, ability to learn, and creativity,” Louv said from California last week.

Amy Cook, the supervisory recreation therapist at the Lebanon Veterans Administration Hospital, said Ross’ programs help veterans learn outdoor skills, like paddling or cycling, that can make them want to spend even more time in nature.

“She allows our vets to experience the natural world and, through the natural world, find a little bit of peace in themselves,” Cook said.

At the Boy Scout camp, a light rain made all the mossy rocks and footbridges more slippery on a Sunday morning. Clendenning’s little boy, Sean, scurried from one person who tossed him into the air to another, his feet appropriately dirty.

Kayaks were still strapped atop cars after a Saturday on the Little Schuylkill River. In the large pavilion, a fire crackled, and eggs sizzled on a long griddle.

A bluegrass duo played a languid guitar and fiddle tune as Sara Bernhart, 40, sat by the entrance, smoking a cigarette.

“I came out here to relax, deal with my anxiety, and get away from people,” the Berks County resident said. “I don’t really like being around people. Coming out here just helps me get away from it all.”

Bernhart was in the U.S. Army for three years.

“I had a bad experience,” she said. “I was assaulted while I was there.”

All of the vets gathered at the picnic tables in the pavilion were open about the burdens they carry and how just being around others who’ve carried that weight is healing.

“It’s the camaraderie,” said Ed Arneson, 51, of Maryland. “People come together to have something in common. I work in civilian government, and you work and go home and don’t really talk to anyone. This kind of brings you back to your roots.”

Arneson is retired from the Army after 20 years and suffers from PTSD stemming from an incident in Korea. That’s not something he talks about, but he did say he tried to take his own life in 2012.

For a long time, Clenndenning, from West Virginia, didn’t like living, either. He served in Fallujah, sweeping roads for IEDs. He carried pieces of a friend who’d been blown up by an IED and later suffered a traumatic brain injury and hearing loss when one went off beneath him in 2006. He retired in 2013 as a staff sergeant.

“In the last two years, I’ve lost seven I know directly, know personally, who’ve killed themselves from the military,” he said, stroking his long beard. “One of them was just a month ago.”

When Clenndenning reached the trail’s terminus at the summit of Mt. Katahdin in Maine’s Baxter State Park, he felt he’d unlocked a mystery about the powers of nature, one he’s been preaching to anyone who will listen, just like Earl Shaffer did.

“It gave me a really long time to think about life. Completely changed me,” he said, his boy crashing into his legs. “It works. I swear by it, and that is what I tell everybody, every veteran I come across.”

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2.3 - Washington Examiner: A good start at reforming the Veterans Administration (18 October, Editorial Board, 4.8M online visitors/mo; Washington, DC)

In the three and a half years since news broke of a major scandal at the Department of Veterans' Affairs, the public has heard a depressing story of dysfunction, pettiness, and malfeasance at the heart of the VA health system.

Employees manipulated their computer scheduling system to make it look like veterans were being served in a timely fashion, for which the staff was then able to collect bonuses. Veterans, meanwhile, waited months and years without being able to see a doctor. Some died as a result.

But the sting of that scandal was only one of many. There were plenty more to come from the vipers' nest that was the VA. Benefit applications from troops returning from war were being hoarded and unprocessed, whistleblowers faced retaliation, staff stole money, and others committed felonies and kept their jobs.

At some VA facilities, prescription abuses were rampant. At others, elderly patients were neglected. At still others, administrators covered up infectious outbreaks. Physicians performed unnecessary procedures or pretended to perform procedures that were in fact never done, so they could improve their image with faked productivity metrics.

No one was fired for cooking the scheduling books, even though this misconduct had harmed veterans. Former Secretary Robert McDonald, whom President Barack Obama had brought in to fix the problem, added insult to injury by misleading the public on this matter, representing as if he had fired many employees responsible.

President Trump ran on a platform of fixing the VA. How has he done so far? Things have improved in some ways. More than 1,000 staff have been fired for misconduct since January. That's a good start because the agency cannot improve without mass firings of the callous people who created the culture of unaccountability in which abuse could thrive.

Still, as even the VA's harshest critics understand, firings alone cannot fix everything. The agency also needs to be reformed in such a way that its new staff can succeed, and good employees can thrive without fear of retribution.

Next week, Veterans Affairs Secretary David Shulkin will describe to Congress a plan that has veterans' advocates cautiously optimistic. He will be removing limitations on the existing Veterans Choice Program, which serves veterans who live too far away from VA facilities to get care. It will become easier for any veteran to use if he or she can't get a timely appointment or lives more than 40 miles from a VA facility. Tens of thousands of additional veterans will be allowed to see private doctors, with the VA picking up the tab. It will also become easier for veterans getting care from the VA to go to private specialists when referred.

Left-wingers and the VA staff union scream about "privatization" as though the new administration was proposing to smash a well-oiled machine. But the agency has already proven it cannot handle the work alone. If part of the solution is to lighten the burden by letting patients get care the same way Medicare patients do, it should be allowed. The only case against it is the usual one from organized labor, which is that it isn't in their interests. Nope, it's not supposed to be.

No argument against outsourcing government functions withstands the force of argument that veterans deserve high-quality medical care. It is the least that a grateful nation can do. Government contracting is complex and has pitfalls, but the private sector can be an appropriate partner or, as in this case, a force multiplier for an overextended agency that is unable to cope. As in education, the fact that government pays for something doesn't mean government should run it.

The Trump administration has made big long-term promises to veterans — the nation has, too — and they must be kept. If the president follows through on this plan, we will have begun to keep them.

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2.4 - WCTV (CBS-6): Tallahassee National Cemetery officially opens Tuesday (17 October, 1.4M online visitors/mo; Tallahassee, FL)

TALLAHASSEE, Fla. (WCTV) -- The new Tallahassee National Cemetery is officially open, and dignitaries marked the moment during a ceremony this morning.

A contractor has wrapped up construction, turning over the property to the Federal Government.

On Tuesday, an Honor Guard raised a giant American flag at the center of the cemetery for the first time, along with flags representing all branches of the Military.

The cemetery serves Veterans from parts of Florida, Georgia and Alabama.

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2.5 - Bradenton Herald: Veterans will be able to get federal ID card starting in November (17 October, James A. Jones Jr., 861k online visitors/mo; Bradenton, FL)

WASHINGTON - Veterans will be able to go online and order their new identification cards in November, Rep. Vern Buchanan, R-Longboat Key, announced.

Buchanan, whose Veterans Identification Card Act (H.R. 91) was signed into law in 2015, said official ID cards will be available to all veterans free of charge by visiting the Department of Veterans Affairs website (www.VA.gov).

“Every veteran – past, present, and future – will now be able to prove their military service without the added risk of identity theft,” Buchanan said, noting that millions of veterans are currently unable to document their service without carrying around official military records.

These ID cards will make life a little bit easier for veterans and serve as a constant reminder that that the men and women in uniform deserve all the care and respect a grateful nation can offer, Buchanan said.

Carl Hunsinger, chairman of the Manatee County Veterans Council, applauded the new veterans ID.

“I was very happy to see three years of waiting for this law to finally be implemented by the Veterans Administration. Congressman Vern Buchanan and his staff did a great job seeing this requirement for a standardized non-retired Veteran identification card from the beginning through implementation. The majority of our veterans are not retired or 100 percent disabled and therefore are not entitled to be issued an identification card from the Department of Defense upon separation. At the very least, this new Veteran I.D. card will validate that the holder served in the United States Armed Forces honorably. It’s important to understand that this card and the VA medical card serve two different purposes,” Hunsinger said.

“Perhaps this new standardized form of veteran identification will eliminate the need for states to develop their own method of doing this. For example; Florida through two different sessions has changed the Florida driver license with first selling veterans the option of a “V” which was rarely understood and then again it was changed to “veteran” which spells it out to a vendor that offers a veteran discount,” Hunsinger said.

When ordering online, veterans will need to upload a copy of a valid government issued ID (drivers license/passport) and a copy of a recent photograph to be displayed on the card, and will need to provide service-related details. Once ordered, the Veteran ID Card will be printed and mailed directly to the veteran.

Don Courtney, past chairman of the Manatee County Veterans Council, said the arrival of a veterans ID card is long overdue.

A DD-214, the official record of a veteran’s military service, can become torn and tattered being carried in a wallet, Courtney said. “You need it for so many things, including burial in a national cemetery.”

Prior to Buchanan’s bill, the VA provided identification cards only to those who served at least 20 years in the Armed Forces or received care from the VA for a service-connected disability. Veterans who did not meet these qualifications had to carry around a paper DD-214 document to prove their military status. This form contains sensitive personal information including Social Security numbers and service details that put veterans at needless risk for identity theft if they lost or misplaced their documents.

The new identification card will also provide employers looking to hire veterans with an easier way to verify an employee's military service.

Buchanan represents more than 88,000 veterans in Sarasota, Manatee and Hillsborough counties. He served six years in the Michigan Air National Guard and four years on the House Veterans Affairs Committee.

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2.6 - KDVR (FOX-31): New veteran ID card makes it safer, easier to prove service (17 October, Joe Dahlke, 662k online visitors/mo; Denver, CO)

DENVER – Military veterans can soon apply for a new identification card from the Department of Veterans Affairs that will make it easier for them to prove their service.

The ID cards will be available starting in November. Veterans will be able to apply online for the card through the VA's website.

Military.com reports that veterans can register through vets.gov – which requires a valid government ID photo and a social security number.

To get the card, veterans then will upload a recent photo to the VA that can be printed on the card.

The VA did not provide the turnaround time for the ID cards or a specific web address where veterans can apply.

The card is the result of the Veterans Identification Card Act of 2015, which was signed by then-President Obama on July 20, 2015.

It will have the veteran's name, photo, and a non-social security identification number. It will make it easier for veterans to prove their service with carrying a copy of their DD214, which has sensitive information.

The card is different from a Veteran Health Identification card or a DoD Uniformed Services or retiree ID Card.

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2.7 - WJW (FOX-8, Video): Battlefield Cross marker back in place at Ohio Western Reserve National Cemetery (17 October, Jack Shea, 659k online visitors/mo; Cleveland, OH)

A Battlefield Cross marker which was removed from the Ohio Western Reserve National Cemetery in Rittman, Ohio, has been returned.

Veterans say the marker, made up of a helmet, a rifle and a pair of boots, is one of the most powerful tributes that can be paid to servicemen and women.

But, some veterans were outraged when they learned that the Department of Veterans Affairs, which runs the cemetery, had removed a Battlefield Cross because of a complaint that it included the depiction of a realistic-looking gun.

On Monday, FOX 8 spoke with the administrator of the cemetery, who told us that the removal of the marker was as a result of "guidance" from Veterans Affairs headquarters in Washington. The policy applies to all cemeteries operated by Veterans Affairs.

Then, on Tuesday, we received the following statement from National Cemetery Administration Public Affairs Officer Jessica Schiefer.

> *"The monument at Ohio Western Reserve National Cemetery was removed due to a regrettable misinterpretation of policy guidance regarding the acceptance of new monuments that depict weaponry. It has since been returned to its original location. VA will continue to honor Veterans and their families with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our Nation."*

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2.8 - KFSN (ABC-30, Video): VA employees demand agency to fill thousands of vacancies
(17 October, Jason Oliveira, 617k online visitors/mo; Fresno, CA)

FRESNO, Calif. (KFSN) -- A few dozen workers held a rally Tuesday outside the Fresno veteran's affairs hospital -- claiming care for veterans has suffered because there are not enough workers to cover the thousands of positions needed across the country.

"This has always been an issue. It's just taken till now to bring it to public light," said Fresno Union President Jacob Dunn.

The union that represents VA workers says there are about 49,000 vacant positions nationwide and the shortage can be found in a long list of job titles.

"We're talking janitors, custodians, social workers, nurses, doctors every single position. There's vacancies that shouldn't happen. How can any company operate when they're not fully staffed," said George McCubbin.

The VA hospital in Fresno employs about 1,400 people as of Tuesday there were 17 job postings on the agency's website.

VA Central California health care system disputes the union's nationwide number of vacancies but did release this statement: "We're always looking for qualified medical professionals to fill positions that meet patient needs."

"You take a location like here in Fresno. It means everything one or two more doctors a handful of nurses a couple more social workers--that just means they're able to take care of our veterans even better," said George McCubbin.

The union has organized similar rallies at several VA facilities across the country in recent weeks, with the hope of grabbing the attention from members of Congress.

"The struggle we normally see is getting folks in the door getting seen and sometimes getting reimbursed but across the country, we've been hearing stories about the VA. We have passed some legislative and more funding some more dollars towards them," said David Valadao.

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2.9 - Becker's Hospital Review: VA head Shulkin goes to White House to interview for HHS Secretary (17 October, Julie Spitzer, 441k online visitors/mo; Glencoe, IL)

Department of Veterans Affairs Secretary David Shulkin, MD, has been interviewed by the White House for the HHS secretary post, according to a Wall Street Journal report from Oct. 13.

Last week, the Trump administration appointed Eric Hargan, a former Chicago lawyer, as acting HHS secretary. Mr. Hargan is filling in for former HHS Secretary Tom Price, MD, who resigned late September amid a scandal in which he used taxpayer dollars to fund private and government related travel.

Dr. Shulkin, who has been working to transition the VA's EHR from its homegrown, legacy VistA system to Cerner, expressed some interest in the move.

"I'm very happy at VA. But I serve at the president's will, and whatever the president needs me for, I would do. But I'm very happy where I am," he told Politico Morning eHealth at an American Telemedicine Association event earlier this month.

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2.10 - Poughkeepsie Journal (Video): VA Hudson Valley offers listening session for veterans (17 October, 438k online visitors/mo; Poughkeepsie, NY)

Local veterans can voice their recommendations to the VA Hudson Valley Health Care System during an upcoming town hall in Wappingers Falls.

The listening session, held at the VA Castle Point campus Nov. 7, will give veterans, their families and the public an open forum to provide feedback and recommendations to VA officials.

The one-hour meeting is open to the public. Congressional stakeholders, veteran service organizations, non-governmental organizations, and other community partners are also invited to attend.

The town hall will take place at 11:00 a.m. at the Castle Point campus multipurpose room, 41 Castle Point Road in Wappingers Falls.

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Tallahassee Democrat: Tallahassee National Cemetery opens admin building (17 October, 437k online visitors/mo; Tallahassee, FL)

Retired Brig. Gen. William Webb (USAF) was the keynote speaker at a ceremony Tuesday marking the opening of the new administration building at the Tallahassee National Cemetery. The new building includes a public information center, the maintenance buildings, two new committal shelters and an honor guard building as well as the extensive cemetery grounds.

The event also signaled completion of the initial phase of construction at the Tallahassee National Cemetery. Opened in May 2015, the first phase of the cemetery is expected to provide burial options for the next 10 years on the 250-acre ceremony grounds. The cemetery will serve over 83,000 veterans with available burial space for the next 100 years.

The cemetery can also accommodate interment for in-ground cremation burial and traditional in-ground casket burial. The completion of this phase will add the option of the columbarium niche for cremation, or the memorial wall to memorialize veterans who are not interred in another cemetery.

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2.11 - US Rowing: USRowing Awarded $250,000 VA Grant to Support Veterans (17 October, Allison Mueller, 159k online visitors/mo; Princeton, NJ)

PRINCETON, N.J. – The U.S. Department of Veteran Affairs announced that for the fourth consecutive year, USRowing has been awarded an Adaptive Sports Grant of $250,000 to support community-based Freedom Rows programs throughout the United States. Freedom Rows is a national program that has been changing lives for disabled veterans and members of the armed forces since its inception in 2014.

Total grant awards to USRowing from the VA now exceed $1,000,000. Freedom Rows has grown from six to over 30 programs serving an average of 1,000 veterans each year. The Grants for Adaptive Sports Programs for Disabled Veterans and Members of the Armed Forces (ASG Program) provides grant funding to organizations to increase and expand the quantity and quality of adaptive sport activities disabled Veterans and members of the Armed Forces have to participate in physical activity within their home communities, as well as more advanced Paralympic and adaptive sport programs at the regional and national levels.

This year, 96 organizations in 33 states received a 2017-18 grant, up from 67 organizations in the 2016 fiscal year. The VA estimates that 10,000 veterans and service members will benefit from the nearly $8 million in funding.

“We are proud to be partnering with so many excellent community and service organizations to provide adaptive sports to Veterans across the country,” said Dr. Leif Nelson, director of VA’s Office of National Veterans Sports Programs and Special Events, who administers the VA’s adaptive sports grants. “Together, through VA’s Adaptive Sports Grant program, we are able to increase access to adaptive sports for Veterans with disabilities by bringing the opportunities closer to home.”

“We are proud to be partnering with so many excellent community and service organizations to provide adaptive sports to Veterans across the country.”

— Dr. Leif Nelson, director of VA’s Office of National Veterans Sports Programs and Special Events, who administers the VA’s adaptive sports grants.

In addition to USRowing, several organizations that offer adaptive rowing programs were awarded grants including Greater Columbus Rowing Association, Row New York, Holyoke Rows, Inc., Community Rowing, Inc., Saratoga Rowing Association, Far West Wheelchair Athletic Association, Riekes Center for Human Enhancement, Chicago Park District, Bridge II Sports and the San Antonio Sports Foundation.

“We are honored that USRowing received the second-largest grant awarded to a single-sport National Governing Body and attribute the incredible work of the Freedom Rows program leaders and volunteers at USRowing member clubs and VA medical facilities throughout the U.S. for our continued success,” said Deb Arenberg, USRowing Adaptive Programs Development Specialist.

“Rowing is uniquely suited to veterans, as it provides a support system that involves team effort, mutual trust, dedication towards a common goal and an ethos that veterans are familiar with from their service training. For some rowers, returning to their pre-injury level of fitness, getting back on the water, or even just leaving their house for the first time since they were injured are major milestones,” said Arenberg.

Funds will be used to continue existing Freedom Rows programming, send qualified athletes to competition, purchase needed adaptive rowing equipment and supplement coaching fees.

Participants in Freedom Rows programs have reached the elite level, with more athletes expected to compete in events like The Head of The Charles Regatta and San Diego Crew Classic this coming year. Two Freedom Rows athletes – Helman Roman from Miami Beach Rowing Club in Florida and Russell Gernaat from Bair Island Aquatic Center in California – competed on the U.S. National Team. Roman raced in the mixed double sculls at the 2016 Paralympic Games in Rio, while Gernaat raced earlier this month in the mixed double sculls at the 2017 World Rowing Championships in Sarasota-Bradenton, Fla.

“It is gratifying to see the impact rowing has on the lives of veterans,” said Arenberg, who said that she’s seen transformative results in those diagnosed with Post-Traumatic Stress Disorder. “We can report that some veterans have been able to decrease or stop using medication for PTSD, while others have successfully lost weight and improved their mental and physical well-being.

“Rowing benefits veterans the same way it benefits all of USRowing’s members physically, spiritually and mentally and can offset the ravages of depression and addiction, which are unfortunately major themes with too many veterans.”

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2.12 - Healthcare IT News: Report: VA Secretary Shulkin interviewed for HHS secretary role - The much-liked holdover from the Obama administration is a top contender to fill

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the position abruptly left vacant by Tom Price. (17 October, Jessica Davis, 143k online visitors/mo; New York, NY)

The U.S. Department of Veterans Affairs' Secretary David Shulkin, MD, was interviewed by the White House for the Department of Health and Human Services Secretary position, according to a report by the Wall Street Journal.

Shulkin is a top contender for the position, but his success in his current role at the VA may hinder his chances. Centers for Medicare and Medicaid Services Administrator Seema Verma and Food and Drug Administration Commissioner Scott Gottlieb are also reportedly being considered for the role.

The VA has not confirmed or denied WSJ's report.

[Also: Trump, Shulkin announce 'anywhere-to-anywhere' telehealth plans for VA]

"Sometimes you promote someone who's doing a great job," an official familiar with the situation told WSJ. "On the other hand, these are two highly functioning, effective officials doing a good job where they are. And they're very little trouble."

Shulkin has made a lot of progress since becoming VA secretary in February. He launched a site dedicated to posting wait times at local VA care sites, vowed to protect whistleblowers and determined he would replace the VA's legacy EHR Vista with Cerner -- along with other initiatives. Shulkin is respected by both political parties.

Shulkin is the remaining holdover from the Obama administration currently working under President Donald Trump.

The position has been vacant since former HHS Secretary Tom Price resigned over reports he took private jets to travel for both work and personal use. An investigation by Politico found Price took 24 private flights, which cost taxpayers about $400,000. Price started as HHS Secretary in May.

As a result of the report, HHS Office of the Inspector General and the House Committee on Oversight and Government Reform launched separate investigations into his travel. Initially, HHS defended Price's flights, and before resigning Price promised to repay the administration for the cost. He paid about $52,000 before officially resigning.

Currently, Eric Hargan, a former George W. Bush administration official, is in place as acting secretary.

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2.13 - Task & Purpose: The VA Just Dropped More Details About The New Veteran ID Cards (17 October, Adam Linehan, 102k online visitors/mo; New York, NY)

The Department of Veterans Affairs has been playing coy since it first announced that new veterans identification cards — wallet-sized IDs that allow people to prove their military service without a copy of their DD214 — will become available to former service members beginning in

November, revealing details about the application process in piecemeal. Now the department has graced us with a little more information.

Military.com, which first broke the news of the new veteran IDs earlier this month, now reports that vets who want one of the new cards must first register online with Vets.gov, a website that authenticates users through the ID.me system. Officials originally told Military.com that veterans would be able to apply for the cards online, but provided few specifics; they were no less taciturn with Task & Purpose.

We did confirm, however, that veterans will not be able to use the cards as proof of age when shopping for adult commodities like cigarettes and beer, because they are not official government-issued IDs — which, as a Military.com notes, also means they can't be used for things like air travel.

Unfortunately, we still don't know what the cards will look like.

The 2015 Veterans Identification Card Act directed the VA to issue a hard-copy photo ID to any veteran who applies for one (though there are some gray areas, detailed below). The legislation was introduced after politicians realized that people were having trouble proving that they had served in the military when attempting to secure sweet veteran discounts and benefits, like a free meal at Applebee's on Veterans Day.

"Goods, services and promotional activities are often offered by public and private institutions to veterans who demonstrate proof of service in the military, but it is impractical for a veteran to always carry Department of Defense form DD-214 discharge papers to demonstrate such proof," the law states.

Currently, only veterans who are enrolled in the VA healthcare system or receive retirement pay have photo ID cards. A handful of states also allow people to identify themselves as veterans on their driver's licenses.

The law does not stipulate that only honorably discharged veterans are eligible for the card. However, Military.com reports that an honorable discharge is required. Task & Purpose is waiting for verification on this crucial bit of information from the VA, and will update this article accordingly.

According to Military.com, to complete the application process, veterans must upload a copy of a valid government photo ID — like a driver's license or a passport — and providing other information, such as a Social Security number. The VA has yet to announce the specific website address where vets can apply.

The VA will mail the cards directly to the veteran, but officials told Military.com that the department has yet to finalize a "timeline for how long it will take to receive a card." We also don't know when in November the VA will start accepting applications. Stay tuned.

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2.14 - WTXL (ABC-27, Video): Ribbon cutting ceremony held at Tallahassee National Cemetery (17 October, 60k online visitors/mo; Midway, FL)

AMERICAN OVERSIGHT

TALLAHASSEE, Fla. (WTXL) - The Department of Veterans affairs held a ribbon cutting ceremony Tuesday at the Tallahassee National Cemetery.

It was all to celebrate the completion of the first phase of construction, which included a new administration building housing a public information center, maintenance buildings, two new committal shelters and honor guard building.

Retired United States Air Force Brigadier General, William Webb, was the keynote speaker.

"The current property right now is 250 acres and it will be here for veterans for the next one hundred years to serve them," said Raymond Miller, the director of the cemetery.

The cemetery will now have the added option of the columbarium niche for cremation, as well as in-ground cremation burial and traditional in-ground casket burial. The memorial wall to memorialize veterans who are not interred in another cemetery will be available as well.

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2.15 - Columbia Basin Herald: Newhouse Veterans Bill Passes Through Committee (17 October, Richard Byrd, 47k online visitors/mo; Moses Lake, WA)

WASHINGTON D.C. — A bill sponsored by Rep. Dan Newhouse, R-Yakima, designed to fix mismanagement issues at the Veterans Health Administration recently passed through a key Congressional committee.

The House Committee on Veterans' Affairs passed the VA Management Alignment Act of 2017, which is sponsored by Newhouse and Rep. Derek Kilmer, D-Gig Harbor. The bill, if made into law, would bring about fixes to the VA and its management issues. The bill would direct the head of the VA to create a report to Congress in which they detail the necessary steps to reorganize and effectively improve veterans' access to health care.

In 2014 news broke about wait times for patients at the VA in Phoenix, along with other VA locations in the U.S. A national audit of the VA discovered that new patients at the VA Puget Sound hospital had to wait, on average, 59 days for an appointment.

"Veterans deserve a VA that works, and our bill will require action to improve systemic problems that affect delivery of care," Newhouse said. "I am grateful for my colleagues on the House Committee on Veterans Affairs for approving our legislation to pinpoint and address mismanagement issues at the VA."

The American Legion- and American Federation of Government Employees-supported legislation comes in the wake of studies that detailed issues of mismanagement at the VA. Reports, including one released by the Government Accountability Office (GAO), uncovered problems with human resources at the VA and found the VA failed to address internal and congressional recommendations to fix manipulated wait times and management failures.

The bill states the VA will deliver its report to the Committees on Veterans' Affairs of the Senate and House within 180 days of the passage of the bill. The report would detail the job duties of

senior level VA staff and how the department is actually organized. In addition, the bill stipulates the report would recommend any legislative changes that are needed at the VA.

“We need to have the backs of those who serve,” Kilmer stated. “Stories and reports about manipulated wait times and mismanagement in our VA system proved that systemic reforms were needed. I’m glad our bill to improve care so veterans get the services they have earned is moving forward.”

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2.16 - Marion Republic: Congressional investigators visit Marion VA this week (18 October, Holly Kee, 12k online visitors/mo; Marion, IL)

An investigative team from the House Veterans' Affairs Subcommittee on Oversight and Investigations arrived Monday afternoon for an unannounced visit to the Marion VA Medical Center.

House Committee on Veterans Affairs Investigative Counsel Amy Centanni, research assistant Hillary Dickinson and health care investigator Tamara Bonzanto are expected to spend about three days touring the facilities and speaking with staff.

How many staffers they intend to speak with, and what questions they are asking, are not known.

George O'Connor, communications director for Rep. Mike Bost (R-Murphysboro), confirmed Tuesday the visit is related to employee allegations of mismanagement at the Marion VA -- allegations that include nepotism, employee intimidation and questions why some patients died at the VA Medical Center in Marion.

Bost, vice chairman of the Oversight subcommittee, said last month he was not happy with the results of a VA-led inquiry into the allegations, saying its Sept. 22 report largely exonerated the Marion VA but didn't investigate deeply enough.

That inquiry was initiated by a July 28 letter from Bost to VA Secretary David Shulkin demanding the allegations be investigated.

The results of the VA inquiry have not been made public by either Bost or the VA. Bost said many of the answers would violate the privacy of individual veterans if they were made public.

However, he referred to the report as "vague," with no real plan for correcting issues. He took particular exception to the VA's explanation for deaths associated with the 54-bed Community Living Center, the nursing home facility on the VA campus.

At the time, Bost said he and subcommittee chairman Jack Bergman (R-Michigan) intended to have a face-to-face meeting with Shulkin.

If they were not satisfied after that meeting, he said, the subcommittee could proceed with a congressional hearing, where it would call its own witnesses.

According to O'Connor, the Shulkin meeting has not yet been scheduled, but it may occur next week.

O'Connor also said he believes the unannounced oversight visit is a direct response to the July 28 letter sent to Shulkin.

He added that although he expects Bost to be briefed in the "near future," it's too early for Bost to make a statement on the current investigation.

"We're letting the investigators do their job," he said.

Marion VAMC director Jo-Ann Ginsberg sent a memo to the approximately 1,400 staff members at the Marion facility Monday afternoon, telling them about the congressional visit and encouraging employees "to be open and honest in your interactions ... share our success and accomplishments ... and let them see the great work each every one of you does each day caring for our Veterans."

According to Ginsberg's memo, the oversight team is expected to conclude its on-site visit Thursday afternoon.

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3. Access to Healthcare

3.1 - WCMH (NBC-4, Video): Veterans Stand Down event gives help to those who served
(17 October, Elyse Chengery, 1.1M online visitors/mo; Columbus, OH)

COLUMBUS (WCMH) — Hundreds of Ohio veterans came to the convention center downtown on Tuesday for the Central Ohio Veterans Stand Down where they were offered free services, food, clothing – just to name a few.

NBC4's Elyse Chengery spent the day with veterans to find out how important these services are here in our community.

This is the 23rd year for The Central Ohio Veterans Stand Down which is a free event for veterans with 250 volunteers on hand to help.

"Oh it's great, it's great. I feel sorry for the people I know there's a lot of homeless veterans in Columbus that just don't get this information," says Dennis England, an Army veteran who was impressed with all the free services provided.

The event included a VA medical center area, providers from 85 different agencies, free clothing, meals – even free haircuts.

Thomas Herbert says, "I'm glad that everybody is supporting the veterans. I'm a veteran of The United States Army – I want to thank the commission that helped all the veterans and a free haircut is not bad."

Daniel joined the navy in 1972 at the age of 18.

"We're here we want to be counted listen to us we need help, home housing, medical you name it. These people are I don't know some of them are getting lost they don't know who to turn to and we need to turn to someone. It is very important because it makes you feel wanted you're not left out in the cold you know," said Daniel.

He says his favorite part about the day was seeing all the camaraderie.

"Everybody coming together, being happy, smiling at each other. I mean we look at us in here the United States and I mean I don't care what people say from the other…we're in the best country in the world. We need everybody pulling together," Daniel.

More than 500 veterans attended on Tuesday and organizers add they are looking forward to planning next year's event.

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3.2 - Government Executive: Trump Administration's Plan to Expand Private Care for Vets Sparks Fight Over VA's Future (17 October, Eric Katz, 852k online visitors/mo; Washington, DC)

The Trump administration has issued its plan to streamline and expand its programs allowing veterans to receive health care from the private sector, igniting the first spark in an upcoming fight on the future of the government's role in providing care to former military personnel.

The Veterans Affairs Department wants to "merge and modernize" the array of programs allowing patients to receive care outside of VA providers, according to a framework of the Veterans Coordinated Access and Rewarding Experiences (CARE) Act department officials presented to Congress this week. The measure would eliminate rules for the Veterans Choice Program that require a veteran to live 40 miles from a VA facility or face a 30-day wait to receive care at one in order to become eligible for private care on the department's dime. That program, created by a law President Obama signed in 2014, got off to a rocky start but has since gained popularity.

VA said its measure would also shore up VA facilities by improving buildings and boosting staffing levels where large numbers of vacancies persist. Secretary David Shulkin said earlier this year department has 49,000 unfilled positions, but the number has since decreased.

Still, opponents of expanding private care were quick to denounce VA's plan, saying loosening eligibility restrictions for private coverage robs the department of resources for its own facilities and begins a slippery slope toward privatization. Many Democrats have said they can support expanding the choice program only if Congress invests equally in VA's internal care. President Trump extended the shelf life of the choice program in August by signing a stopgap measure,

"I think the choice program is here to stay," Rep. Julia Brownley, D-Calif., said at a forum on the future VA health care earlier this month, "but many like myself are advocating very hard in any of these debates if we're going to invest in choice have to invest at least as much in VA."

Rep. Mark Takano, D-Calif., the vice ranking member of the House Veterans' Affairs Committee, warned at the same forum that private care for veterans was “not a panacea.”

“Community care has always been part of care vets receive and it will continue to be,” Takano said. “But we can’t let it supplant VA care.”

VA Secretary David Shulkin has repeatedly pledged not to privatize his department’s health care mission and said VA’s legislative proposal honors that promise.

“We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community,” Shulkin said, “and this bill does just that, while strengthening VA services at the same time.”

This is not the first time VA and lawmakers have added sweeteners to assuage potential opponents to private care expansion. Congress initially rejected the choice program extension bill this summer before the administration and detractors reached an agreement to boost Veterans Health Administration funding by $1.8 billion. A key co-author of the legislation creating the choice act, Sen. Bernie Sanders, I-Vt., did not sign on until provisions were added to authorize VA to build 26 new facilities.

Lawmakers, veterans service organizations and other advocacy groups have expressed concern about the approach the Trump administration would take as it sought to remake the choice program and consolidate its private care offerings. The 2014 law that created the choice program also chartered the Commission on Care to come up with proposals for the future of VA, but Obama rejected many of its main conclusions. The commission’s plan, Obama said last year, would force “untenable resource tradeoffs that would limit the ability of VA to carry out other parts of its mission on behalf of veterans.”

Meanwhile, three of the commissioners on that panel refused to sign off on the final report they said was far too mild. The leader of that cotingent, Darin Selnick, spent the opening months of the Trump administration as a senior adviser to Shulkin and now sits on the White House Domestic Policy Council as a veterans affairs adviser. Shulkin, who is an Obama administration holdover, has not pursued the drastic changes some have feared. Concerned Veterans for America, for example, a conservative group funded by libertarian-minded Koch brothers network that used to count Selnick among its advisers and whose former CEO Trump interviewed for VA secretary, has backed shifting VHA into a government-chartered nonprofit corporation. CVA said VA’s Veterans CARE Act offered some “positive reform,” but did not go far enough.

Lawmakers offered a tepidly positive response to VA’s new proposal.

“Secretary Shulkin’s proposal is a good starting point that takes into account months of our bipartisan conversations about the future of community care,” said Sen. Jon Tester, D-Mont, the ranking member of the Senate Veterans' Affairs Committee. “I’m pleased that the VA has prioritized putting veterans and their doctors at the center of medical decisions and getting rid of a one-size-fits-all system that doesn’t work for our nation’s veterans.”

Sen. Johnny Isakson, R-Ga., that panel’s chairman, praised the bill without offering his full endorsement, saying he will work with VA, VSOs and his colleagues in the House and Senate to come up with a final legislative proposal.

“Secretary Shulkin’s proposal for continuing efficient and timely veterans’ care in the community is very thoughtful and balanced,” Isakson said. “The VA’s proposal is the result of continued collaboration with veterans groups and Congress, and I will carefully evaluate its contents.”

The House Veterans Affairs Committee, led by Chairman Phil Roe, R-Tenn., is pursuing its own path on reforming VA’s choice program and relationship with the private sector. A draft bill Roe is still ironing out with input from colleagues and VSOs would allow any veteran to whom VA determines it cannot support with a care team or a dedicated primary care provider to seek treatment in the private sector through a network of providers it establishes in each of its regions.

“Chairman Roe and committee staff are reviewing VA’s community care proposal and will take it and stakeholder feedback into consideration as the legislative process moves forward,” said Tiffany Havely, a spokeswoman for Roe.

Roe is also leading the charge on another controversial measure to put VA through a process similar to the Defense Department’s Base Realignment and Closures. The department must assess which facilities are underutilized and either consolidate or closure them, Roe and his supporters argue. The Commission on Care included a VA BRAC proposal in its final recommendations. Some of the savings would be reinvested back into the VA system, closure proponents have said, though the bill is intentionally being coupled with choice reform to offset some of the costs that will inevitably stem from expanding that program.

The VA reformers will face an uphill battle, despite some signs of bipartisan agreement. The American Federation of Government Employees, which represents about 230,000 VA employees, has held 36 rallies in 22 states across the country to fight against what it views as privatization efforts. Those rallies will continue, said AFGE President J. David Cox, adding groups such as the American Legion, Disabled American Veterans and Veterans of Foreign Wars are all collaborating to oppose choice expansion (for its part, the Legion applauded VA's efforts and promised to work with Shulkin to develop "improved healthcare options and outcomes to our nation’s veterans.")

“We’re definitely ratcheting up,” Cox said on Tuesday. The union chief called Shulkin’s proposal a “total dismantling of VA, taking resources out of VA and shifting it to private sector.”

Roe will hold a hearing on his bill and efforts to boost private sector care next week.

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3.3 - WFED (AM-1500): AFGE ramping up anti-privatization campaign, as VA readies new Choice draft (17 October, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

The Veterans Affairs Department on Monday released its long-awaited proposal to refashion the current Veterans Choice Program.

VA’s draft proposal, or the Veterans Coordinated Access and Rewarding Experiences (CARE) Act, suggests eliminating the current, arbitrary eligibility requirement that veterans must meet in order to qualify for care in the private sector. Under the current Veterans Access, Choice and

Accountability Act of 2014, veterans must live 40 miles away from a VA facility or wait 30 days or longer for care.

“We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community, and this bill does just that while strengthening VA services at the same time,” VA Secretary David Shulkin said in a statement yesterday.

But the American Federation of Government Employees isn’t buying it.

“This is a step to dismantle, privatize [and] to avoid hiring these 49,000 vacancies,” AFGE National President J. David Cox said during a call Tuesday morning with reporters.

AFGE has been making a concerted push in recent weeks to raise awareness of the tens of thousands of open positions at VA.

“As these vacancies are plaguing the agency nationwide, Congress and the administration are busy patting themselves on the back for eliminating veterans’ rights at work,” Cox said.

He’s referring to the VA Accountability and Whistleblower Protection Act, which Congress passed and the president signed into law over the summer, which gives the VA secretary the authority to expedite the review on VA executives’ disciplinary appeals without the Merit Systems Protection Board.

AFGE actively expressed its opposition against that bill, arguing that its provisions would unravel due process rights for VA employees.

Shulkin said he believed the law would improve morale and wouldn’t hinder the department’s ability to recruit and retain qualified talent to fill roughly 49,000 vacancies. Shulkin has described VA’s hiring challenge as the biggest challenge facing the department.

Yet AFGE said leaving those vacancies unfilled is “irresponsible” and questioned whether the department is publicly posting for all of those open job positions.

Cox acknowledged there were “good and bad parts” of VA’s draft Choice legislation. He agrees the department should consolidate the many community care programs that currently exist into one.

But AFGE fears legislation that eliminates those eligibility rules will pave the way for VA “voucher” system for private health care.

Lawmakers have frequently said they’re not interested in privatizing VA health care.

“Somebody saying they’re not interested in privatizing the VA and their actions to privatize the VA don’t always match up,” Will Fischer, government relations director for VoteVets, said Tuesday. “You’re going to hear people say all the time, ‘Oh, I’m not trying to destroy and privatize the VA.’ Yet they’re going to want to privatize just this little piece over here.”

House and Senate VA committees are reviewing VA’s CARE Act proposal now and plan to debate it in a public forum in the coming weeks.

The VA draft also includes:

- Proposals for "new workforce tools" to recruit and retain VA medical professionals,
- Business process changes to improve financial management for the community care programs, and
- Provisions that would strengthen VA's real property management authorities.

Real property authorities would be a timely addition for the department, as Congress is also debating legislation that would authorize a BRAC-like commission to realign and close some outdated and vacant VA medical facilities.

AFGE believes that proposal is also wrong for the VA.

"The VA does not need a BRAC," Cox said. "If the VA has outdated buildings, as there are at some facilities, then yeah, those buildings need to be dealt with, maybe they need to be demolished and a new building built. The private sector constantly tears down old parts of its hospitals or clinics and builds new hospitals and clinics. … A BRAC is wrong. It's dead wrong."

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3.4 - JD Supra: VA Proposed Rule Would Expand Telemedicine and Override State Licensure Barriers (17 October, Ross D'Emanuele and Grace Fleming, 701k online visitors/mo; Sausalito, CA)

On October 2, the Veterans Administration (VA) proposed a new rule that would expand access to quality care and availability of mental health, specialty, and general clinical care for VA beneficiaries through the use of telemedicine.

In their proposed rule, the VA explains the difficulty it has faced attracting a sufficient number of providers to furnish telemedicine services because state professional licensure laws restrict telehealth activities to within state borders. Providers fear discipline from those states for the unlicensed practice of medicine for treating veteran beneficiaries outside of the state in which they are licensed. In addition, in the current telehealth program, many VA medical centers only allow telehealth on federal property out of concern regarding these state limitations, which has hindered the telehealth program from expanding and reaching beneficiaries who need treatment but are not on federal property (e.g., those who are in their homes).

The proposed rule aims to address these issues by permitting all VA physicians to treat patients via telehealth across state lines, regardless of where they're licensed. This federal law would preempt state restrictions on licensure and telehealth, as most states currently restrict providers (including VA clinicians) from treating patients located in that state if the provider is not licensed there.

Relaxing these requirements will encourage greater provider participation in the VA's telemedicine program. In addition, these new rules would allow veterans, from their home, to use a mobile app, called VA Video Connect, to connect with their healthcare providers and conduct a home videoconferencing session. The proposed rule explains that eliminating veteran suicide and providing access to mental health care is the VA's "number one priority" and this proposed rule would improve the VA's ability to reach some of its most vulnerable beneficiaries.

The commentary in the rule explains that telehealth “empowers beneficiaries to take a more active role in their overall health” and that the program is “particularly important for beneficiaries with limited mobility, or for whom travel to a health care provider would be a personal hardship.” Rural connectivity, decreasing wait times for veterans, improving access to mental health services, and an overall increase in access to care is the driving force behind these efforts.

In fiscal year 2016, VA practitioners saw 702,000 patients via telemedicine in 2.17 million episodes of care. Almost half of those who received telemedicine care were in rural areas. The VA has already seen improved patient care as a result of the VA’s expansion of telemedicine services. For example, the VA reports there was a 31 percent decrease in VA hospital admissions for beneficiaries enrolled in the VA telehealth monitoring program for non-institutional care and chronic care management. Additionally, the VA reports a 39 percent reduction in the number of acute psychiatric VA bed days of care.

The commentary states, “This rule would ensure that VA health care providers provide the same level of care to all beneficiaries, irrespective of the State or location in a State of the VA health care provider or the beneficiary.” The AMA supports this proposed rule. In its statement supporting the proposed rule, the AMA emphasized that the rule is narrowly tailored to only apply the multi-state licensure pre-emption to VA-employed providers who are directly controlled and supervised by the VA, and does not cover contracted physicians or providers who are not directly controlled and supervised.

Those interested in providing feedback can submit written comments until November 1, 2017.

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3.5 - Becker’s Hospital Review: VA proposes changes to Choice Program criteria: 4 things to know (17 October, Kelly Gooch, 441k online visitors/mo; Glencoe, IL)

The Department of Veterans Affairs has proposed the Veterans Coordinated Access & Rewarding Experiences Act.

Here are four things to know.

1. The VA presented a draft proposal of the legislation to the House and Senate VA committees Monday.

2. The bill would replace provisions of the Choice Program, which pays for veterans to see private providers not associated with the VA. Veterans are currently eligible for the program if their wait times are longer than 30 days or they live more than 40 miles from a VA facility.

3. Under the bill, the current Choice Program criteria would be replaced with criteria that "place the veteran and his or her physician at the center of the decision process on how and where to get the best care available," VA officials said via news release. They added the new criteria would also "ensure VA is improving medical facilities and staffing levels to meet veterans' needs in areas where VA care is substandard" as well as "offer options for veterans to use a network of walk-in clinics for minor illnesses and injuries."

4. VA officials said the legislation also includes proposals for new workforce tools for medical staff, along with provisions related to bolstering the agency's ability to partner with other federal agencies and streamlining its real property management authorities.

Leo Vartorella contributed to this report.

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3.6 - The Register-Guard: VA nurses, former surgeon claim mismanagement delaying care at Eugene clinic (18 October, Sherri Buri McDonald, 436k online visitors/mo; Eugene, OR)

A rash of doctors have left the Eugene Veterans Affairs clinic in northeast Eugene, leading to longer waits and poorer service for area veterans, several nurses and a former surgeon at the clinic said.

In recent months, the 270-employee clinic has lost five primary care providers, either doctors or nurse practitioners, and numerous surgeons, according to the nurses and former surgeon.

They blame the departures on mismanagement at the VA Roseburg Health Care System, which oversees the Eugene clinic, and say the Eugene clinic is struggling to recruit qualified replacements.

“The Eugene VA is crumbling under the poor management and iron claw of Roseburg administration,” said Amber Beyer, a nurse in urology at the Eugene clinic.

Roseburg VA officials deny those claims. A number of primary care providers have left for various reasons, but the clinic has 10 primary care providers, about the same number as in January, and 13 surgical providers, said Shanon Goodwin, a VA spokesman in Roseburg.

He said the quality of care provided at the clinic has improved according to several quality measures.

U.S. Rep. Peter DeFazio has sided with VA employees, including former Eugene VA surgeon, Dr. Scott Russi, who have spoken up to try to improve and modernize health care services at the VA. Last week DeFazio called for leadership changes at the Roseburg VA as he spoke in favor of legislation to strengthen whistleblower protections for VA employees.

DeFazio said he has received complaints about Roseburg VA management for years and has reached out to every level of leadership at the Department of Veterans Affairs, to no avail.

“Poor management has resulted in degraded patient care and difficulty in recruiting and retaining talented medical professionals to help Oregon’s veterans,” DeFazio said. “It’s outrageous that in addition to delays and government bureaucracy veteran care is being hampered by management issues.”

VA spokesman Goodwin responded: “Patient care is of the utmost importance and priority for all levels of leadership within our organization.”

The gleaming, 126,000-square-foot VA clinic on Chad Drive west of North Game Farm Road opened in January 2016. It promised local veterans a broad range of health services, from teeth cleaning to foot surgery, ending the need for vets to travel to Roseburg or Portland for most outpatient services.

In January 2016 the Eugene clinic had 11 primary care providers. Several nurses said that five recently left. Each primary care provider sees about 1,000 veterans, so that's 5,000 veterans who don't have a primary care provider, Beyer said.

Veterans are having to wait longer to be seen by a doctor and aren't being referred to services or specialists as quickly as they should, she and other nurses said.

Roseburg VA officials deny this, saying all veterans at the clinic have a primary care provider. The Eugene clinic serves 14,620 veterans, said Goodwin, the VA spokesman in Roseburg.

New primary care patients at the clinic wait 43 days on average to see a provider, he said. Wait times for other services and to see specialists vary depending on individual patients' needs, he said.

Local veterans are grateful for the Eugene clinic, but the doctor turnover and long waits take a toll, said Frank Blair, a VA accredited service officer with several veterans groups, including the American Legion.

Doctors come and go, he said.

"If you get a brand new doctor, he can't see you in two to three months," Blair said. "He gets shifted out, you get a new doctor, and you have to wait another two to three months. This is not an uncommon problem."

Blair recalled one Eugene veteran whose VA primary care provider was shifted four times over several months.

The patient had had a heart valve replaced and a knee replaced and required close monitoring by his doctor, Blair said.

"The concern is there's no continuity of care," Blair said. He said the patient has since left the VA and enrolled in the Oregon Health Plan, Oregon's version of Medicaid, the government health plan for low-income and disabled people.

Treva Moss, a VA nurse in urology and a veteran, is distressed by the shortcuts she sees the clinic taking.

She said she was scheduled recently for her annual check-up at the VA. But about a week before her appointment she received a message saying that because she doesn't have a primary care provider, another provider would do a "clinical review" of her chart and call her before her appointment. The phone call would either take the place of her check-up, or she could schedule an in-person appointment later, Moss said she was told.

"I am on medication for blood pressure," she said. "I am diabetic. I find it weird they can review my chart and say how are things going.

“I know there are vets on blood pressure medication and heart medication that need their heart and lungs listened to,” she said. “Getting a clinical chart review over the phone is not an adequate way of providing care.

“Unfortunately, I think we’re going to get vets dying if we don’t have them come in for their yearly appointment and give them a good once-over and adjust their medications,” she said. “We’re in crisis right now.”

Once patients get in with a primary care provider, they often encounter delays being referred to specialists, several nurses said.

Cardiology nurse Eunice Allison-Quick said poor management in Roseburg has delayed Eugene clinic patients’ requests to see a cardiologist.

The administrator who reviews the requests went on vacation recently and didn’t designate someone to cover for him, she said. So 28 patient requests dating to Sept. 11 weren’t touched for nearly a month, Allison-Quick said.

“(Those) 28 were delayed care, and they still all haven’t been reviewed,” she said.

The recent loss of surgeons at the Eugene clinic resulted in the cancellation of scheduled surgeries and longer delays for patients whose surgeries are being scheduled at VA clinics in Roseburg or Portland or at nonVA facilities, said VA nurses and Russi, the former VA surgeon.

Beyer, the urology nurse, said a patient in her department waited five months from the time he requested a vasectomy to the time he finally received it.

Russi, a former surgeon at the Eugene clinic, said Roseburg VA officials can claim that the clinic has plenty of surgical providers, but what matters is how many surgeries are completed.

Roseburg VA officials declined to disclose how many surgeries are being performed in Eugene.

Russi and Moss, a VA nurse, said the Eugene clinic has completed only one general surgery since the VA fired Russi on Aug. 4.

Russi said the VA fired him without providing any evidence against him, or the opportunity to challenge the VA’s findings.

VA spokesman Goodwin said privacy rules prevent the VA from commenting on personnel issues.

Russi retired as a colonel after serving 29 years in the U.S. Air Force. He moved to Oregon and established his reputation as a trauma surgeon, then trauma medical director at PeaceHealth Sacred Heart Medical Center at RiverBend in Springfield.

He was the on-call surgeon on Oct. 1, 2015, when three students injured in the Umpqua Community College shooting were treated at Sacred Heart.

Drawn to help other veterans and as a way to cope with his own Post-Traumatic Stress Disorder, Russi said he sought work at the VA.

Russi began working at the Eugene clinic once a week in January. On July 23, he signed papers to start working full-time, he said. On Aug. 4, he was fired.

Russi said in his brief time at the VA, he completed 27 surgeries, including minor procedures such as removal of skin lesions.

He said he was bringing laparoscopic surgery to the Eugene VA for gall bladder and hernia surgeries. Laparoscopic, also called minimally invasive, surgery uses small incisions. Patients typically feel less pain and have faster recoveries, Russi said.

Russi said in late September he was finally notified of four cases that the VA said he mismanaged, as part of a VA review to determine whether he should be reported to the Oregon Medical Board.

Russi said that process is still pending, but he is confident his work will stand up to scrutiny.

Russi said he has contacted the VA whistleblower hotline, and his case is being investigated by the U.S. Office of Special Counsel.

Russi said he still doesn't know why he was fired and that the Roseburg chief of surgery retaliated against him. Russi said before being fired he had questioned why his annual salary had been dropped to $280,000, when the contract he had signed listed a salary of $385,000. Russi said he had questioned the chief of surgery about procedures and he raised his concern that his patients did not have the ability to contact him directly after surgery.

After Russi was fired, surgeons have fled the Eugene clinic for fear of rubbing Roseburg administrators the wrong way and jeopardizing their ability to practice, Russi and several nurses said.

Russi's termination also has made other doctors and nurses hesitant to work at the VA, Russi and the nurses said.

There is no better surgeon than Dr. Russi, Beyer said.

"I worked side by side with him with the UCC shootings, she said. "We all know how good he is. For (Roseburg VA) management to hammer him and fire him for no good reason, it tells anyone who works here or is thinking of working here, they don't want to work here."

Allison-Quick, the cardiology nurse, said it's demoralizing to work in such a beautiful facility that Roseburg leadership isn't allowing to reach its potential.

"We could do great care if we just had a chain of command that supported us instead of fighting us," she said.

"It really all comes from the top," Russi said.

"I was a commander in the Air Force and the commander sets the tone. If you have problems the commander is responsible for those.

“The environment is toxic in Roseburg, and their behavior translates up here to Eugene,” he said.

“Ninety percent of the people who work at the VA are wonderful and very good people — many of them vets. It’s that minority in the leadership that are causing this atmosphere.”

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3.7 - Fierce Healthcare: VA plans overhaul of Veterans Choice program (17 October, Paige Minemyer, 141k online visitors/mo; Washington, DC)

The Department of Veterans Affairs has prepared a bill that would overhaul its Choice program.

The VA announced that it has submitted the Veterans Coordinated Access & Rewarding Experiences (CARE) Act to both the House and Senate Veterans Affairs committees. The bill would eliminate the current wait time and distance requirements under the Choice program, which limits participation to veterans who face a 30-day wait for an appointment at a VA hospital or who live 40 miles or more from a VA facility.

Instead, veterans would be able to seek care outside of the VA if they face a wait that is longer than a "clinically acceptable period."

The changes would create options for veterans to use walk-in clinics for nonemergency needs and would place veterans and their physicians "at the center" of decisions on where to receive care, according to the VA.

"We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community, and this bill does just that, while strengthening VA choices at the same time," VA Secretary David Shulkin said in the announcement.

The Veterans Choice program was created in 2014 following a nationwide scandal that revealed thousands of veterans faced monthslong waits for care at VA facilities. The Senate approved $2.1 billion in emergency funding in August to keep the program going, but the VA revealed it may need additional funds before the end of the year.

In addition to the changes to the Choice program, the CARE Act would include proposals for tools that could assist in training and retaining staff at VA facilities, solutions to improve financial management for the Community Care program and elements that would better allow the VA to partner with other federal agencies, according to the announcement.

Sen. Johnny Isakson, R-Ga., chairman of that chambers' Veterans Affairs committee, said in a statement that the bill is "very thoughtful and balanced." The committee's ranking Democrat, Sen. Jon Tester of Montana, said the CARE Act is a "good starting point" and considers months of bipartisan discussion in its provisions.

But veterans groups are not completely convinced. Dan Caldwell, policy director for Concerned Veterans for America, said in a statement emailed to FierceHealthcare that the bill contains "some positive reforms" but there is "room for improvement."

"One important modification that we believe should be made is that a veteran should be able to choose a primary care physician inside or outside of the Veterans Health Administration within the integrated care network," Caldwell said. "This reform would be an important step towards fulfilling President Trump's promise to increase health care choice for our veterans."

Meanwhile, Shulkin may be eyeing an exit from the VA amid the reform process. He has interviewed for the vacant secretary post at the Department of Health and Human Affairs and is likely a leading candidate for the job, alongside Centers for Medicare & Medicaid Services Administrator Seema Verma.

Read more on

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3.8 - Finger Lakes Times: VA project could start in 2018 (17 October, 53k online visitors/mo; Geneva, NY)

CANANDAIGUA — Construction could start next summer on a long-awaited $141 million modernization project at the Department of Veterans Affairs Medical Center.

In a recent news release, U.S. Senate Minority Leader Chuck Schumer said the U.S. Army Corps of Engineers has received bids for the project after setting an Oct. 2 deadline. The Corps expects to award contracts in January, with construction expected to start in the summer and continue through 2022.

The work will include renovating existing facilities and constructing new buildings, including a three-story, 84,200-square-foot outpatient clinic on what is now undeveloped space between Building 1 and 2. Schumer also discussed groundbreaking on an 84,000-square-foot VA clinic in Henrietta, which will replace the smaller and outdated Rochester Community Based Outpatient Clinic.

"The groundbreaking of the long sought new Rochester VA Clinic, together with the receipt of contractor bids for the $141 million project to upgrade the Canandaigua VA Medical Center with an expanded clinic, is a prescription for better care for our Rochester and Finger Lakes area veterans. The new Rochester clinic will be nearly twice the size of the current outdated and aging clinic ... and include new services like CT scan and endoscopy," Schumer said. "Together with an expanded three-story clinic in Canandaigua that's now green-lighted for construction, this more than $150 million in investment will not only create good-paying construction jobs, but is a good next step forward to provide Rochester and Finger Lakes area veterans with the care they deserve after so bravely serving our country."

The Department of Veterans Affairs announced in 2007 that it would start a major reconstruction project to modernize the Canandaigua VA and provide state-of-the-art care and meet the needs of current and future veterans. The announcement came after Schumer, local veterans and the community — in 2003-04 — convinced the VA's Capital Asset Realignment for Enhancement Services Commission to reverse its recommendation that the VA close the Canandaigua facility.

To begin the redevelopment project, Schumer secured $36.58 million in fiscal year 2010 to complete a new campus master plan, and in 2014 he helped secured the necessary $122.4 million in the fiscal year 2015 omnibus spending bill to begin the construction phase of this project.

The $122 million appropriation funds phase one scope of work and represents a substantial portion of the Canandaigua VA's estimated $300 million redevelopment plan, including the new outpatient clinic as well as utilities upgrades, parking and construction of additional state-of-the-art updates. So far, $141.13 million has been delivered, including $134.33 million for construction and $6.8 million for asbestos abatement and demolition will fund the scope of phase one work.

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3.9 - Patient Engagement HIT: VA Sends Congress Draft Proposal for Veterans Choice Program - The new Veterans Choice Program draft proposal scraps the 30-day wait period and 40-mile eligibility parameters. (17 October, Sara Heath, 21k online visitors/mo; Danvers, MA)

The Department of Veterans Affairs presented its Veterans Coordinated Access & Rewarding Experiences (CARE) Act to the House and Senate Veterans Affairs Committees. The proposed draft is a Veterans Choice Program revamp that gets rid of the 30-day wait period and 40-mile eligibility rules.

Under the Choice Program's original iteration, veterans were entitled to receive non-VA healthcare if they faced a wait period exceeding 30 days or faced extraordinary barriers to receiving care, such as living 40 miles or more from a VA healthcare facility.

The CARE Act would scrap those requirements and replace them with provisions putting more decision-making power in the hands of veterans and their providers. For example, the new bill will let veterans and their providers decide whether the veteran should seek care outside of VA, the agency said.

Additionally, the new bill will create a network of walk-in clinic options for veterans to easily access treatment for minor illnesses or injuries. The bill will also establish parameters by which VA can surveil and support its facilities to ensure they maintain adequate workforce and other resources to offer access to veteran care in a reasonable timeframe.

The bill will allow VA to leverage its business relationships to improve the fiscal health of its Community Care program. The agency also plans to strengthen its partnerships with other federal groups to improve VA's ability to deliver care to veterans.

On a larger scale, the bill aims to:

- Clarify and simplify eligibility requirements
- Set the framework for VA to continue to build a high-performing network
- Streamline clinical and administrative processes
- Implement new care coordination support for Veterans

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- Merge and modernize community care programs

Ultimately, these moves are geared toward putting care decisions back in the hands of veterans, while creating a better network of healthcare resources with which VA can better serve its patient population.

“We want Veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community, and this bill does just that, while strengthening VA services at the same time,” VA Secretary Dr. David J. Shulkin, MD, said in a public statement.

Currently, the Veterans Choice Program hosts a list of qualifying access criteria based upon a patient’s ability to access VA care, including:

- the next available medical appointment with a VHA provider is more than 30 days from the veteran’s preferred date or the date the veteran’s physician determines he or she should be seen;
- the veteran lives more than 40 miles driving distance from the nearest VHA facility with a full-time primary care physician;
- the veteran needs to travel by air, boat, or ferry to the VHA facility that is closest to his or her home;
- the veteran faces an unusual or excessive burden in traveling to a VHA facility based on geographic challenges, environmental factors, or a medical condition;
- the veteran’s specific healthcare needs, including the nature and frequency of care needed, warrants participation in the program;
- the veteran lives in a state or territory without a full-service VHA medical facility.

Although the program was intended to address treatment access issues that run rampant throughout VA, the Choice Program has faced several hurdles, most notably including its own long wait time issues.

A March 2017 report from the Government Accountability Office (GAO) showed that veterans participating in the Choice Program face wait times of up to 81 days, far exceeding the 30-day threshold the agency says it upholds in treatment access cases.

A complex approval process – which includes vetting from VA and third-party providers – makes for the long wait period, GAO found.

As a result, members of Congress and VA representatives have debated overhauling the Choice Program. VA received the go-ahead for a proposal back in August when Congress also approved extended funding to preserve the program.

At time of publication, the draft proposal’s full text is not available. The proposal now awaits the greenlight from Congress.

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3.10 - ExecutiveGov: VA Presents Draft Proposal for Replacement of Veteran Care Access Rules (17 October, Joanna Crews, 20k online visitors/mo; Tysons Corner, VA)

The Department of Veterans Affairs has presented a draft proposal to the House and Senate veterans affairs committees of a potential legislation that seeks to build on veterans' access to healthcare services.

VA said Monday the proposed Veterans Coordinated Access & Rewarding Experiences Act is meant to replace the current "30-day/40-mile" rule under the Choice Program.

"We want veterans to work with their VA physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community, and this bill does just that while strengthening VA services at the same time," said VA Secretary David Shulkin.

The proposal aims to simplify eligibility requirements, facilitate a high-performing network, consolidate clinical and administrative processes, implement new veterans' care coordination support and modernize community care programs.

VA noted that the wait-time and distance eligibility criteria of the Choice Program will be eliminated with CARE Act criteria that work to give veterans and their physicians leeway in deciding how and where to avail healthcare services, update VA medical facilities and staffing and provide veterans with walk-in clinic options for minor health concerns.

The draft includes a proposal on new workforce tools for VA's medical staff, enhancements to the Community Care program's financial management process as well as provisions that would fortify the department's capacity to collaborate with other federal agencies and streamline authority for real property management.

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3.11 - Brooklyn Reporter: Local pol's push to maintain crucial services at Brooklyn VA successful (17 October, Meaghan McGoldrick, 16k online visitors/mo; Brooklyn, NY)

Existing services at the Brooklyn VA Medical Center are safe for now, according to Congressmember Dan Donovan who, on Tuesday, October 10 announced that the Department of Veterans Affairs has decided to reconsider its proposal to require vets to travel to Manhattan for certain inpatient surgeries, thanks to a lengthy discussion with the pol's veterans' roundtable.

"After discussing this matter extensively with my veterans' roundtable, I asked the Department of Veterans Affairs to reconsider its proposal. Our veterans have sacrificed enough, and they shouldn't have to trek to Manhattan for medical care," said Donovan, who, in August, led a push – together with a bipartisan coalition of Brooklyn and Staten Island electeds – for the VA to abandon the proposal and maintain existing services at the hospital. "To their credit, the VA heard our concerns and decided to keep everything as is at the Brooklyn hospital."

The original proposal suggested that the facility – which provides access to crucial healthcare and rehabilitation services for a bevy of Brooklyn and Staten Island vets – be modified from "Complex" to "Ambulatory Advanced," which, the group contended would "severely affect

access to medical care for veterans" from their districts, forcing many of them to have to leave the borough for treatment they once received locally."

"Thanks to the leadership of Representative Donovan, the bipartisan response to the threat of service cuts at the Brooklyn VA Medical Center has been successful," lauded Brooklyn Borough President Eric Adams. "After putting their lives on the line to defend our freedom, our veterans deserve nothing less than reliable access to high-quality health care."

"I'll keep fighting for those who put everything on the line to defend our great country," said Donovan.

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4. Women Veterans

4.1 - KOLO (ABC-8): Women Veterans seek their own medical care (17 October, Terri Russell, 274k online visitors/mo; Reno, NV)

There has been no mandatory draft since 1973.

Still women in active military has increased from 42,000 to more than 167,000 in that time.

That's despite the overall numbers in the military have seen a decline.

You can find women in all military walks of life.

It only makes sense then they would require medical care once they become Veterans.

Here at the Veterans Hospital in Reno, a women's health clinic is available to them.

"I love the environment here, everyone is so friendly. It is patient centric. You can tell. People are smiling, they actually want to do the best for you as a patient," says Joy Goan, a patient.

Goan says she's been coming to this stand-alone clinic inside the hospital for two years now.

The clinic is available to all women veterans who qualify for enrollment in health care.

Women say they feel comfortable here.

Dr. Kristina McCain has been the gynecologist at the clinic for nearly three years.

She says while she can take care of a veterans physical needs as they apply to women.

There is also an emotional component as well.

"Some women are still traumatized from military experience from military sexual trauma. And so they don't necessarily want to wait in the main waiting room with all the men. They like to have a place they can come and just relax," says Dr. McCain.

While younger women who served are more likely to take advantage of the services here, older women veterans are just now realizing they too qualify for these benefits.

“A couple of women in their eighties came in with different circumstances. One who had recently moved to the area and a family member said, you know mom let's see if you are eligible for care at the VA, and she is,” says Francie Mahoney, Women Veterans Program Manager.

Mahoney says many women who served may not know what health benefits are available to them through the VA.

There are a couple of events in early November to help you discover what is at your disposal. Go to the bottom of this story for a link to the information.

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4.2 - New Hampshire Public Radio: Manchester VA Plans to Relocate Women's Clinic (17 October, Peter Biello, 151k online visitors/mo; Concord, NH)

The Manchester VA is responding to criticism about the medical center's women's clinic. The clinic is currently on the 6th floor, accessible by a flight of stairs or an elevator.

A report on NHPR described how women who have suffered military sexual trauma can find riding in that elevator with men stressful.

In response, the state's congressional delegation requested that the women's clinic be moved to the first floor and given a separate entrance from the outside.

Interim Manchester VA Medical Center director Al Montoya says he's drawn up plans to honor the delegation's requests, and hopes the VA regional office will approve them this week.

"As a department, we see that there's an increasing number of female veterans, and we need to make sure that the space is appropriate for that," says Montoya.

The timeline for completing construction on the new space is rough, Montoya says, but if the plan is approved, the new first-floor clinic would open in one or two years.

In the meantime, Manchester VA officials are encouraging female veterans to get in touch with them and provide feedback on the new clinic's design.

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4.3 - KRMA (PBS-6, Video): Colorado Homeless Female Veterans Undercounted, Underserved (17 October, Marybel Gonzalez, 62k online visitors/mo; Denver, CO)

For decades, Navy veteran Leslie Sanchez suppressed traumatic memories of an incident that harmed her early in her military career.

“I put them in a box, and I locked the box, never to open it,” Sanchez said.

At 19-years-old, she was raped and impregnated by a fellow sailor.

The stress of a home burglary brought back the emotional pain.

“I seriously didn't want to live. I had those same feeling again of being vulnerable,” she said. “Of not being in control of my own destiny.”

Sanchez’s assault went unreported and her trauma untreated.

For months after the break-in, Sanchez was emotionally paralyzed, unable to leave her home. She lost her job and was eventually evicted. She became homeless, living out of her car for the next four years.

Fast forward several years, and Sanchez became homeless again when she couldn’t afford the large rent increases that are common in Denver’s red-hot housing market.

Now, she is living in a shelter for homeless female veterans.

Sanchez is one of the 628 veteran women in Colorado who are homeless or at-risk of being homeless so far this year, according to the U.S. Department of Veteran Affairs.

Despite successful efforts by the agency to reduce the overall homeless population by nearly half in the last decade, the national number of female veterans who are homeless or at-risk of becoming homeless is increasing. It’s projected to jump 9 percent, from 36,443 in 2015 to 39,686 by 2025.

Homeless female veterans face unique challenges that differ from their male counterparts. For example, one in four women report experiencing sexual harassment or assault while in service, according to VA.

These incidents, known as military sexual trauma, has been linked to mental health conditions, including Post Traumatic Stress Disorder. Both MST and PTSD are known risk-factors for homelessness.

Advocates like Brenton Hutson, division director of veteran and supportive services at Volunteers of America Colorado, acknowledges the VA’s recent efforts to address gender-specific risk factors, but says there still is more to be done.

“We have failed in this state to develop a good system for accounting for them,” he said of homeless female veterans. “A good system to locate them. A good system to ultimately connect them with the services that they're needing.”

Hutson says the numbers of homeless female vets in Colorado are likely much higher, particularly in rural parts of Colorado.

“We can never hope to end homelessness as a state if we don't have that data,” Hutson said. “We can ever hope to connect veterans to the services they need, until we have that data.”

The non-profit VOA independently keeps track of the number of women veterans in Colorado who identify as homeless or are on the brink of it.

The data gap is one that Michelle Lapidow, section chief of homeless programs at the VA Eastern Colorado Health System, is trying to bridge.

“It's the veterans that we don't know about that we very much want to find,” she says. “We felt like the best way to do that is to be part of our community to support their efforts and to make sure that we're involved in and finding all the veterans.”

The VA funds several programs to house female veterans, including short-term and long-term housing. The latter program, known as supportive housing, provides shelter to homeless veterans for up to two years. This had been the VA model, but effective October 2017, the agency is shifting to short-term housing, not to exceed 90 days.

Currently, there are only two shelters in Colorado exclusively for homeless female veterans, both funded by the VA and managed by Volunteers of America.

The two shelters – a three-home property known as the Claremont Commons and a family motel, both in Denver -- can collectively house up to 22 female veterans and their children at any given time.

Veteran Leslie Sanchez, who currently lives at Clermont Commons, says this capacity is not nearly enough.

“What you see now is just the tip of the iceberg, and you'll have to build twenty more Clermont Commons to accommodate the female veterans that are going to be on the streets.”

Sanchez advocates for more preventative services, like gender-specific mental health therapy, to support female veterans in crisis before they reach the point of homelessness.

Lapidow of the VA echoes that concern.

“We want to be sensitive to what the female veterans’ needs are,” she said. “If you're a woman veteran and you've experienced trauma, certainly you may not want to be around men and you may not want to be in a facility at all that even has men present.”

Meanwhile, Sanchez is moving out of the all-female veteran shelter and into her own apartment. Her new home will be subsidized through a HUD-VASH voucher, a program that provides rental assistance from the Department of Housing and Urban Development and case management from the VA.

“It's almost unreal to think that that help is so close and now I try to pinch myself sometimes in knowing that this is my life and that I will get better and things will be safe,” she said. “And that's one of the happiest thoughts that I can have, to know that I am safe in a place to call my own.”

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5. Appeals Modernization

6. Strategic Partnerships

7. Supply Chain Modernization

8. Other

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Subject: [EXTERNAL] 20 October Veterans Affairs Media Summary and News Clips

Date: Fri Oct 20 2017 04:15:23 CDT

Attachments: 171020_Veterans Affairs Media Summary and News Clips.docx
171020_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

20 October 2017

1. Top Stories

1.1 - U.S. News & World Report (AP): House Panel: 15 Trump Agencies Yet to Provide Travel Costs (19 October, Hope Yen, 24M online visitors/mo; Washington, DC)
At the VA, Secretary David Shulkin is being investigated by the IG for a 10-day trip with his wife to Denmark and England in July that mixed business with sightseeing, including a Wimbledon tennis match. The VA has not released taxpayer cost information in response to media inquiries or a request by Sen. Jon Tester, the top Democrat on the Senate Veterans Affairs Committee, saying Shulkin traveled on a commercial airline and his wife was approved for "temporary duty" travel expenses, which entitled her to airfare and meals.

Hyperlink to Above

1.2 - The Washington Times: Stolen USB drives put personal info of roughly 2,000 veterans at risk: Reports (19 October, Andrew Blake, 10.8M online visitors/mo; Washington, DC)
A Veterans Affairs facility in Washington state has begun notifying patients of a recent security breach potentially affecting the personal information of nearly 2,000 former service members. The Mann-Grandstaff VA Medical Center in Spokane said it has started alerting some 1,915 veterans whose names, addresses and other sensitive information may have appeared on either of two stolen USB drives, local media reported Wednesday.

Hyperlink to Above

1.3 - Military Times: Not all veterans will be eligible for new ID cards (19 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
When the Department of Veterans Affairs starts offering new ID cards next month, they won't be available to every veteran. That's because of a decision by VA officials to issue the new IDs only to individuals with honorable discharges, a move that goes against earlier department policies at increasing outreach to veterans with so-called "bad paper" discharges.

Hyperlink to Above

1.4 - Omaha World-Herald: Nebraska, Iowa senators call for answers to questions about secret VA waiting list for mental health appointments (19 October, Joseph Morton, 2.1M online visitors/mo; Omaha, NE)
News of an unauthorized, off-the-books waiting list for mental health appointments at the VA Nebraska-Western Iowa Health Care System has attracted the attention of Capitol Hill. Sens. Chuck Grassley and Joni Ernst, both R-Iowa, sent a letter to VA Secretary David Shulkin on Thursday citing an Oct. 15 World-Herald story that revealed the existence of the list.

Hyperlink to Above

1.5 - Stars and Stripes (Military Update): Plan to replace 'Choice' also will modernize VA health system (19 October, Tom Philpott, 1.5M online visitors/mo; Washington, DC)
Congress, the Department of Veterans Affairs and veterans service organizations will begin to spar this month over final details of a plan that not only will replace the much-maligned Veterans Choice program but empower VA to modernize large parts of its health care system. The plan, which VA titled the Veterans CARE (Coordinated Access & Rewarding Experiences) Act, was

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unveiled last week and has an overall structure that major veteran groups applaud, in part because they helped to shape it.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - New York Post: VA worker played video games as veteran was dying (19 October, Lia Eustachewich, 26.1M online visitors/mo; New York, NY)
An ailing Vietnam veteran who was in the care of a top Veterans Affairs Center in Massachusetts was left to die — as his caregiver played video games on her computer, according to a disturbing report. Bill Nutter, who was exposed to the toxic herbicide Agent Orange in the 1960s, was supposed to undergo hourly checks while at the Bedford VA Medical Center, the Boston Globe reported.

Hyperlink to Above

2.2 - Courier-Journal: Army veteran helped on road to recovery by people in Louisville | Comment (19 October, Carolyn Furdek and Richard Brown, 2.1M online visitors/mo; Louisville, KY)
She mentions many, many Louisvillians who have supported her. From all of her coworkers at the local hospitals to her good friends Keith and Laura Aubrey, her son's former first grade teacher, Lindsay Connell at Chenoweth Elementary, Chris Avery from Scissors Rock Paper who cuts her hair, the local director of Robley Rex VA…

Hyperlink to Above

2.3 - Spokesman-Review: Computer file stolen in Oklahoma could put Spokane veterans at risk for identity theft (19 October, Thomas Clouse, 874k online visitors/mo; Spokane, WA)
The staff at Mann-Grandstaff VA Medical Center is working to determine the scope of what could be the potential release of records for 1,915 veterans, who could now become victims of identity theft. On July 18 someone stole two USB drives containing the personal information for the veterans from a contract employee who was conducting a service call in Oklahoma City, VA spokesman Brett Bowers said in a news release.

Hyperlink to Above

2.4 - WGME (CBS-13, Video): Congressman Bruce Poliquin meets with Veterans Affairs Committee (19 October, 449k online visitors/mo; Portland, ME)
US Representative Bruce Poliquin met with Maine veterans to create a new advisory panel. Poliquin says he hopes the panel will give him better advice on what Maine veterans need. When asked about what he thought of President Donald Trump's treatment of Gold Star families, Poliquin said it's not his place to comment.

Hyperlink to Above

2.5 - WWAY (ABC-3): Healthcare On Wheels For Veterans (19 October, Jenna Kurzyna, 189k online visitors/mo; Wilmington, NC)
Healthcare goes virtual. Today a van rolled into town to show how telehealth can have a positive effect on veterans. TED, which stands for Telehealth Education Delivered, made a stop at the

Wilmington VA Health Center to help show what health services and equipment are available. A demonstration was provided to give veterans a better idea of services TED can provide.

Hyperlink to Above

2.6 - Task & Purpose: Why Is There An Office Depot Ad On The VA's New Vet ID Cards? (19 October, Adam Linehan, Lauren Katzenberg and Adam Weinstein, 102k online visitors/mo; New York, NY)
At issue is whether the ID cards will be available only to honorably discharged vets or offered to veterans with "bad paper," other-than-honorable and general discharges; whether the VA is entering into sponsorships with private companies to produce the cards — and include corporate logos on them; and whether veterans need cellphone contracts in order to enter an online national registry, a step that must be completed before they can even apply for the cards.

Hyperlink to Above

2.7 - Task & Purpose: Trouble Registering For VA's Vet ID Card? There's A Much Better, Hidden Way (19 October, Adam Linehan, Lauren Katzenberg and Adam Weinstein, 102k online visitors/mo; New York, NY)
As we reported this morning in a look at questions around the new Department of Veterans Affairs veteran identification card, some veterans told us they were encountering trouble when attempting to register with Vets.gov — a step that vets must complete to qualify for the national ID card when the VA begins accepting applications in November.

Hyperlink to Above

2.8 - Sunshine State News: John Rutherford, Al Lawson Want More VA Funds to Help Veterans Enter Civilian Workforce (19 October, Kevin Derby, 64k online visitors/mo; Tallahassee, FL)
Jacksonville's two congressmen--Republican U.S. Rep. John Rutherford and Democrat U.S. Rep. Al Lawson--teamed up this month on a bill creating a grant matching program for the U.S. Department of Veterans Affairs (VA) help organizations that help veterans enter the private sector through job training programs and other training to help them enter the civilian workforce.

Hyperlink to Above

2.9 - KLCC (NPR-89.7): DeFazio Calls For Federal Investigation At Eugene VA Clinic (19 October, Rachael McDonald, 52k online visitors/mo; Eugene, OR)
Some doctors and nurses at the Veterans Administration clinic in Eugene say it's being mismanaged by officials from the Roseburg VA. Democratic Congressman Peter DeFazio has called for an investigation at the federal level. The Roseburg VA oversees the Eugene clinic which opened in January of 2016. DeFazio, who worked to secure funding for the new facility, says there are problems in Roseburg that are now affecting the Eugene clinic.

Hyperlink to Above

2.10 - KSNW (NBC-3, Video): Sedgwick County, VA leaders discuss claims of missing $1.5 million (19 October, John Asebes, 9.1k online visitors/day; Wichita, KS)
Sedgwick County claims that since 2014, the VA owes them $1.5 million in missed medical transport payments. With representatives from Senator Jerry Moran's office and Congressman Ron Estes' office on hand, Sedgwick County and VA officials met to see what is actually owed.

"We know that we are looking for 1.5 million dollars," says Commissioner David Dennis. "That is a fact."

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3. Access to Healthcare

3.1 - FOX News: Vietnam veteran died while nurse's aide played video games: Report (19 October, Benjamin Brown, 32.5M online visitors/mo; New York, NY)
A 68-year-old Vietnam veteran in Massachusetts, hospitalized with multiple ailments, died in July while the nurse's aide assigned to care for him played video games, according to a published report. Bill Nutter suffered from the effects of Agent Orange, diabetes and a condition that could suddenly send him into cardiac arrest without warning, the Boston Globe reported.

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3.2 - Dallas Morning News: Opinion - Health care system for our veterans still isn't good enough (19 October, Ted Cruz and John Ratcliffe, 9.4M online visitors/mo; Dallas, TX)
Three years ago, our country awoke to the grim reality that our Veterans Administration health care system had become so deeply flawed that many of our nation's heroes had died while waiting to receive care. With their names buried on secret waiting lists, it became evident that the VA system was more concerned about protecting the bureaucracy than caring for our veterans.

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3.3 - MedicalXpress: Veterans study reports reduction in suicide ideation after HBOT (19 October, Louisiana State University, 1.5M online visitors/mo; New York, NY)
A pilot case control study of veterans of the US armed forces with mild traumatic brain injury (TBI) or persistent post-concussion syndrome (PPCS), with or without post-traumatic stress disorder (PTSD), has found significant improvements in persistent post-concussion syndrome and PTSD symptoms, neurological exam, memory, intelligence quotient, attention, cognition, depression, anxiety, quality of life, and brain blood flow following hyperbaric oxygen therapy (HBOT).

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3.4 - MedicalXpress: Researchers find evidence of DNA damage in veterans with Gulf War illness (19 October, 1.5M online visitors/mo; New York, NY)
Researchers say they have found the "first direct biological evidence" of damage in veterans with Gulf War illness to DNA within cellular structures that produce energy in the body. The findings appeared in the journal PLOS One in September 2017. A study that focused on mitochondrial DNA (mtDNA) included 21 veterans with Gulf War illness (GWI) and seven controls.

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3.5 - WNCN (CBS-17): Double amputee vet who refused to leave Durham VA says he doesn't know how long he can stay (19 October, Michael Hyland, 584k online visitors/mo; Raleigh, NC)

A veteran who fought to get back into the Durham VA Medical Center says he doesn't know how long he'll be able to stay. CBS North Carolina first reported on James Francis in late September, when he refused to leave after the staff discharged him. "And I told them I wasn't going to accept that, and I wasn't going anywhere," he said after a town hall at the Durham VA Thursday.

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3.6 - Becker's Hospital Review: Bedford VA Medical Center under investigation after patient died while nurse aid played video games (19 October, Mackenzie Bean, 441k online visitors/mo; Glencoe, IL)
Federal officials are investigating care lapses at Bedford (Mass.) VA Medical Center that may have contributed to the 2016 death of a patient, reports The Boston Globe. Here are seven things to know. 1. Hospital staff found 68-year-old Bill Nutter, a Vietnam veteran and retired police detective, dead in his bed at Bedford VA Medical Center last year. Mr. Nutter lost both his legs from diabetes and suffered from a heart condition that threatened to spontaneously send him into cardiac arrest.

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3.7 - Becker's Hospital Review: San Diego VA administers 1.5k ineffective flu shots (19 October, Brian Zimmerman, 441k online visitors/mo; Glencoe, IL)
Veterans Affairs San Diego Healthcare System gave nearly 1,300 veterans and 240 VA employees flu shots that may not be fully effective due to a refrigeration error, according to a report from The San Diego Union-Tribune.

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3.8 - Maine Sun Journal: Bruce Poliquin focuses on veterans (19 October, Steve Collins, 440k online visitors/mo; Lewiston, ME)
U.S. Rep. Bruce Poliquin said Thursday he intends to push a measure aimed at making it possible for more nursing homes to treat veterans without facing as much bureaucratic rigmarole. The 2nd District Republican told a small news conference in Lewiston that providers have to deal with "onerous red tape" to get reimbursed for offering veterans the same types of care that Medicaid and Medicare pay for with far less hassle.

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3.9 - KPLC (NBC-7, Video): VA Outpatient Clinic grand opening slated for Friday (19 OCotber, Candy Rodriguez, 192k online visitors/mo; Lake Charles, LA)
On Friday, Oct. 20, a grand opening, dedication and open house will take place at the clinic. The public is invited. For many, this is a major improvement over the interim clinic on McNeese Street and the former mobile clinic on Fifth Avenue, something Jim Jackson, chairman of the Lake Charles Mayor's Armed Forces Commission, said he agrees with.

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3.10 - People's World: Trump's "death by a thousand cuts" plan for the VA exposed (19 October, Mark Gruenberg and John Wojcik, 61k online visitors/mo; Chicago, IL)
The Government Employees (AFGE) blasted plans, from both a right-wing funded so-called veterans group and legislation unveiled by the Republican Trump administration, to subject the government's health care system for veterans to "death by a thousand cuts." Despite describing

himself as a big supporter and friend of America's veterans it appears the president is slowly putting into effect the plans enemies of veterans' health care have long held dear to their hearts.

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3.11 - The Herald Democrat: Area groups gather to help homeless veterans (19 October, Drew Smith, 58k online visitors/mo; Sherman, TX)
VA Senior Social Worker Michael Serpa said Texoma veterans are often disconnected because of how rural the region is and don't know the full extent to which the VA can help. In addition to identification, health care, employment and transportation services, Serpa said the VA can offer veterans some financial relief when it comes to housing.

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3.12 - WAGM (FOX-8): Rep. Poliquin Announces New Bill to Help Allow Veterans to Receive Care From Local Providers (19 October, 35k online visitors/mo; Presque Isle, ME)
Today, Congressman Bruce Poliquin held a press conference in Lewiston to announce a new Veterans bill he is introducing in Congress and to conduct the first meeting of his newly-launched Veteran Advisory Panel.

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3.13 - The Journal of the San Juan Islands: Local veterans discuss long health care waits with Larsen (19 October, Hayley Day, 28k online visitors/mo; Friday Harbor, WA)
A federal program to prevent veterans from long wait times at health care facilities doesn't seem to be working. "I had some hand surgery over there, and it took quite a while to get it authorized, about eight months," said retired veteran Peter DeLorenzi about a procedure at San Juan Island's Peace Island Medical Center.

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3.14 - KIOW (FM-107.3): Grassley, Ernst Seek VA Response on Reported Unauthorized Waiting List at VA Nebraska-Western Iowa Healthcare System (20 October, AJ Taylor, 340 online visitors/day; Forest City, IA)
Sen. Chuck Grassley and Sen. Joni Ernst of Iowa today asked the Department of Veterans Affairs for a response to a report in the Omaha World-Herald of unauthorized waiting lists outside the VA patient tracking system for some mental health appointments in Omaha. "With mental health, receiving prompt care is crucial, and in severe cases can be a matter of life and death," Grassley and Ernst wrote to Secretary David Shulkin.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

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7. Supply Chain Modernization – No Coverage

8. Other

8.1 - The Buffalo News: Karen Pence, VA secretary, to address veterans art festival at UB
(19 October, Robert J. McCarthy, 1.6M online visitors/mo; Buffalo, NY)
Less than two weeks after Vice President Pence appeared in Buffalo, second lady Karen Pence will arrive in town to address veterans at the National Veterans Creative Arts Festival at the University at Buffalo North Campus on Oct. 28. The Department of Veteran's Affairs Western New York Healthcare System will sponsor the 1 p.m. event, which will feature addresses by Dr. David J. Shulkin…

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1. Top Stories

1.1 - U.S. News & World Report (AP): House Panel: 15 Trump Agencies Yet to Provide Travel Costs (19 October, Hope Yen, 24M online visitors/mo; Washington, DC)

WASHINGTON (AP) — A House committee is demanding that 15 federal agencies fully account for senior officials' travel following reports of costly plane travel by Trump Cabinet secretaries.

In letters sent this week, the House Oversight and Government Reform Committee threatened to subpoena the Agriculture and Justice departments by the end of the month if officials fail to provide all the information requested on the use of government-owned aircraft for personal travel or private aircraft for official travel. The Republican-controlled committee also widened the scope of its inquiry to include Obama-era travel.

The panel said 13 other departments and agencies, including the White House, have only partly responded to its requests so far.

The House committee is investigating air travel following reports that Health and Human Services Secretary Tom Price used pricey charters when cheaper commercial flights were available. Price resigned last month.

That Sept. 26 request from the committee sought passenger names, destinations, explanations and cost of the government-owned and private aircraft travel.

The Justice Department said Thursday it was in the process of responding to the House committee's request. A spokesman for the Agriculture Department did not have immediate comment.

For all the departments and the White House, the oversight committee also requested additional travel information for the time period of Jan. 1, 2016 to Jan. 19, 2017, an expanded probe intended to also scrutinize plane travel by senior officials during the Obama administration.

Such detail is needed "to assess the frequency and nature of this issue to help determine whether new policies or regulations need to be enacted or perhaps to even change the nature of appropriations to your department," the letter reads.

Travel details were initially due Oct. 10; the panel set a new deadline of Oct. 31.

The 13 departments and agencies deemed to have only partially responded to the committee's request are the White House, the departments of Defense, Education, Health and Human Services, Homeland Security, State, Treasury, Transportation and Veterans Affairs, as well as the Environmental Protection Agency, NASA, the U.S. Agency for International Development and the Small Business Administration.

Several Cabinet members have faced questions about travel since Price resigned.

They include Interior Secretary Ryan Zinke, Energy Secretary Rick Perry and EPA chief Scott Pruitt, who have acknowledged the use of government or private flights costing tens of thousands of dollars. Zinke and Pruitt are being investigated by their respective department's inspector general for their trips, which they said were pre-approved by ethics officials. Perry also has defended his travel as being pre-approved and appropriate for his work.

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At the VA, Secretary David Shulkin is being investigated by the IG for a 10-day trip with his wife to Denmark and England in July that mixed business with sightseeing, including a Wimbledon tennis match. The VA has not released taxpayer cost information in response to media inquiries or a request by Sen. Jon Tester, the top Democrat on the Senate Veterans Affairs Committee, saying Shulkin traveled on a commercial airline and his wife was approved for "temporary duty" travel expenses, which entitled her to airfare and meals. On Thursday, the VA disclosed that while Shulkin's wife, Merle Bari, was eligible for per diem expenses, she "did not accept it."

"VA paid for her plane ticket only," said VA spokesman Curt Cashour. He did not respond to a renewed request for cost breakdowns.

The 10 agencies deemed by the House committee to have provided all the previously requested information are the departments of Commerce, Energy, Housing and Urban Development, Labor and Interior, as well as the General Services Administration, National Science Foundation, Nuclear Regulatory Commission, Office of Personnel Management and Social Security Administration.

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Associated Press writers Matthew Daly and Sadie Gurman contributed to this report.

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1.2 - The Washington Times: Stolen USB drives put personal info of roughly 2,000 veterans at risk: Reports (19 October, Andrew Blake, 10.8M online visitors/mo; Washington, DC)

A Veterans Affairs facility in Washington state has begun notifying patients of a recent security breach potentially affecting the personal information of nearly 2,000 former service members. The Mann-Grandstaff VA Medical Center in Spokane said it has started alerting some 1,915 veterans whose names, addresses and other sensitive information may have appeared on either of two stolen USB drives, local media reported Wednesday.

The drives were taken from a Veterans Health Administration contract employee while conducting a service call at the Oklahoma City VA Medical Center on July 18, Spokane's KXLY reported.

One of the stolen drives had been used in January to move the Mann-Grandstaff VA Medical Center's Anesthesia Record Keeper (ARK) database from an isolated server being decommissioned, the reports said.

"Although we cannot say for certain what information was stored on the stolen USB hard drive, we are alerting every Veteran whose personal information resides on the decommissioned ARK server," the VA said in a release Wednesday, Spokane's KHQ reported.

"We have determined the information at possible risk may include full names, social security numbers, addresses, phone contacts, surgical and insurance information," the release said.

The VA intends to offer complimentary credit monitoring to veterans affected by the breach, KHQ reported.

The security breach is the second acknowledged in as many months for Mann-Grandstaff, an 84-bed facility specializing in providing preventive health care and chronic disease management to Spokane-area vets. The medical center announced in September that a laptop previously connected to a hematology analyzer recently went missing, potentially compromising the names, birthdates ad Social Security numbers of roughly 3,200 vets.

“Honoring and serving America’s Veterans is our utmost priority. We at VA take information security very seriously and will continue to work to ensure that appropriate safeguards are in place to protect Veterans’ information. Leadership at Mann-Grandstaff VAMC has developed a new media sanitization policy to prevent this from happening in the future,” the VA said at the time.

Law enforcement in Oklahoma was notified when the medical center’s USB drives went missing in July, according to Wednesday’s reports.

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1.3 - Military Times: Not all veterans will be eligible for new ID cards (19 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — When the Department of Veterans Affairs starts offering new ID cards next month, they won’t be available to every veteran.

That’s because of a decision by VA officials to issue the new IDs only to individuals with honorable discharges, a move that goes against earlier department policies at increasing outreach to veterans with so-called “bad paper” discharges.

The decision has upset advocates, who see it as an unnecessary restriction.

“There’s really no reason to do that,” said John Rowan, national president at Vietnam Veterans of America. “It doesn’t serve veterans well.”

Department officials will start issuing the new veterans ID cards next month. The purpose is to give eligible veterans an easy way to prove their military service for a variety of non-government services, such as business discounts and other promotions.

Legislation authorizing the cards, sponsored by Rep. Vern Buchanan, R-Fla., passed through Congress without objection in July 2015. Since then, VA leaders have spent time finalizing the rules and application process for the new IDs.

Veterans who wish to receive one of the cards will have to apply through the VA website starting next month. Specifics on that process, including what the cards will look like and how long it will take for them to be mailed out to eligible recipients, have not yet been made public.

But VA Press Secretary Curt Cashour confirmed this week that “only those veterans with honorable service will be eligible for the ID card.”

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The legislation as passed by Congress calls for VA officials to issue an ID to any veteran who requests one and "presents a copy of Department of Defense form DD-214 or other official document from the official military personnel file of the veteran that describes the service of the veteran." It does not specify excluding veterans with other-than-honorable dismissals.

Cashour declined to provide specifics on the reasoning behind VA's decision.

Veterans advocates for years have pushed for expanded services for the estimated 500,000 veterans who have been separated from the military with so-called "bad paper" discharges, arguing that many are reputable veterans whose underlying conditions forced them out of the service.

They argue that many troops booted from the ranks because of drug abuse and minor insubordination issues may actually have been suffering from untreated mental health issues like post-traumatic stress disorder and traumatic brain injury. They can appeal those rulings if medical evidence surfaces later, but advocates say it's a complicated and inconsistent process.

Veterans with other-than-honorable discharges are ineligible for a host of VA benefits and health services.

But earlier this year, VA Secretary David Shulkin opened up emergency room mental health services to veterans with other-than-honorable discharges for the first time, arguing that bringing those isolated veterans back into the system would help identify their lingering medical problems and stem the problem of veteran suicide.

At the time, veterans groups called that an important step forward in helping an often-shunned section of the military community. Now, they see the ID card decision as a step backwards.

"I find it incredibly frustrating, and deeply hurtful, that the VA would deny hundreds of thousands of veterans like me our very identity, after all that we know today about the nexus of PTSD and bad paper," said Kris Goldsmith, founder of High Ground Veterans Advocacy and a veteran with a bad-paper discharge.

"I served on active duty, and was discharged under conditions other than dishonorable. The law says I'm a veteran. But VA's current self-imposed policy is telling me that I'm not. This is a direct contradiction of the secretary's efforts to bring veterans with bad-paper back into the fold."

Rowan, whose group has made bad paper issues one of their primary lobbying focuses in recent years, said if VA recognizes other-than-honorable veterans in emergency rooms, they should also recognize their service in less critical matters like business discounts.

The new cards won't replace VA medical cards or official defense retiree cards, and will not carry any force of law behind them. Supporters have called a national veterans ID card a simple way to honor veterans' service, and a way to cut down on identity theft issues that arise from veterans carrying around their military discharge paperwork or other personal documents prove their status.

The law allows VA to collect a fee to cover the costs of the new cards, but department officials have said they will be issuing the IDs for free.

Rowan said he plans to petition Shulkin personally in coming days to lift the ID restrictions. In the meantime, VA is promising more information on the application process in coming weeks.

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1.4 - Omaha World-Herald: Nebraska, Iowa senators call for answers to questions about secret VA waiting list for mental health appointments (19 October, Joseph Morton, 2.1M online visitors/mo; Omaha, NE)

WASHINGTON — News of an unauthorized, off-the-books waiting list for mental health appointments at the VA Nebraska-Western Iowa Health Care System has attracted the attention of Capitol Hill.

Sens. Chuck Grassley and Joni Ernst, both R-Iowa, sent a letter to VA Secretary David Shulkin on Thursday citing an Oct. 15 World-Herald story that revealed the existence of the list.

“While we appreciate that the VA apparently took action to correct the situation after learning of it, the little that was disclosed publicly leaves some unanswered questions,” the Iowa senators wrote.

Earlier in the week, Sen. Ben Sasse, R-Neb., sent his own letter to the VA secretary seeking more information.

“The existence of a secret list or lists of those denied appointments or for whom treatment was delayed is shocking, and the VA’s refusal to answer questions about it is unacceptable and must be remedied immediately,” Sasse wrote Shulkin. “I trust you share this view.”

The secret list dodged requirements for establishing and maintaining waiting lists, according to an Aug. 11 memo from the system’s compliance officer to Director Don Burman in Omaha.

The unauthorized waiting list echoed a nationwide scandal in 2014 at the VA Medical Center in Phoenix, which showed that veterans there were dying while waiting months for medical care on lists that were kept secret.

In a statement, the Omaha VA indicated that no veterans were harmed — a statement Grassley and Ernst noted in their letter.

“With mental health, receiving prompt care is crucial and in severe cases can be a matter of life and death,” they wrote.

They asked the VA to respond to the letter by Oct. 31 and stated that it’s important for veterans and taxpayers to know how any list or lists impacted access to care, what types of employees were involved and what corrective actions were taken to ensure that it doesn’t happen again. They also asked generally how the public should be informed of such situations.

Sasse put an even tighter deadline on his own inquiry, asking Shulkin to provide answers by this Friday, Oct. 20.

His list of questions covered how many Nebraska veterans were affected, who kept the list or lists, what disciplinary actions resulted and whether the employees involved received bonuses.

“Nebraskans have no patience for improper treatment of our veterans, nor for attempts to cover it up,” Sasse wrote.

In a statement, Sen. Deb Fischer, R-Neb., said that her aides are in frequent contact with the Omaha VA and that they are monitoring the situation closely.

“Our veterans deserve timely, quality care and it's clear changes must be made at the VA,” Fischer said. "In this particular case in Omaha, we need to know what went wrong so it doesn’t happen again."

VA press secretary Curt Cashour said in a statement: “VA appreciates the senators’ concerns. We are looking into their questions, and will respond to them directly.”

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1.5 - Stars and Stripes (Military Update): Plan to replace 'Choice' also will modernize VA health system (19 October, Tom Philpott, 1.5M online visitors/mo; Washington, DC)

Congress, the Department of Veterans Affairs and veterans service organizations will begin to spar this month over final details of a plan that not only will replace the much-maligned Veterans Choice program but empower VA to modernize large parts of its health care system.

The plan, which VA titled the Veterans CARE (Coordinated Access & Rewarding Experiences) Act, was unveiled last week and has an overall structure that major veteran groups applaud, in part because they helped to shape it.

They don’t like everything, however. And the House and Senate veterans’ affairs committees are expected to offer their own replacement plans for Choice this fall, perhaps to include more statutory safeguards and more details to improve access to care that veteran advocates worry aren’t spelled out yet in the VA plan.

The idea behind Choice remains a primary goal for CARE: to ensure greater access to care for veterans in their communities when timely, quality care isn’t available at a nearby VA medical facility. But CARE directs that clinicians, consulting with patients, decide when outside care is needed, rejecting Choice’s reliance on driving distance and wait times to set eligibility and hold down costs.

CARE also seeks authorities for VA to build out high-performing provider networks, relying on private-sector partners and other federal agencies, and to ensure closer integration of VA health services with those in nearby communities.

Before 2014, the VA health care system had various ways to access non-VA care. But too often referring patients to the private sector was a business decision, said Louis Celli, director of veterans’ affairs and rehabilitation for The American Legion. Would referral make economic sense considering other options and a facility’s budget?

When a patient wait-time scandal erupted across the VA medical system by spring that year, Congress hastily created Choice to expand access to private-sector care. Initially the idea was to give every VA-enrolled veteran a card entitling him or her to use community care at VA expense when necessary. The projected cost turned out to be enormous, however, so lawmakers added last-minute cost controls.

No veteran could use Choice unless he or she lived more than 40 miles from a VA care facility or faced waits for VA appointments of more than 30 days. Meanwhile, responsibility for scheduling appointments, transfer of medical records and payment of fees relied heavily on third-party contactors, causing delays and complaints.

In time, to ease the complaints, VA regained control of Choice appointments, records transfer and fee payments, and the role for contractors shifted to building out networks of care providers to support a steady rise in community care referrals.

Choice was meant as a temporary solution to the wait-time scandal and is funded through December. But community care grew from 20 percent to more than 30 percent of veterans' health care in the last three years. CARE would consolidate non-VA care programs but still spend $4 billion on private-sector health care.

At one time, veteran service organizations saw Choice as a threat, a tool that critics of big government could use to dismantle VA care by sending more and more patients to the private sector.

"There are some in Congress who want unfettered Choice," said Garry Augustine, executive director of Disabled American Veterans. "Give everybody a card and let them go wherever they want. We're against that and believe it would lead to a dismantling of the VA system as needed resources are drained away and VA [health care] withers on the vine."

But CARE is seen as striking the right balance, with initiatives to strengthen VA health care with more VA providers, improved support systems and streamlined processes, but with a commitment to build high-performing and integrated provider networks by partnering with the private sector or at other federal agencies.

Major vet groups do have concerns they want addressed, if not by VA then by Congress. Celli noted, for example, that while clinicians are to decide with patients when to use private-sector care, CARE also would allow veterans using a VA medical center that performs poorly to elect community care instead.

"We understand and support the intent of the provision … to ensure veterans get the highest quality care available, whether inside or outside VA," Celli said. "What we cannot support [is] a provision that allows VA to siphon patients away from a medical center that is underperforming. We want to see a comprehensive plan to rehabilitate any poorly performing [VA medical center]. You can't just abdicate leadership responsibility by taking patients away, which will cause less traffic into the VAMC, less utilization, more evidence the VAMC can be defunded."

Vet groups also oppose a provision in the plan that would have veterans, including those with service-connected disabilities, pay a modest portion of program costs by rounding down monthly benefit checks to the nearest dollar.

"We have always been against that. We have a resolution saying that we will not support any kind of situation where you are taking one benefit away to pay for another, which this is," said Augustine for DAV.

By definition, rounding down costs a veteran no more than $12 a year, but "it's not about the money," Celli said. "As Americans, if we choose to use that money, especially for veterans' health care, what we're saying is that it is now all right to ask service-disabled veterans to give up a portion of their check each month to pay for their own health care or for somebody else's services."

A feature of CARE getting mixed reviews, for lack of detail, would allow access commercial walk-in clinics for minor illnesses or injuries. VA Secretary David Shulkin earlier said VA would charge a $50 co-pay and the first few visits a year would be free. Those details aren't in the plan now. Nor is there word on whether service-connected disabled would face a full co-pay or any added cost.

CARE would have VA adopt prompt payment standards common in the health industry: doctor reimbursement within 45 days of receiving of a "clean" paper claim and 30 days for an electronic claim. Augustine said DAV wants to ensure private-sector care providers also are barred from billing veterans if VA doesn't pay on time, a practice that has marred Choice for many users.

Veterans also should have private-sector appointments in hand when they leave VA clinicians after a determination that community care is necessary. How VA will ensure that is another detail not yet clear, Augustine said.

Some groups including the American Federation of Government Employees oppose CARE, saying the ultimate goal is to dismantle the VA health system and to privatize all medical care for veterans. Major veteran groups support the reforms but vow to challenge every line that might weaken VA's ability to deliver care.

"It's a big-picture advocacy and not a myopic view," Celli said of the Legion's support. "The Department of Veterans Affairs has a $165 billion budget; that's not going away anytime soon. If a new secretary were to come and try to change a stable-based VA, we would advocate against, and the American people would either support us or wouldn't. We have to have faith and trust in the Department until they prove to us they no longer have earned that trust."

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2. Veteran and Employee Experience

2.1 - New York Post: VA worker played video games as veteran was dying (19 October, Lia Eustachewich, 26.1M online visitors/mo; New York, NY)

An ailing Vietnam veteran who was in the care of a top Veterans Affairs Center in Massachusetts was left to die — as his caregiver played video games on her computer, according to a disturbing report.

Bill Nutter, who was exposed to the toxic herbicide Agent Orange in the 1960s, was supposed to undergo hourly checks while at the Bedford VA Medical Center, the Boston Globe reported.

The sickly 68-year-old suffered from arrhythmia – which could cause his heart to stop at any moment – had respiratory problems, couldn't get out of bed on his own and had just lost his second leg to diabetes.

He died July 3, 2016 after going into cardiac arrest, which the hospital insisted "[they] couldn't do anything about it," his wife Carol Nutter was initially told.

But a few days later, the grieving widow got a phone call from a doctor, who was repeating what a woman in the background was telling him.

The woman was saying, "They weren't doing their job, and if they had done what I told them to, he could have possibly been alive because I told them to check on him once or twice an hour."

An investigation by the VA Inspector General eventually revealed that Patricia Waible, the nurse's aide assigned to regularly check on Bill Nutter that evening, was playing video games on her computer — rather than doing her job.

At first, Waible lied, saying she made the required checks on Bill Nutter and had initialed corresponding paperwork. But she confessed after an investigator told her the hospital's cameras showed she never moved from her computer during her shift.

Waible was reassigned pending the investigation.

Meanwhile, the nurse who found Nutter unresponsive the next morning crudely indicated to her supervisor that he was dead by sliding her finger across her throat, according to internal hospital records. She was terminated.

"Poor Bill, I fought to keep him alive," said Carol Nutter. "We were married for 47 years. I was always with him. He wanted me there. But I wasn't able to watch over him at the end."

Now, Bill Nutter's family is weighing their legal options.

"My dad might not have lived another five months, who knows? But if we could have had another month with him — this lady took that away," said his daughter Brigitte Darton.

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2.2 - Courier-Journal: Army veteran helped on road to recovery by people in Louisville | Comment (19 October, Carolyn Furdek and Richard Brown, 2.1M online visitors/mo; Louisville, KY)

Editor's note: This is the first in a series of stories on veterans in the Louisville community in advance of Veteran's Day and the Mayor's Week of Valor, which begins Nov. 4. Each story is a singular account of one veteran's transition into civilian life and how the Louisville community has supported that journey. Meet retired Army Capt. Carolyn Furdek. She recalls her first encounter with a resident of Louisville willing to go above and beyond for our local veterans.

In was 2003, and Carolyn Furdek arrived at the local airport dressed in her desert fatigues on a short two-week furlough from her yearlong deployment in Iraq. She met a young man, Dr. Whitney Jones, as she disembarked from her flight. Jones quickly thanked her for her service and insisted on driving her to her grandmother's house (Eleanor Burkholder – a lifelong resident of Louisville) where Furdek hoped to surprise her.

After dropping her off, Jones offered Furdek and her grandmother a free lunch at his restaurant, The North End Cafe. "Dr. Jones set an immediate impression on me on the type of residents that make up the city of Louisville," Furdek said.

Furdek – a West Point graduate, record-setting swimmer, and four-time Ironman athlete – is perhaps the last person one would find locked behind the doors of a psychiatric ward. Yet, that is where she found herself after a combat mission in the middle of her third combat tour of duty in the deserts of Afghanistan in 2005.

As Furdek explains it, "In the middle of a combat mission, no different than the dozens and dozens of missions over the previous four years in Iraq and Afghanistan, I just shut down and I was no longer effective as a leader. As the doors of the psychiatric ward shut behind me, all my hopes, dreams and aspirations seemed lost."

Therein began her decade-long journey of struggle, healing, self-advocacy, new careers and now working as a mental health advocate for her fellow veterans and those in the community who struggle.

Furdek returned to Louisville on New Year's Day in 2008 to live with her grandmother and embark on a new career as a physical therapist. "Growing up, my mother would bring us to her childhood home to visit family over the holidays and I just fell in love with the city, the parks system and the sense of community," she said. "After being medically processed out of the military, I couldn't think of a better location to start over surrounded by family"

She settled in quickly and found a group of runners, The Dawn Chasers, filled with people who welcomed her and made sure she stayed off the couch and stayed among people as she continued to struggle from her invisible wounds of war. It's in this group she met her husband-to-be, Joe Furdek, a local engineer, and they married in 2009.

With the support of family and friends, Carolyn Furdek worked her way through the physical therapy program at Bellarmine University filled with staff and students whom she says accepted her, supported her and refused to let her give up or quit the program.

Whether it be her mentor in the program or the countless other students and faculty that made sure she stayed on the right path as she repeated semesters over the course of five years due to classes missed or time spent trying to heal from wounds not visible to the naked eye.

It took a while, but through the efforts of the VA Medical Center in Louisville, Carolyn Furdek finally received a diagnosis that fit her symptoms. Today, she is a successful physical therapist, wife and mother of two young boys, Jackson and Henry. You can find her in the halls of the hospital at the University of Louisville and the local VA Hospital.

"Now I feel I can finally give back to the community that has done so much for me on my own road to recovery," she says.

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She mentions many, many Louisvillians who have supported her. From all of her coworkers at the local hospitals to her good friends Keith and Laura Aubrey, her son's former first grade teacher, Lindsay Connell at Chenoweth Elementary, Chris Avery from Scissors Rock Paper who cuts her hair, the local director of Robley Rex VA, Marty Traxler, to veterans Kevin and Renee Finnegan who are helping her share her story, Furdek says she has never met so many people supportive of our nation's veterans and those that struggle with invisible wounds.

She now travels around the state and the nation, sharing her story, encouraging others to share theirs and advocating for those that struggle with mental health and invisible wounds.

This is one of many veterans in our community. They are the one percent of the population who wish to be a part of the community, yet ask nothing of us except to belong.

Dr. Rick Brown is an Air Force veteran and director of Veteran Services at Bellarmine University and an instructor at the school. He is this year's Veterans Community Alliance of Louisville's chair of the Mayor's Week of Valor.

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2.3 - Spokesman-Review: Computer file stolen in Oklahoma could put Spokane veterans at risk for identity theft (19 October, Thomas Clouse, 874k online visitors/mo; Spokane, WA)

The staff at Mann-Grandstaff VA Medical Center is working to determine the scope of what could be the potential release of records for 1,915 veterans, who could now become victims of identity theft.

On July 18 someone stole two USB drives containing the personal information for the veterans from a contract employee who was conducting a service call in Oklahoma City, VA spokesman Brett Bowers said in a news release.

The theft report was filed with the Oklahoma City Police Department. One of the USB drives was the master drive used by the contract employee to copy and move records from Mann-Grandstaff's anesthesia-record keeper database.

"Although we cannot say for certain what information was stored on the stolen USB hard drive, we are alerting every veteran whose personal information resides on the" server, Bowers wrote. "We have determined the information at possible risk may include full names, social security numbers, addresses, phone contacts, surgical and insurance information."

Bowers said administrators have developed a "new media sanitization policy" to prevent similar data breaches in the future.

Each veteran listed on the server will receive a letter and "where appropriate" an offer of credit monitoring for one year at no charge. Any veterans who have questions should write the Privacy Officer at Mann-Grandstaff, which is located at 4915 N. Assembly St.

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2.4 - WGME (CBS-13, Video): Congressman Bruce Poliquin meets with Veterans Affairs Committee (19 October, 449k online visitors/mo; Portland, ME)

LEWISTON (WGME) -- US Representative Bruce Poliquin met with Maine veterans to create a new advisory panel.

Poliquin says he hopes the panel will give him better advice on what Maine veterans need.

When asked about what he thought of President Donald Trump's treatment of Gold Star families, Poliquin said it's not his place to comment.

"I can't control how anybody in the House, anybody in the Senate, anybody in the Executive branch communicates, that is their business. I was hired by 650,000 people. I represent including these veterans, to do my work for them," Poliquin said.

During the veterans meeting, Poliquin also announced that he will introduce a new bill combating discrimination against veterans trying to get into private retirement homes.

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2.5 - WWAY (ABC-3): Healthcare On Wheels For Veterans (19 October, Jenna Kurzyna, 189k online visitors/mo; Wilmington, NC)

WILMINGTON, NC (WWAY) — Healthcare goes virtual. Today a van rolled into town to show how telehealth can have a positive effect on veterans.

TED, which stands for Telehealth Education Delivered, made a stop at the Wilmington VA Health Center to help show what health services and equipment are available.

A demonstration was provided to give veterans a better idea of services TED can provide.

The mobile van enhances patient access for many vets who might not have their doctors nearby, but with the virtual technology it makes visits much easier.

Telehealth Education Specialist Leslie Fernyhough said this is the future of medicine.

“Vets have a tendency to like to live in remote areas, which is great for peace and quite, but it’s not great for having access to ya know different kind of medical specialties. So what telehealth allows for the provider to see the patient closer to home,” Fernyhough said.

Fernyhough also said the VA has done surveys on TED and so far has had more than 90% approval ratings.

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2.6 - Task & Purpose: Why Is There An Office Depot Ad On The VA's New Vet ID Cards?
(19 October, Adam Linehan, Lauren Katzenberg and Adam Weinstein, 102k online visitors/mo; New York, NY)

Two years ago, Congress and President Barack Obama shared a rare moment of bipartisanship, coming together to promise military veterans hard-copy photo IDs with passage of the 2015 Veterans Identification Card Act. In recent days, the secretary of Veterans Affairs, Dr. David Shulkin, has publicly extolled those cards as "an obligation to those who raise their hand," and anticipation over their arrival has snowballed since Military.com broke the news earlier this month.

But even as the Department of Veterans Affairs prepares to accept applications for the new cards in November, sources tell Task & Purpose that the ID program is mired in questions and problems, with representatives of the VA offering contradictory and confusing answers, and a bureaucracy-laden verification system that could lock out some of the nation's most vulnerable veterans.

At issue is whether the ID cards will be available only to honorably discharged vets or offered to veterans with "bad paper," other-than-honorable and general discharges; whether the VA is entering into sponsorships with private companies to produce the cards — and include corporate logos on them; and whether veterans need cellphone contracts in order to enter an online national registry, a step that must be completed before they can even apply for the cards.

The mixed messages have left veterans service organizations and their constituencies befuddled. Earlier this week, AMVETS received a printed mockup of the VA veteran ID card — with an Office Depot logo emblazoned across it. "This takes a leap down a slippery slope that raises serious questions, starting with, 'What's next?'" Joe Chenelly, executive director of AMVETS, told Task & Purpose.

The VA is sending mixed messages about whether veterans with less-than-honorable discharges are eligible.

According to the Veterans Identification Act, the VA must issue hard-copy photo IDs to any veteran who applies and pays a fee. The law does not stipulate that an honorable discharge is required.

However, when the VA begins accepting applications for the cards in November, veterans with less-than-honorable discharges will not be eligible to apply. "Only those Veterans with honorable service will be eligible for the ID card," VA Press Secretary Curt Cashour told Task & Purpose in an email on Oct. 18.

That doesn't accord with assurances Cashour's boss has given to vets in recent weeks.

"This takes a leap down a slippery slope that raises serious questions, starting with, 'What's next?'"

VA staff discussed the new ID cards with veterans service organizations in a closed meeting on Oct. 6. According to multiple VSO representatives who were present, the VA briefed attendees on a multi-phase process for releasing the ID cards: Veterans with honorable discharges would be eligible to register and receive an ID during "phase one." Future phases, the VA officials said, could involve broadening eligibility for the ID cards.

Shulkin, the VA secretary, expanded on the possibility of ID cards for vets with “bad paper” discharges at a town hall meeting with employees and community organizers in Manhattan on Oct. 12. “We have an obligation to those who raise their hand, and for reasons sometimes not related to their own fault, have received an other-than-honorable discharge,” he said in answer to a question about the card issue. “Which is different, as you know, than a dishonorable discharge.”

Shulkin has been an advocate for veterans with bad paper since President Donald Trump tapped him to lead the department last winter. In July, Shulkin ordered the VA to extend limited emergency access to mental healthcare to more than 500,000 veterans who were previously ineligible for VA services because of their less-than-honorable discharges. It was a bold move for a newly minted VA secretary.

But in the New York town hall, Shulkin balked when asked why he would expand access to free emergency mental health care to a group of veterans while keeping them ineligible for a federal identification card aimed largely at helping former service members take advantage of veteran discounts and benefits in their communities.

“There are strong feelings on this topic of identity, and we want to make sure that we are sensitive to all of our stakeholders’ feelings on that,” Shulkin said. “I will assure you we will bring that up in the near future. It would not be hard for us. In fact, we found a sponsor for these cards, so it wouldn’t even cost us any money. This is just a matter of let’s consult all the stakeholders.”

Asked about his boss’s statements and whether they might portend a change to the department’s exclusion of bad-paper vets from the ID program, Cashour, the VA press secretary, replied with a single emailed line: “You have VA’s position on eligibility.”

“This is an example of the VA making up its own rules to leave vets with bad paper behind,” said Kristofer Goldsmith, assistant director of policy and government for Vietnam Veterans of America, one of several VSOs that endorsed the Veterans Identification Act. “The veteran identity is in that card, so I think to tell a veteran that they are not eligible for the card is deeply harmful.”

Other VSOs were just happy to see the ID-card legislation finally enacted, despite the eligibility limitations — and despite the fact that it’s two years late. “It is great that the VA finally is moving forward to implement the Veterans ID Card Act of 2015,” Joe Plenzler, director of media affairs for American Legion, told Task & Purpose. “The law said the VA had 60 days to enact this legislation, and The American Legion continued to press Congress to force the VA to comply.”

The new ID card will be brought to you by Office Depot.

There was also Shulkin’s cryptic town hall statement that “we found a sponsor for these cards, so it wouldn’t even cost us any money.”

On Wednesday, AMVETS, one of the largest national VSOs, tweeted images of the new ID card. On the back side of the card is an Office Depot logo. The company’s logo is accompanied by a message: “Saluting you today and every day,” it reads. “Thanks for taking care of business.”

But Cashour, the VA press secretary, was adamant: “It’s not a sponsorship,” he told Task & Purpose by email. “Office Depot is printing and providing the cards to Veterans after VA approves applications for the cards. Under the arrangement, Veterans will pay no fees for the cards.”

The VA briefed the Senate and House Committees on Veterans Affairs “multiple times about the agreement with Office Depot on the cards,” Cashour said, adding, “More details will be forthcoming as the ID card program is rolled out next month.”

But the lack of details right now concerns some VSOs. “I understand thinking outside the box to satisfy the requirement,” Chenelly said about the VA’s Office Depot agreement. “But I don’t like the idea that a corporation can buy influence through our federal government. Is Office Depot now the official office supply retailer of veterans?”

A senior manager of public relations at Office Depot told Task & Purpose Oct. 18 that she was not aware of any partnership or sponsorship with the VA, but would look into it. (We will update this article with additional information as we get it.)

To register for an ID, vets are required to submit a phone contract.

Veterans who want one of the new ID cards will need to submit an application online, though VA has yet to announce the specific website address where they can apply. When the VA does start accepting applications sometime in November, applying veterans will be need a recent photo to upload, as well as a valid government photo ID and a Social Security number.

But many vets may not make it that far. Before veterans can apply for the card, they must register with Vets.gov, a website that authenticates users through the ID.me system. (The VA points out that there is an alternative, slightly complicated registration method, explained below.) Veterans eager to be first in the line for the new cards have already encountered unexpected obstacles on the website.

Registering veterans have been told they must provide Vets.gov with a phone number that’s tied to a contract and registered in the owner’s name, according to a series of emails between an ID.me customer support representative and an Army veteran that were shared with Task & Purpose. That excludes any veteran who cannot afford such a contract or relies on a prepaid phone plan.

Prepaid phone plans often serve as a “lifeline for low-income consumers and people with bad credit,” the Los Angeles Times noted in a 2013 article that estimated one in three Americans owned prepaid plans. (According to Debt.org, roughly 453,000 veterans are currently unemployed and nearly 40,000 are homeless.)

“Without a non prepaid phone number in your name, it will not be possible to access Vets.gov,” the ID.me representative wrote in one email. “If your number is non-prepaid and the bill is in your name, please let me know so we can troubleshoot further,” the rep added elsewhere.

“[This] is counterproductive and needlessly restricts access to the service,” an Army veteran who attempted, and failed, to register with Vets.gov said in an email to Task & Purpose. “I guess I am lucky that the state of Florida let me show them my DD-214 to get a ‘V’ logo identifying me as a veteran on my driver’s license.”

After this story was published, the VA's Cashour responded to T&P's earlier questions about the phone issue, explaining that Vets.gov had recently added DS Logon as an alternative registration method that might work for veterans without postpaid phone contracts. We have published a post explaining that process, which is not immediately obvious on the webpage.

Cashour also acknowledged that vets may not have received the best guidance on registration from phone reps. "We are working with our call center reps to make sure they have the most accurate information," he said in an email.
You can read about other obstacles veterans have encountered while attempting to register with Vets.gov right here.

Chris Jones contributed to this reporting.

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2.7 - Task & Purpose: Trouble Registering For VA's Vet ID Card? There's A Much Better, Hidden Way (19 October, Adam Linehan, Lauren Katzenberg and Adam Weinstein, 102k online visitors/mo; New York, NY)

As we reported this morning in a look at questions around the new Department of Veterans Affairs veteran identification card, some veterans told us they were encountering trouble when attempting to register with Vets.gov — a step that vets must complete to qualify for the national ID card when the VA begins accepting applications in November. It turns out there's a workaround, but figuring that out required some help from VA spokesman Curtis Cashour. Now we're going to use the information Cashour relayed to us to help you.

A series of emails between an Army veteran and a customer representative for ID.me, the third-party company that verifies users' identities, suggested that veterans who wanted the ID card were out of luck unless they had a post-paid cellphone contract. "Without a non prepaid phone number in your name, it will not be possible to access Vets.gov," an ID.me representative wrote in one email. "If your number [is] non-prepaid and the bill is in your name, please let me know so we can troubleshoot further."

As seen in the screenshot below, when you visit Vets.gov, you are presented with three options: 1. sign in with DS Logon; 2. sign in with ID.me; or, in the event the user does not have either a DS Logon or an ID.me account, 3. create an ID.me account.

First-time users are probably inclined to pick option three. However, as the email from the ID.me shows, going that route won't work for vets who lack a cell phone or are on a prepaid plan.

Instead, they need to pick option one — "sign in with DS Logon" — even if they've never heard of DS Logon. Only then will you be able to find the option to create a DS Logon account — which, unlike ID.me, won't require a post-paid phone contract.

If you look right below the Login button, you'll see a tab that says "More DS Logon Options." Click it, and you'll see four more color-coded tabs. The first is labeled "Need a DS Logon?"

If you want to register with Vets.gov but do not have a post-paid phone contract in your name, then the answer is yes, you do. And there you have it. Fill out all the info and you're good to go.

“Within the last month, Vets.gov added a feature that allows Veterans with a DS Logon Premium account to access our site without having to re-verify their identity,” Cashour explained. “Users can sign up on the site and select DS Logon to enter their credentials and get access to the site.”

“Additional information is available on our FAQ page here,” he added, providing a link to the Vets.gov FAQ page featured above.

That may still not be enough guidance for most veterans to navigate the site alone. The first question on the FAQ page is “How do I sign in to Vets.gov — and what does signing in do for me?”

The answer: “To get started, you’ll create an account through ID.me, our trusted technology partner in helping to keep your personal information safe.… Or, you can sign in with your My HealtheVet or DS Logon account.” Below that, the page has two broad categories to guide veterans: “Using ID.me to create your account” and “Signing in with your existing My HealtheVet or DS Logon account.” There is no tab for “Using DS Logon to create your account.”

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2.8 - Sunshine State News: John Rutherford, Al Lawson Want More VA Funds to Help Veterans Enter Civilian Workforce (19 October, Kevin Derby, 64k online visitors/mo; Tallahassee, FL)

Jacksonville’s two congressmen--Republican U.S. Rep. John Rutherford and Democrat U.S. Rep. Al Lawson--teamed up this month on a bill creating a grant matching program for the U.S. Department of Veterans Affairs (VA) help organizations that help veterans enter the private sector through job training programs and other training to help them enter the civilian workforce.

Rutherford and Lawson brought out the “Veterans Armed for Success Act” which has been sent to the U.S. House Veterans Committee and they both showcased the legislation on Wednesday.

Pointing to Jacksonville‘s large veterans community, Rutherford said his bill would help the First Coast.

“Throughout Northeast Florida, I have heard from business owners and hiring managers who want to hire veterans,” Rutherford said. “Our military veterans have a proven record of being reliable, dedicated and hard-working, and their varied experience translates well into many careers. Yet, many veterans have been frustrated with their post-service opportunities. We need to do more to help these veterans succeed when they transition into civilian life.”

Rutherford noted Jacksonville based Operation New Uniform (ONU) had a proven record of training veterans as they readied to enter the civilian workforce with 97 percent job placement in the first four months. However, Rutherford, who like Lawson is a freshman in Congress, said there were no federal programs to help ONU and similar groups.

“Operation New Uniform in Jacksonville and similar programs throughout the country give veterans greater opportunities to transition into stable, long-term employment,” Rutherford said

on Wednesday. “Doing so strengthens families, builds a strong local workforce, and improves the mental health of our veterans. I thank Congressman Lawson for his commitment to our veterans by introducing this bill with me, and we look forward to seeing many more veterans find fulfilling careers in Northeast Florida.”

“Too often, American veterans who have selflessly served our country, return home to little or no job prospects,” Lawson said. “The Veterans Armed for Success Act equips local organizations with the support they need to train our veterans, and their loved ones, as they transition from serving their country to pursing a professional career. I am proud to work beside my friend and colleague Rep. Rutherford on an issue that extends beyond partisan politics and works to create a better quality of life for all American veterans.”

Earlier this month, the bill was sent to the U.S. House Veterans’ Affairs Committee which sent it to the U.S. House Veterans' Affairs Subcommittee on Economic Opportunity. That subcommittee held a hearing on the bill last week. So far, there is no similar bill in the U.S. Senate.

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2.9 - KLCC (NPR-89.7): DeFazio Calls For Federal Investigation At Eugene VA Clinic (19 October, Rachael McDonald, 52k online visitors/mo; Eugene, OR)

Some doctors and nurses at the Veterans Administration clinic in Eugene say it’s being mismanaged by officials from the Roseburg VA. Democratic Congressman Peter DeFazio has called for an investigation at the federal level.

The Roseburg VA oversees the Eugene clinic which opened in January of 2016. DeFazio, who worked to secure funding for the new facility, says there are problems in Roseburg that are now affecting the Eugene clinic.

“I’ve tried before at the national level with mixed results.” DeFazio says, “So this time I’m hoping we’re going to get it fixed. We can’t continue to lose incredibly talented, compassionate people out of the system because of some sub-standard bureaucrats who’s being protected by the system.”
A surgeon claims he was fired from the Eugene clinic after calling for improvements, according to the Register Guard. Nurses and other doctors say there are not enough providers to serve the thousands of area veterans. Some vets have complained of not getting adequate or timely treatment.

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2.10 - KSNW (NBC-3, Video): Sedgwick County, VA leaders discuss claims of missing $1.5 million (19 October, John Asebes, 9.1k online visitors/day; Wichita, KS)

SEDGWICK COUNTY, Kan. (KSNW) – Sedgwick County claims that since 2014, the VA owes them $1.5 million in missed medical transport payments.

With representatives from Senator Jerry Moran's office and Congressman Ron Estes' office on hand, Sedgwick County and VA officials met to see what is actually owed.

"We know that we are looking for 1.5 million dollars," says Commissioner David Dennis. "That is a fact."

Dennis is confident in that. He met with leaders from the Robert Dole VA Medical Center in hopes of finding the money which he says is owed to the county.

"There is a difference in their accounting and what our accounting shows." Dennis adds, "We need to do a reconciliation and find out what the difference is."

They took the first steps Thursday and will be meeting again on October 30 to re-examine all the accounts the county has with the VA.

Dennis says it's a positive step forward, but the money is definitely missed.

"Obviously any revenue that we generate helps support EMS operations," says Scott Hadley, Director of Sedgwick County Emergency Services.

Comparatively, $1.4 million is what Sedgwick County budgeted alone for an EMS post they broke ground on last October.

Hadley says the money could be used in a variety of other ways that help them provide a high level of first response to the community.

He says, "Adding additional crews, buying ambulances, equipment or operating supplies."

Hadley says the meeting went well and they are confident that each side will be able to settle the issue.

"Irrespective of what happened today we are going to continue to provide quality services as we have in the past and will continue to do that in the future."

KSN reached out to officials at the VA about the meeting and claims of missing money and have not received a response back.

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3. Access to Healthcare

3.1 - FOX News: Vietnam veteran died while nurse's aide played video games: Report (19 October, Benjamin Brown, 32.5M online visitors/mo; New York, NY)

A 68-year-old Vietnam veteran in Massachusetts, hospitalized with multiple ailments, died in July while the nurse's aide assigned to care for him played video games, according to a published report.

Bill Nutter suffered from the effects of Agent Orange, diabetes and a condition that could suddenly send him into cardiac arrest without warning, the Boston Globe reported.

He was supposed to be checked on every hour during his stay at the Bedford VA Medical Center, one of the country's top-rated hospitals, according to the U.S. Department of Veterans Affairs.

Initially, his wife, Carol, was told that her husband died of "cardiac arrest and [they] couldn't do anything about it," she told the Globe.

However, just a few days later, Carol Nutter said, a doctor called to provide more details on her husband's death. Nutter said the doctor could be heard repeating the words of a woman in the background, whom Nutter quoted as saying, "If they had done what I told them to, he could have possibly been alive," referring to the hourly check-ups.

Nutter didn't learn the full truth until someone from the Office of the Inspector General's investigation told the Globe that the nurse's aide ultimately admitted to playing video games on her computer rather than watching Bill Nutter.

The aide has since been fired, the Globe reported.

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3.2 - Dallas Morning News: Opinion - Health care system for our veterans still isn't good enough (19 October, Ted Cruz and John Ratcliffe, 9.4M online visitors/mo; Dallas, TX)

Three years ago, our country awoke to the grim reality that our Veterans Administration health care system had become so deeply flawed that many of our nation's heroes had died while waiting to receive care. With their names buried on secret waiting lists, it became evident that the VA system was more concerned about protecting the bureaucracy than caring for our veterans.

In the wake of these horrifying revelations, Congress began the arduous task of enacting reforms aimed at shifting the culture within the VA to no longer tolerate the mismanagement and corruption that imperiled so many veterans' lives. While some progress has been made, ongoing reports of the VA's shortcomings reinforce that much more needs to be done.

Numerous hearings, investigations and aggressive oversight by Congress revealed areas that required attention and were preventing veterans from getting the quality, timely care they deserve. These efforts initially led to the passage of the Veterans Access, Choice, and Accountability Act of 2014, which established the Veterans Choice Program and the Commission on Care.

By empowering our veterans to have more control over their care, Congress took the first step in prioritizing our veterans over the VA bureaucracy. Unfortunately, the program has been plagued by poor implementation and fails to deliver the true choice for veterans as Congress intended.

More recently, Congress and President Donald Trump have worked together to enact a variety of important measures to continue taking steps to improve the culture at the VA and the care for

our veterans. Some common-sense efforts include increased authority for the VA to hold employees accountable when they fall short of their responsibilities, to protect whistleblowers, and to extend financial certainty to the Veterans Choice Program.

But in March of last year, we were alarmed to learn that seven of 12 reports released by the VA Office of Inspector General contained instances of scheduling mismanagement that had led to extended veteran wait times at the VA Health Care Systems in Texas. Due to a variety of factors including poor training, lack of supervision and non-centralized systems, issues such as data manipulation, improper scheduling and flawed record-keeping were able to grow rampant in our own home state, to the detriment of our veterans who need us the most.

While there is no silver bullet to fix the VA's struggles, we can, and must, continue taking steps in the right direction. This is why we introduced the VA IT Restructuring Act in both the House and Senate.

Our legislation homes in on the problems that stem from the Veterans Health Administration's outdated software by appointing a chief information officer to oversee its modernization. By centralizing oversight and planning of the IT systems, we can avoid the mishaps that emerged due to the lack of an experienced, senior health care leader at the VHA who is focused on IT management.

The Commission's Final Report stated "it is essential for VHA to have a CIO with health care expertise and substantial experience."

We must and will continue our collective efforts alongside the Trump administration to ensure continued improvement of care for veterans, not just here in Texas, but all across the country.

Ted Cruz is a Republican U.S. Senator from Texas. Twitter: @tedcruz

John Ratcliffe is a Republican member of Congress representing northeast Texas. Twitter: @RepRatcliffe

They wrote this column for The Dallas Morning News.

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3.3 - MedicalXpress: Veterans study reports reduction in suicide ideation after HBOT (19 October, Louisiana State University, 1.5M online visitors/mo; New York, NY)

A pilot case control study of veterans of the US armed forces with mild traumatic brain injury (TBI) or persistent post-concussion syndrome (PPCS), with or without post-traumatic stress disorder (PTSD), has found significant improvements in persistent post-concussion syndrome and PTSD symptoms, neurological exam, memory, intelligence quotient, attention, cognition, depression, anxiety, quality of life, and brain blood flow following hyperbaric oxygen therapy (HBOT).

Compared to controls, the patients' brain scans were significantly abnormal before treatment and became statistically indistinguishable from controls in 75% of abnormal areas after treatment.

"Simultaneously and most importantly, subjects experienced a significant reduction in suicidal ideation and anxiety, possibly the most significant finding in the study given the current veteran suicide epidemic," notes Dr. Paul Harch, Clinical Professor and Director of Hyperbaric Medicine at LSU Health New Orleans School of Medicine. "The PTSD symptom reduction is one of the greatest reductions in PTSD symptoms in a four-week period with any reported treatment, and combined with the effect on PPCS outcomes, HBOT represents the only reported effective treatment for the combined diagnoses of blast-induced PPCS and PTSD."

The improvements, including a discontinuation or decreased dosage of psychoactive medications, continued to increase over the six-month post-treatment period. Dr. Harch and Dr. Edward Fogarty, Chair of Radiology at the University of North Dakota School of Medicine, led the research. The study is published in the current issue of the journal Medical Gas Research, available here.

"Mild traumatic brain injury, persistent post-concussion syndrome and post-traumatic stress disorder are epidemic in United States Iraq and Afghanistan war veterans," adds Dr. Fogarty. "The only effective treatment of the combined diagnoses that is available and well studied is via these chambers - this is not solely a biochemical intervention. Gas pressure physics impacts neurobiology beyond simple oxygen chemistry"

Hyperbaric oxygen therapy is the use of increased atmospheric pressure and increased oxygen levels as drugs to treat disease by turning genes on and off. Treatment effects are a function of dose and timing of intervention in the disease process.

Thirty active-duty or retired military service men and women 18 to 65 years of age with one or more mild-to-moderate blast TBIs characterized by loss of consciousness that were a minimum of one year old and occurred after 9/11 participated in the study. They were matched to a control group. HBOT was performed in monoplace hyperbaric chambers on a protocol the investigators developed in 1989. Patients were compressed and decompressed at 1-2 pounds per square inch per minute on 100% oxygen for 60 minutes total dive time, twice a day with a 3-4 hour surface interval five days a week for 40 HBOTs.

After HBOT, 52% of patients no longer met the threshold criteria for the diagnosis of PTSD. Ten of the 12 patients who expressed suicidal ideation prior to the HBOT did not express suicidal thoughts after treatment. One patient with anxiety who required an emergency department visit for increased anxiety had increased suicidal ideation after treatment. Of the patients who indicated significant anxiety before treatment, 75% were no longer anxious after treatment. The patients' abnormal brain blood flow pattern became nearly indistinguishable from the controls after HBOT treatment.

Six patients experienced mild reversible middle ear injury due to pressure change, five of whom at the start of upper respiratory infections. Seven patients experienced transient deterioration is some symptoms that resolved over the next 4-6 HOBTs. Two patients had anxiety associated with exacerbation of PTSD that was treated with medication. Eleven patients experienced protocol breaks due to unrelated adverse events but 10 of them finished the protocol. The researchers conclude that this 30-day course of 40 HBOT treatments was safe with no persistent adverse events.

A 2008 Rand Report estimates that 300,000 (18.3%) of 1.64 million military service members who have deployed to Iraq and Afghanistan war zones have PTSD or major depression, and 320,000 (19.5%) have experienced a TBI. Overall, approximately 546,000 have one of the three diagnoses, and 82,000 have symptoms of all three.

"Dr. Paul Harch, for the past three and a half decades, has meticulously researched and published quality laboratory and clinical research about the efficacy of hyperbaric oxygen in treatment of sub- acute and chronic TBI, convincingly demonstrating its efficacy by favorable outcomes with careful statistical substantiation of his findings," says Dr. Keith Van Meter, Clinical Professor and Chief of Emergency Medicine at LSU Health New Orleans School of Medicine. "He has added to his quality team of researchers, and their steadfast persistence has achieved these remarkable results."

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3.4 - MedicalXpress: Researchers find evidence of DNA damage in veterans with Gulf War illness (19 October, 1.5M online visitors/mo; New York, NY)

Researchers say they have found the "first direct biological evidence" of damage in veterans with Gulf War illness to DNA within cellular structures that produce energy in the body.

The findings appeared in the journal PLOS One in September 2017.

A study that focused on mitochondrial DNA (mtDNA) included 21 veterans with Gulf War illness (GWI) and seven controls.

In blood tests, researchers observed more lesions and more mitochondrial DNA—that is, extra copies of genes—in veterans with Gulf War illness, relative to controls without the illness, suggesting excess DNA damage. Lesion frequency gives a direct measure of DNA damage, while the increased number of mtDNA copies reflects a response to the damage.

Both lesion frequency and the number of mtDNA copies vary in response to environmental toxins and together provide a reading of overall mitochondrial health, according to lead researcher Dr. Mike Falvo, a health sciences specialist at the Veterans Affairs New Jersey Health Care System.

He notes that everyone experiences some level of mtDNA damage, perhaps due to aging and environmental exposures, such as air pollution. In the study, the mtDNA damage was 20 percent greater in the veteran group, compared with a control group that included three veterans without GWI and four non-veterans.

"Greater mtDNA damage is consistent with mitochondrial dysfunction, which may contribute to symptoms of GWI, as well as persistence of this illness over time," the researchers write. "We interpret these findings as evidence that mitochondrial dysfunction is involved in the pathobiology of GWI."

Falvo explains that the researchers used a new technique developed in the lab of his team's collaborator that allowed them to evaluate the quality of the mitochondrial DNA directly from

total DNA without having to isolate the mitochondria. This approach is simpler to execute and does not require analysis through a biopsy of a piece of tissue, such as skeletal muscle, he says.

Although Falvo and his team were interested mainly in mtDNA, they also looked at nuclear DNA, which is vital, too, to overall mitochondrial health. The levels of nuclear DNA damage were also elevated in the veterans with GWI, but did not reach "statistical significance," the researchers say. Nuclear DNA damage is a major cause of cancer, neurodegeneration, mitochondrial dysfunction, and many age-related diseases.

Mitochondria are organs that act as spark plugs within cells. They are like a digestive system that takes in nutrients, breaks them down, and creates energy-rich molecules for the cell. They are very sensitive to potential damage caused by toxins.

Patients with mitochondrial dysfunction have symptoms involving multiple organ systems, primarily nerves and muscles. Veterans with Gulf War illness have reported similar symptoms. Many Gulf War veterans believe they were exposed to harmful chemicals and other toxins during the conflict.

"Mitochondrial dysfunction among veterans with GWI may help explain, in part, the persistence of this illness for over 25 years," the researchers on Falvo's study write. "For example, chemical and environmental exposures during deployment may have provided the initial [harm] to mtDNA and accumulation of damage."

Falvo, also an assistant professor at Rutgers New Jersey Medical School, researches how cardiovascular, cardiorespiratory, and other systems respond to physical and environmental stress.

Soon after joining VA in 2010, he learned that many Gulf War veterans experience major fatigue and other symptoms across many areas of the body. "To me, that sounded awfully consistent with the symptoms of mitochondrial disorders," he says. "After reviewing the literature, I realized at that time there was no published study on GWI that investigated whether mitochondrial dysfunction contributed to symptoms."

He explored that potential link with Dr. Helene Hill, a colleague at Rutgers New Jersey Medical School who has studied mitochondrial DNA. Their discussion led to preliminary data that supported Falvo's 2017 study, on which Hill is a co-investigator.

Falvo's study follows work by Dr. Beatrice Golomb at the University of California, San Diego. Golomb was formerly on VA's Research Advisory Committee on Gulf War Veterans' Illnesses. With Department of Defense funding, she and her team reported in 2014 what they called "the first direct evidence supporting mitochondrial dysfunction in Gulf War illness."

Falvo and his colleagues performed tests directly on the mitochondrial genome. In contrast, Golomb used an imaging technique to examine the oxidative capacity of muscle in veterans with Gulf War illness. Oxidative capacity of muscle is a measure of how well tissue, or muscle, is able to use oxygen. In essence, the more mitochondria that are functioning well, the more that tissue is able to use oxygen.

The researchers in Golomb's study called, in part, for replication of their findings in a larger study. Falvo's research includes three times the number of veterans with Gulf War illness.

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In a separate 2014 study of 46 veterans with GWI, Golomb and her colleagues reported promising results for the nutritional supplement coenzyme Q10 (CoQ10) as a way to address the fatigue created by mitochondrial dysfunction. CoQ10 is thought to promote healthy mitochondria.
VA recently launched a three-year trial to determine if treatment with ubiquinol, a form of CoQ10, improves the physical function of veterans suffering from Gulf War illness.

The study is being carried out at four VA medical centers: Miami, Boston, Minneapolis, and the Bronx, New York. Officials there are recruiting 200 veterans with GWI for a double-blind placebo study. The initiative is based on data supporting the need for methods that repair mitochondrial function and that replenish depleted antioxidant stores related to the illness, according to the principal investigator, Dr. Nancy Grace Klimas of the Miami VA Healthcare System.

Antioxidants are substances, such as vitamin C or beta carotene, that remove potentially damaging oxidizing agents in a living organism.

In a sister study, Dr. Mary Ann Fletcher of the South Florida Veterans Affairs Foundation for Research and Education, a nonprofit group that supports VA research, is exploring changes in biomarkers related to CoQ10 treatment. These biomarkers include inflammatory cytokines, which are substances that are secreted by certain cells in the immune system and impact other cells; and natural killer (NK) cells, which play a major role in the hosting and rejection of tumors and virally infected cells.

Falvo, for his part, is expanding his team's efforts to study mitochondrial DNA damage in veterans with Gulf War illness. He's part of a new DoD-supported study led by Dr. Joel Meyer, an associate professor at Duke University in Durham who studies environmental toxicology. The researchers are seeking to recruit about 150 veterans with and without GWI in hopes of confirming the findings in Falvo's 2017 study. "More importantly, we want to gain new knowledge of the damage of mtDNA on mitochondrial function and the recovery process," he says.

"We need to be sure that our findings are robust," Falvo says. "For us, that means confirming the present results but also investigating what might be contributing to mitochondrial DNA damage or its lack of repair."

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3.5 - WNCN (CBS-17): Double amputee vet who refused to leave Durham VA says he doesn't know how long he can stay (19 October, Michael Hyland, 584k online visitors/mo; Raleigh, NC)

DURHAM, N.C. (WNCN) – A veteran who fought to get back into the Durham VA Medical Center says he doesn't know how long he'll be able to stay.

CBS North Carolina first reported on James Francis in late September, when he refused to leave after the staff discharged him.

“And I told them I wasn’t going to accept that, and I wasn’t going anywhere,” he said after a town hall at the Durham VA Thursday.

The 69-year-old is a Vietnam War veteran and double amputee who receives dialysis treatments three times a week. He worried about the quality of care he’d get at assisted living centers where the VA tried to send him.

“Why are they trying to find a place for me to go? This is what the VA was built for,” he said.

He stayed at the VA in hallways and waiting rooms until administrators let him come back. But, he says, since then he’s gotten no guarantee on how long he can stay or where he’ll end up. He wonders every day if he’ll be forced to leave.

“Well, in Mr. Francis’s case, we’ll continue to assess his condition and try to help him, work with him side by side to try to find him the appropriate level of care,” said Joe Edger, who took over as acting director of the Durham VA earlier this week. “What we have may not feel right for Mr. Francis, but we’ll continue to work with him to find him a solution that he feels comfortable with.”

Ronald Allen is a fellow veteran and has been advocating for Francis. He says he deserves more clarity.

“That’s not telling Mr. Francis anything,” said Allen. “No one, from what he’s told me, has explained to him what his plan of care will be.”

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3.6 - Becker’s Hospital Review: Bedford VA Medical Center under investigation after patient died while nurse aid played video games (19 October, Mackenzie Bean, 441k online visitors/mo; Glencoe, IL)

Federal officials are investigating care lapses at Bedford (Mass.) VA Medical Center that may have contributed to the 2016 death of a patient, reports The Boston Globe.

Here are seven things to know.

1. Hospital staff found 68-year-old Bill Nutter, a Vietnam veteran and retired police detective, dead in his bed at Bedford VA Medical Center last year. Mr. Nutter lost both his legs from diabetes and suffered from a heart condition that threatened to spontaneously send him into cardiac arrest.

2. Staff members initially told Mr. Nutter's wife, Carol, his heart stopped in his sleep, and there was nothing they could have done to save him.

3. However, a nurse's aid on duty the night of Mr. Shutter's death later admitted to playing video games on her computer instead of regularly checking on Mr. Nutter during her shift.

4. Internal hospital records indicate the nurse who found Mr. Nutter the next morning told her boss about the death by making "a crude gesture signifying a slit throat," according to The Boston Globe.

5. Bedford VA Medical Center immediately reassigned the aide to a cafeteria position and terminated the nurse who made the gesture.

6. The Department of Veterans Affairs Office of the Inspector General is conducting a criminal investigation with the U.S. attorney's office and the FBI to identify potential care lapses that may have contributed to Mr. Nutter's death.

7. Maureen Heard, a spokeswoman for Bedford VA Medical Center, declined The Boston Globe's request for comment.

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3.7 - Becker's Hospital Review: San Diego VA administers 1.5k ineffective flu shots (19 October, Brian Zimmerman, 441k online visitors/mo; Glencoe, IL)

Veterans Affairs San Diego Healthcare System gave nearly 1,300 veterans and 240 VA employees flu shots that may not be fully effective due to a refrigeration error, according to a report from The San Diego Union-Tribune.

VA hospital employees on Oct. 13 discovered a pharmacy refrigerator did not keep stored doses of the flu vaccine within the recommended temperature range. Affected vaccines do not pose a threat to patient safety, but may have less potency and therefore offer less immunity.

"I am very unhappy this happened here," Robert Smith, MD, director of the San Diego VA hospital, told ABC10 News. "That's something I'm going to be looking into and how it can be prevented in the future."

The VA is notifying veterans who received a flu shot at the hospital between Oct. 9 and Oct. 13 of the issue and encouraging them to return to the hospital for a new vaccination, according to ABC10 News.

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3.8 - Maine Sun Journal: Bruce Poliquin focuses on veterans (19 October, Steve Collins, 440k online visitors/mo; Lewiston, ME)

U.S. Rep. Bruce Poliquin said Thursday he intends to push a measure aimed at making it possible for more nursing homes to treat veterans without facing as much bureaucratic rigmarole.

The 2nd District Republican told a small news conference in Lewiston that providers have to deal with “onerous red tape” to get reimbursed for offering veterans the same types of care that Medicaid and Medicare pay for with far less hassle.

Poliquin said as a result, some won’t offer the same care to veterans whose bills are paid by the Veterans Administration that they will for most other patients.

The Veterans Access to Long Term Care and Health Services Act that Poliquin plans to introduce Monday would fix the problem, he said.

“We have a lot of support on the committee level,” Poliquin said, adding that he is “really excited about this.”

The bill is a companion measure to one already introduced in the U.S. Senate by Sens. John Hoeven, R-N.D., and Mike Rounds, R-S.D.

Hoeven, who promoted a similar bill in 2015 that fell short, has said that only 15 of 80 nursing homes in North Dakota have contracts with the VA because its rules are too cumbersome.

The American Health Care Association hailed the proposal this summer.

“This crucial legislation ensures that America’s veterans have access to extended care services from providers who are closer to veterans’ homes and community support structures,” Mark Parkinson, president of the association, said in a prepared statement.

“These men and women selflessly served our country and it is important we provide them the best care possible,” he said.

The act would allow nursing homes to enter into provider agreements with the VA that would make them subject to the same rules and regulations as Medicare or Medicaid providers generally.

The bill has the support of the Department of Veterans Affairs.

Poliquin announced his plans shortly before holding the first meeting of his new Veterans Advisory Panel, a group he created recently to hear directly from veterans from across his sprawling northern Maine district.

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3.9 - KPLC (NBC-7, Video): VA Outpatient Clinic grand opening slated for Friday (19 OCotber, Candy Rodriguez, 192k online visitors/mo; Lake Charles, LA)

LAKE CHARLES, LA (KPLC) - The Lake Charles Veterans Affairs Community Outpatient Clinic is finally here.

The 24,000-square-foot facility opened in late August.

On Friday, Oct. 20, a grand opening, dedication and open house will take place at the clinic. The public is invited.

For many, this is a major improvement over the interim clinic on McNeese Street and the former mobile clinic on Fifth Avenue, something Jim Jackson, chairman of the Lake Charles Mayor’s Armed Forces Commission, said he agrees with.

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In September of 2015, the Department of Veterans Affairs awarded a 20-year lease contract for the facility.

The groundbreaking was held in June of last year.

The new clinic will allow VA to provide improved access to primary care (including women's health), general and specialty mental health, dental, optical shop, rotating specialty clinics, basic imaging, physical therapy, prosthetics and orthotics, and blood draw/specimen collection.

The clinic is located at 3601 Gerstner Memorial Drive, between Panda Super Buffet and Ashley Furniture.

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3.10 - People's World: Trump's "death by a thousand cuts" plan for the VA exposed (19 October, Mark Gruenberg and John Wojcik, 61k online visitors/mo; Chicago, IL)

WASHINGTON — The Government Employees (AFGE) blasted plans, from both a right-wing funded so-called veterans group and legislation unveiled by the Republican Trump administration, to subject the government's health care system for veterans to "death by a thousand cuts."

Despite describing himself as a big supporter and friend of America's veterans it appears the president is slowly putting into effect the plans enemies of veterans' health care have long held dear to their hearts. The Peoples World published an expose by Roberta Wood on these issues. The story has won the International Communication Association's highest award for journalism, the Max Steinbock award.

And the union, along with VoteVets, a 500,000-member veterans group, is on the offense against the schemes. Other traditional veterans' organizations, such as the American Legion, will join in, AFGE President J. David Cox predicts.

At issue are three developments that could jeopardize the Department of Veterans Affairs (VA) health care system. The eventual goal of VA's foes, Cox says, is dumping the nation's vets into the private health care system. He calls it privatization in pursuit of profits.

In addition, the private system both does not coordinate care, while VA does, and private practitioners are often ill-equipped to treat multiple ailments connected with military service. The three developments are:

Trump administration legislation to let vets who live more than 40 miles away from a VA health center use government-paid vouchers to buy private health care for their conditions. That expands the current VA Choice program, established by the comprehensive VA overhaul bill Congress passed and then-President Barack Obama signed.
The Choice program "is a total dismantling, taking resources" – money – "out of the VA," Cox told a telephone press conference on October 17. AFGE represents the largest number of VA workers, including medical professionals and support staff. National Nurses United represents thousands of VA's registered nurses.

Lobbying by a front group for the ultra-right ultra-rich Koch brothers to privatize all veterans' health care. The group, called the Concerned Veterans of America, also led the right wing lobbying last year for privatizing the 700-800 facility VA health care system in the wake of scandals where managers falsified treatment records and delayed vets' appointments.

The VA's decision, which did not need legislation, to seek to lay off 2,000 of its 5,000 customer service representatives nationwide. The CSRs interview veterans seeking benefits and treatment and make preliminary recommendations on those issues and linkages.

The agency wants to fire those CSRs who aren't clearing cases quickly enough, even though paperwork for a case, documenting a vet's disabilities and their connection to his or her military service, may stretch on for several feet. "These are complex claims," Cox said.

"The privatizers and special interest groups have made it their mission to push our veterans out of the system," said Cox, a retired VA psychiatric nurse in North Carolina. "Not because they would get better care" in private medicine "and not because vets want it, but because they want more profits. They're attempting to dismantle the VA from the inside out."

To combat that effort, the union is urging its members and the general public to speak up for VA health care, which independent studies – notably one by the Rand Corporation, a noted think-tank – show is superior to the private health care system. The union has already held pro-VA rallies nationwide and wants its members to lobby their lawmakers on the issue.

And the union is supporting pro-VA legislation by Rep. Anthony Brown, D-Md., and Sen. Bernie Sanders, Ind-Vt., to close the gap of 49,000 job vacancies – many of them doctors and nurses – in the VA, Cox and AFGE Legislative Director Thomas Kahn said. Sanders' measure would allot $5 billion more for hiring and for infrastructure improvements. (story continues after video)

William Fischer, an Iraq War veteran and legislative director of VoteVets, used the "death by 1000 cuts" line in agreeing with Cox's description of the threats to VA health care. But he ducked a question about whether his group would tell its members the fate of VA health care should be their "litmus test" in next year's election.

Fischer also said he's telling other progressive groups, especially backers of single-payer government-run national health care, the fate of the VA health care system is important to them, too. That's because the VA system, in a smaller scale, is a single-payer federal-run nationwide health care system – without the private insurers in the way.

"The VA is a single provider that is popular" with two million veterans "and it works. The opponents know that if they can kill the VA, there will be no hope for single-payer at all."

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3.11 - The Herald Democrat: Area groups gather to help homeless veterans (19 October, Drew Smith, 58k online visitors/mo; Sherman, TX)

Texoma area organizations gathered together in Sherman Thursday morning with the goal of getting homeless veterans off the street and connected with health, housing and social support services.

The Homeless Veterans Stand Down program was held at the Four Rivers Outreach center as well as in cities throughout the country on Thursday. The local event was largely organized by the Texoma Community Center's Veterans Services department and sponsored by Veterans Affairs in Bonham. Participating groups, including Grayson College, Workforce Solutions Texoma and the American Red Cross, handed out toiletries, clothing and information regarding local support services.

"Some veterans really struggle," veteran and Texoma Community Center Veterans Services Coordinator Penny Poolew said. "But we have a lot of support within the community when it comes to ending homelessness."

Poolew explained that addressing and reducing veteran homelessness in Texoma and all across America is a challenge because substance abuse and mental health are often intertwined with homelessness and affect a person's daily stability.

Jennifer Weatherford, who serves as an affordable housing advocate for the Texoma Council of Governments said when it comes to getting veterans off the street, the mantra is "housing first." Weatherboard explained that if a homeless veteran has a safe and consistent place to stay, they're more likely to succeed. But that comes at a cost that not all veterans can afford.

"The median area rent here is usually about $780 a month," Weatherford said. "But the majority of our retired veterans are making the SSI (Social Security Income) and SSDI (Social Security Disability Income) minimum of $735 a month. That means 104 percent of their income goes toward rent alone. It's a huge, huge problem."

VA Senior Social Worker Michael Serpa said Texoma veterans are often disconnected because of how rural the region is and don't know the full extent to which the VA can help. In addition to identification, health care, employment and transportation services, Serpa said the VA can offer veterans some financial relief when it comes to housing.

"When they come into our program, they get a Section 8 voucher that basically helps pay a portion of their rent," Serpa said. "We also come to their home and meet with them at least once a month, if not more often. In those meetings, we help to make sure that the services they need are set up around them so that they can become self sufficient."

And that's precisely why Shane Johnson stopped by Four Rivers for the awareness event. Johnson, a veteran of the United States Marine Corps, is currently walking from Orlando, Florida, to Oceanside, California, as part of the Hike Across America program. Through the homelessness awareness campaign, Johnson is stopping at shelters along the way and handing out hygiene products and a little encouragement to the homeless.

Johnson said there are many homeless veterans with severe issues and they deserve every bit of service and support available to them. But he also said he believes that some of America's homeless veterans become accustomed to the free services and have lost their motivation to become more independent.

"My goal is to get these veterans off their butts and inspire them again to make things happen for themselves," Johnson said. "That's exactly what they did before when they were in the military and they can do it again."

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3.12 - WAGM (FOX-8): Rep. Poliquin Announces New Bill to Help Allow Veterans to Receive Care From Local Providers (19 October, 35k online visitors/mo; Presque Isle, ME)

Today, Congressman Bruce Poliquin held a press conference in Lewiston to announce a new Veterans bill he is introducing in Congress and to conduct the first meeting of his newly-launched Veteran Advisory Panel.

The announcement and first meeting of Poliquin's Veteran Advisory Panel comes shortly after reports surfaced last week of abuse and neglect at Togus and the Congressman's introduction of legislation to make sure such failures by the VA never happen again.

The Veterans Access to Long Term Care and Health Services Act announced today will help allow Veterans to receive care from local providers that are closer to home. Specifically, the bill allows the VA to enter into Veterans Care Agreements with qualified health care providers for critical hospital, medical, and extended care services, removing unnecessary red tape so local, qualified providers can support our Veterans.

The Congressman made the announcement before beginning the first meeting of his newly-launched Veteran Advisory Panel. The panel serves as a local tool for Congressman Poliquin to hear and better understand issues affecting Veterans in communities across Maine's expansive and rural 2nd Congressional District. The panel is a body consisting of Maine Veterans who represent communities in the District and who engage in local resources networks within their own communities.

Congressman Poliquin released the following statement:

"I'm extremely excited to conduct the first of many meetings for our Veteran Advisory Panel, a new resource for our Veterans in local communities across Maine's 2nd District to more easily and directly have a voice on the issues that are most important to them" said Congressman Poliquin. "After the recent reports of abuse and neglect at Togus came to light last week, we're again unfortunately reminded of the critical work that needs to be done to make sure our Veterans are given the care and support they deserve, and I'm encouraged this Veteran Advisory Panel will help to serve that cause.

"With the panel's first meeting, I'm pleased to introduce new legislation to help our Veterans receive care from local providers and closer to home. This bill will help remove red tape for our local, qualified providers so they can support our Veterans. Supported by the American Health Care Association, this legislation will improve our Veterans' access to timely and convenient care, and I look forward to working with Democrats and Republicans in Congress and VA Secretary Shulkin to get these policies enacted on behalf of our Veterans."

In today's Veteran Advisory Panel meeting, the Congressman and panel members discussed a number of issues brought up by Veterans from across Maine's 2nd District. In today's meeting, the panel discussed the potential increase in demand for Veterans services in the Lewiston-Auburn area; an assisted living facility in Aroostook County; home care for elderly and disabled Veterans; transportation and access to health care for Veterans, specifically in Hancock and Washington Counties; efforts to increase Veterans' awareness of the resources and benefits

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available to them; work to simplify the oftentimes bureaucratic and technical hoops Veterans must go through to apply for benefits through the VA; and many other topics.

The panel, which was announced earlier this year, formally meets quarterly in different locations throughout Maine. The assembly also holds monthly conference calls to discuss policy initiatives and issues that Congressman Poliquin should be aware of and engage on in the House Veterans' Affairs Committee. In addition, the panel has regular inter-communication. Congressman Poliquin joins panel meetings in-person at least once a year and by Skype when he is in Washington, D.C.

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3.13 - The Journal of the San Juan Islands: Local veterans discuss long health care waits with Larsen (19 October, Hayley Day, 28k online visitors/mo; Friday Harbor, WA)

A federal program to prevent veterans from long wait times at health care facilities doesn't seem to be working.

"I had some hand surgery over there, and it took quite a while to get it authorized, about eight months," said retired veteran Peter DeLorenzi about a procedure at San Juan Island's Peace Island Medical Center.

DeLorenzi, and about three other veterans, spoke up about health care at a veteran's forum in Friday Harbor, hosted by the district's U.S. Congress Rep. Rick Larsen (D-WA) on Sunday, Oct. 15.

The Veterans Choice Program allows patients, not in driving distance of U.S. Department of Veterans Affairs hospitals, to receive the same care at nearby facilities.

Larsen commended changes to the 2014 legislation, which originally measured the 40-mile distance in a straight line.

"We quickly found out what a terrible marker that was," said Larsen. "We have islands, like the San Juan Islands; you might be 40 miles swimming distance, but not 40 miles driving."

Despite these changes, DeLorenzi explained there are extended wait times to be covered for procedures, or even assigned primary care physicians.

"There's a lag between the time you say 'I need to see a doctor' and the time they tell you can see a doctor," he said.

The program covers emergency room visits, but some injuries, like a sprained wrist, require an appointment within a few days, not weeks, or even months.

According to a 2016 U.S. Government Accountability Office report, it took between 22 and 71 days for 120 newly enrolled veterans to be scheduled with primary care physicians. The program's policy, stated the report, is to contact them with five days of enrollment.

Sefarian Butler, who works with veterans at the state's career center, told forum attendees that once patients receive referrals for primary care physicians, the lag disappears.

"Usually they don't provide you with one referral, they provide you with multiples of six to eight," he said. "As long as you have that referral, you can see that provider as many times as necessary through the length of those referrals."

Yet, there isn't just a lag in appointments, but billing as well. Once DeLorenzi received his carpal tunnel surgery he, not his insurance, was charged $700 for anesthesia.

"Was I supposed to do this without anesthesia? I was a Marine," he said.

In March 2016, the VA opened a call center to help veterans with bad credit thanks to delayed or inaccurate billing through the Veterans Choice Program.

DeLorenzi, however, just decided to pay the bill out of pocket, instead of going through, what he called, a "confusing system."

He and retired Staff Sergeant Shannon Plummer serve as Veterans Service Officers to help locals submit claims to the VA.

Plummer told attendees that government bureaucracy forces patients to take it upon themselves to communicate between the system's two sides: TriWest, the VA insurance for retired veterans and TRICARE, the regional company which handles the First Choice Program. The similarity in names, he admitted, adds to the confusion.

"It's a pain in the butt, but it's the best you've got right now," he said.

To speak with local VSOs, contact the Friday Harbor's American Legion Post 163 at 378-5705.

To locate a state career center representative who works with veterans, contact the local Northwest Workforce Council representative Minni Knych at 378-8662.

Since 2015, staff from Larsen's office reported they have helped 326 veterans with casework and saved veterans over $260,000 in benefits. This was Larsen's 58th veterans forum.

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3.14 - KIOW (FM-107.3): Grassley, Ernst Seek VA Response on Reported Unauthorized Waiting List at VA Nebraska-Western Iowa Healthcare System (20 October, AJ Taylor, 340 online visitors/day; Forest City, IA)

Sen. Chuck Grassley and Sen. Joni Ernst of Iowa today asked the Department of Veterans Affairs for a response to a report in the Omaha World-Herald of unauthorized waiting lists outside the VA patient tracking system for some mental health appointments in Omaha.

"With mental health, receiving prompt care is crucial, and in severe cases can be a matter of life and death," Grassley and Ernst wrote to Secretary David Shulkin. "It is important for veterans and taxpayers to know what role these unauthorized lists played and how they impacted access

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to care, what types and levels of employees were involved in the decision to establish the list and in operating the list, and what corrective actions and disciplinary measures were applied to make sure this does not happen again."

Grassley and Ernst wrote that they appreciated that the VA apparently took action to correct the Omaha situation after learning of it but "the little that was disclosed publicly leaves some unanswered questions."

In addition to seeking details about how the unauthorized lists affected access to care and employee disciplinary action in this case, Grassley and Ernst sought details about agency "protocols for disciplinary action and how the taxpayers and the public should be kept informed in such instances." They also asked for a description of how the unauthorized waiting lists came to light in the Omaha situation and whether the VA has systemic checks and balances to bring such unauthorized waiting lists to the forefront agency-wide.

Grassley and Ernst have long worked to improve veterans services, particularly those involving mental health and suicide prevention.

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4. Women Veterans

5. Appeals Modernization

6. Strategic Partnerships

7. Supply Chain Modernization

8. Other

8.1 - The Buffalo News: Karen Pence, VA secretary, to address veterans art festival at UB
(19 October, Robert J. McCarthy, 1.6M online visitors/mo; Buffalo, NY)

Less than two weeks after Vice President Pence appeared in Buffalo, second lady Karen Pence will arrive in town to address veterans at the National Veterans Creative Arts Festival at the University at Buffalo North Campus on Oct. 28.

The Department of Veteran's Affairs Western New York Healthcare System will sponsor the 1 p.m. event, which will feature addresses by Dr. David J. Shulkin, secretary of Veterans Affairs, and the vice president's wife. It will be held in the Center for the Arts Atrium in Room 103.

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The event will honor 122 veterans from across the country who won competition in various art categories and who will participate in a series of workshops while in Buffalo.

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Veterans Affairs Media Summary and News Clips

20 October 2017

1. Top Stories

1.1 - U.S. News & World Report (AP): House Panel: 15 Trump Agencies Yet to Provide Travel Costs (19 October, Hope Yen, 24M online visitors/mo; Washington, DC)
At the VA, Secretary David Shulkin is being investigated by the IG for a 10-day trip with his wife to Denmark and England in July that mixed business with sightseeing, including a Wimbledon tennis match. The VA has not released taxpayer cost information in response to media inquiries or a request by Sen. Jon Tester, the top Democrat on the Senate Veterans Affairs Committee, saying Shulkin traveled on a commercial airline and his wife was approved for "temporary duty" travel expenses, which entitled her to airfare and meals.

Hyperlink to Above

1.2 - The Washington Times: Stolen USB drives put personal info of roughly 2,000 veterans at risk: Reports (19 October, Andrew Blake, 10.8M online visitors/mo; Washington, DC)
A Veterans Affairs facility in Washington state has begun notifying patients of a recent security breach potentially affecting the personal information of nearly 2,000 former service members. The Mann-Grandstaff VA Medical Center in Spokane said it has started alerting some 1,915 veterans whose names, addresses and other sensitive information may have appeared on either of two stolen USB drives, local media reported Wednesday.

Hyperlink to Above

1.3 - Military Times: Not all veterans will be eligible for new ID cards (19 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
When the Department of Veterans Affairs starts offering new ID cards next month, they won't be available to every veteran. That's because of a decision by VA officials to issue the new IDs only to individuals with honorable discharges, a move that goes against earlier department policies at increasing outreach to veterans with so-called "bad paper" discharges.

Hyperlink to Above

1.4 - Omaha World-Herald: Nebraska, Iowa senators call for answers to questions about secret VA waiting list for mental health appointments (19 October, Joseph Morton, 2.1M online visitors/mo; Omaha, NE)
News of an unauthorized, off-the-books waiting list for mental health appointments at the VA Nebraska-Western Iowa Health Care System has attracted the attention of Capitol Hill. Sens. Chuck Grassley and Joni Ernst, both R-Iowa, sent a letter to VA Secretary David Shulkin on Thursday citing an Oct. 15 World-Herald story that revealed the existence of the list.

Hyperlink to Above

1.5 - Stars and Stripes (Military Update): Plan to replace 'Choice' also will modernize VA health system (19 October, Tom Philpott, 1.5M online visitors/mo; Washington, DC)
Congress, the Department of Veterans Affairs and veterans service organizations will begin to spar this month over final details of a plan that not only will replace the much-maligned Veterans Choice program but empower VA to modernize large parts of its health care system. The plan, which VA titled the Veterans CARE (Coordinated Access & Rewarding Experiences) Act, was

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unveiled last week and has an overall structure that major veteran groups applaud, in part because they helped to shape it.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - New York Post: VA worker played video games as veteran was dying (19 October, Lia Eustachewich, 26.1M online visitors/mo; New York, NY)
An ailing Vietnam veteran who was in the care of a top Veterans Affairs Center in Massachusetts was left to die — as his caregiver played video games on her computer, according to a disturbing report. Bill Nutter, who was exposed to the toxic herbicide Agent Orange in the 1960s, was supposed to undergo hourly checks while at the Bedford VA Medical Center, the Boston Globe reported.

Hyperlink to Above

2.2 - Courier-Journal: Army veteran helped on road to recovery by people in Louisville | Comment (19 October, Carolyn Furdek and Richard Brown, 2.1M online visitors/mo; Louisville, KY)
She mentions many, many Louisvillians who have supported her. From all of her coworkers at the local hospitals to her good friends Keith and Laura Aubrey, her son's former first grade teacher, Lindsay Connell at Chenoweth Elementary, Chris Avery from Scissors Rock Paper who cuts her hair, the local director of Robley Rex VA…

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2.3 - Spokesman-Review: Computer file stolen in Oklahoma could put Spokane veterans at risk for identity theft (19 October, Thomas Clouse, 874k online visitors/mo; Spokane, WA)
The staff at Mann-Grandstaff VA Medical Center is working to determine the scope of what could be the potential release of records for 1,915 veterans, who could now become victims of identity theft. On July 18 someone stole two USB drives containing the personal information for the veterans from a contract employee who was conducting a service call in Oklahoma City, VA spokesman Brett Bowers said in a news release.

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2.4 - WGME (CBS-13, Video): Congressman Bruce Poliquin meets with Veterans Affairs Committee (19 October, 449k online visitors/mo; Portland, ME)
US Representative Bruce Poliquin met with Maine veterans to create a new advisory panel. Poliquin says he hopes the panel will give him better advice on what Maine veterans need. When asked about what he thought of President Donald Trump's treatment of Gold Star families, Poliquin said it's not his place to comment.

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2.5 - WWAY (ABC-3): Healthcare On Wheels For Veterans (19 October, Jenna Kurzyna, 189k online visitors/mo; Wilmington, NC)
Healthcare goes virtual. Today a van rolled into town to show how telehealth can have a positive effect on veterans. TED, which stands for Telehealth Education Delivered, made a stop

at the Wilmington VA Health Center to help show what health services and equipment are available. A demonstration was provided to give veterans a better idea of services TED can provide.

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2.6 - Task & Purpose: Why Is There An Office Depot Ad On The VA's New Vet ID Cards? (19 October, Adam Linehan, Lauren Katzenberg and Adam Weinstein, 102k online visitors/mo; New York, NY)
At issue is whether the ID cards will be available only to honorably discharged vets or offered to veterans with "bad paper," other-than-honorable and general discharges; whether the VA is entering into sponsorships with private companies to produce the cards — and include corporate logos on them; and whether veterans need cellphone contracts in order to enter an online national registry, a step that must be completed before they can even apply for the cards.

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2.7 - Task & Purpose: Trouble Registering For VA's Vet ID Card? There's A Much Better, Hidden Way (19 October, Adam Linehan, Lauren Katzenberg and Adam Weinstein, 102k online visitors/mo; New York, NY)
As we reported this morning in a look at questions around the new Department of Veterans Affairs veteran identification card, some veterans told us they were encountering trouble when attempting to register with Vets.gov — a step that vets must complete to qualify for the national ID card when the VA begins accepting applications in November.

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2.8 - Sunshine State News: John Rutherford, Al Lawson Want More VA Funds to Help Veterans Enter Civilian Workforce (19 October, Kevin Derby, 64k online visitors/mo; Tallahassee, FL)
Jacksonville's two congressmen--Republican U.S. Rep. John Rutherford and Democrat U.S. Rep. Al Lawson--teamed up this month on a bill creating a grant matching program for the U.S. Department of Veterans Affairs (VA) help organizations that help veterans enter the private sector through job training programs and other training to help them enter the civilian workforce.

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2.9 - KLCC (NPR-89.7): DeFazio Calls For Federal Investigation At Eugene VA Clinic (19 October, Rachael McDonald, 52k online visitors/mo; Eugene, OR)
Some doctors and nurses at the Veterans Administration clinic in Eugene say it's being mismanaged by officials from the Roseburg VA. Democratic Congressman Peter DeFazio has called for an investigation at the federal level. The Roseburg VA oversees the Eugene clinic which opened in January of 2016. DeFazio, who worked to secure funding for the new facility, says there are problems in Roseburg that are now affecting the Eugene clinic.

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2.10 - KSNW (NBC-3, Video): Sedgwick County, VA leaders discuss claims of missing $1.5 million (19 October, John Asebes, 9.1k online visitors/day; Wichita, KS)
Sedgwick County claims that since 2014, the VA owes them $1.5 million in missed medical transport payments. With representatives from Senator Jerry Moran's office and Congressman

Ron Estes' office on hand, Sedgwick County and VA officials met to see what is actually owed. "We know that we are looking for 1.5 million dollars," says Commissioner David Dennis. "That is a fact."

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3. Access to Healthcare

3.1 - FOX News: Vietnam veteran died while nurse's aide played video games: Report (19 October, Benjamin Brown, 32.5M online visitors/mo; New York, NY)
A 68-year-old Vietnam veteran in Massachusetts, hospitalized with multiple ailments, died in July while the nurse's aide assigned to care for him played video games, according to a published report. Bill Nutter suffered from the effects of Agent Orange, diabetes and a condition that could suddenly send him into cardiac arrest without warning, the Boston Globe reported.

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3.2 - Dallas Morning News: Opinion - Health care system for our veterans still isn't good enough (19 October, Ted Cruz and John Ratcliffe, 9.4M online visitors/mo; Dallas, TX)
Three years ago, our country awoke to the grim reality that our Veterans Administration health care system had become so deeply flawed that many of our nation's heroes had died while waiting to receive care. With their names buried on secret waiting lists, it became evident that the VA system was more concerned about protecting the bureaucracy than caring for our veterans.

Hyperlink to Above

3.3 - MedicalXpress: Veterans study reports reduction in suicide ideation after HBOT (19 October, Louisiana State University, 1.5M online visitors/mo; New York, NY)
A pilot case control study of veterans of the US armed forces with mild traumatic brain injury (TBI) or persistent post-concussion syndrome (PPCS), with or without post-traumatic stress disorder (PTSD), has found significant improvements in persistent post-concussion syndrome and PTSD symptoms, neurological exam, memory, intelligence quotient, attention, cognition, depression, anxiety, quality of life, and brain blood flow following hyperbaric oxygen therapy (HBOT).

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3.4 - MedicalXpress: Researchers find evidence of DNA damage in veterans with Gulf War illness (19 October, 1.5M online visitors/mo; New York, NY)
Researchers say they have found the "first direct biological evidence" of damage in veterans with Gulf War illness to DNA within cellular structures that produce energy in the body. The findings appeared in the journal PLOS One in September 2017. A study that focused on mitochondrial DNA (mtDNA) included 21 veterans with Gulf War illness (GWI) and seven controls.

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3.5 - WNCN (CBS-17): Double amputee vet who refused to leave Durham VA says he doesn't know how long he can stay (19 October, Michael Hyland, 584k online visitors/mo; Raleigh, NC)
A veteran who fought to get back into the Durham VA Medical Center says he doesn't know how long he'll be able to stay. CBS North Carolina first reported on James Francis in late September, when he refused to leave after the staff discharged him. "And I told them I wasn't going to accept that, and I wasn't going anywhere," he said after a town hall at the Durham VA Thursday.

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3.6 - Becker's Hospital Review: Bedford VA Medical Center under investigation after patient died while nurse aid played video games (19 October, Mackenzie Bean, 441k online visitors/mo; Glencoe, IL)
Federal officials are investigating care lapses at Bedford (Mass.) VA Medical Center that may have contributed to the 2016 death of a patient, reports The Boston Globe. Here are seven things to know. 1. Hospital staff found 68-year-old Bill Nutter, a Vietnam veteran and retired police detective, dead in his bed at Bedford VA Medical Center last year. Mr. Nutter lost both his legs from diabetes and suffered from a heart condition that threatened to spontaneously send him into cardiac arrest.

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3.7 - Becker's Hospital Review: San Diego VA administers 1.5k ineffective flu shots (19 October, Brian Zimmerman, 441k online visitors/mo; Glencoe, IL)
Veterans Affairs San Diego Healthcare System gave nearly 1,300 veterans and 240 VA employees flu shots that may not be fully effective due to a refrigeration error, according to a report from The San Diego Union-Tribune.

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3.8 - Maine Sun Journal: Bruce Poliquin focuses on veterans (19 October, Steve Collins, 440k online visitors/mo; Lewiston, ME)
U.S. Rep. Bruce Poliquin said Thursday he intends to push a measure aimed at making it possible for more nursing homes to treat veterans without facing as much bureaucratic rigmarole. The 2nd District Republican told a small news conference in Lewiston that providers have to deal with "onerous red tape" to get reimbursed for offering veterans the same types of care that Medicaid and Medicare pay for with far less hassle.

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3.9 - KPLC (NBC-7, Video): VA Outpatient Clinic grand opening slated for Friday (19 OCotber, Candy Rodriguez, 192k online visitors/mo; Lake Charles, LA)
On Friday, Oct. 20, a grand opening, dedication and open house will take place at the clinic. The public is invited. For many, this is a major improvement over the interim clinic on McNeese Street and the former mobile clinic on Fifth Avenue, something Jim Jackson, chairman of the Lake Charles Mayor's Armed Forces Commission, said he agrees with.

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3.10 - People's World: Trump's "death by a thousand cuts" plan for the VA exposed (19 October, Mark Gruenberg and John Wojcik, 61k online visitors/mo; Chicago, IL)
The Government Employees (AFGE) blasted plans, from both a right-wing funded so-called veterans group and legislation unveiled by the Republican Trump administration, to subject the government's health care system for veterans to "death by a thousand cuts." Despite describing himself as a big supporter and friend of America's veterans it appears the president is slowly putting into effect the plans enemies of veterans' health care have long held dear to their hearts.

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3.11 - The Herald Democrat: Area groups gather to help homeless veterans (19 October, Drew Smith, 58k online visitors/mo; Sherman, TX)
VA Senior Social Worker Michael Serpa said Texoma veterans are often disconnected because of how rural the region is and don't know the full extent to which the VA can help. In addition to identification, health care, employment and transportation services, Serpa said the VA can offer veterans some financial relief when it comes to housing.

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3.12 - WAGM (FOX-8): Rep. Poliquin Announces New Bill to Help Allow Veterans to Receive Care From Local Providers (19 October, 35k online visitors/mo; Presque Isle, ME)
Today, Congressman Bruce Poliquin held a press conference in Lewiston to announce a new Veterans bill he is introducing in Congress and to conduct the first meeting of his newly-launched Veteran Advisory Panel.

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3.13 - The Journal of the San Juan Islands: Local veterans discuss long health care waits with Larsen (19 October, Hayley Day, 28k online visitors/mo; Friday Harbor, WA)
A federal program to prevent veterans from long wait times at health care facilities doesn't seem to be working. "I had some hand surgery over there, and it took quite a while to get it authorized, about eight months," said retired veteran Peter DeLorenzi about a procedure at San Juan Island's Peace Island Medical Center.

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3.14 - KIOW (FM-107.3): Grassley, Ernst Seek VA Response on Reported Unauthorized Waiting List at VA Nebraska-Western Iowa Healthcare System (20 October, AJ Taylor, 340 online visitors/day; Forest City, IA)
Sen. Chuck Grassley and Sen. Joni Ernst of Iowa today asked the Department of Veterans Affairs for a response to a report in the Omaha World-Herald of unauthorized waiting lists outside the VA patient tracking system for some mental health appointments in Omaha. "With mental health, receiving prompt care is crucial, and in severe cases can be a matter of life and death," Grassley and Ernst wrote to Secretary David Shulkin.

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4. Women Veterans – No Coverage

AMERICAN OVERSIGHT

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization – No Coverage

8. Other

8.1 - The Buffalo News: Karen Pence, VA secretary, to address veterans art festival at UB
(19 October, Robert J. McCarthy, 1.6M online visitors/mo; Buffalo, NY)
Less than two weeks after Vice President Pence appeared in Buffalo, second lady Karen Pence will arrive in town to address veterans at the National Veterans Creative Arts Festival at the University at Buffalo North Campus on Oct. 28. The Department of Veteran's Affairs Western New York Healthcare System will sponsor the 1 p.m. event, which will feature addresses by Dr. David J. Shulkin…

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1. Top Stories

1.1 - U.S. News & World Report (AP): House Panel: 15 Trump Agencies Yet to Provide Travel Costs (19 October, Hope Yen, 24M online visitors/mo; Washington, DC)

WASHINGTON (AP) — A House committee is demanding that 15 federal agencies fully account for senior officials' travel following reports of costly plane travel by Trump Cabinet secretaries.

In letters sent this week, the House Oversight and Government Reform Committee threatened to subpoena the Agriculture and Justice departments by the end of the month if officials fail to provide all the information requested on the use of government-owned aircraft for personal travel or private aircraft for official travel. The Republican-controlled committee also widened the scope of its inquiry to include Obama-era travel.

The panel said 13 other departments and agencies, including the White House, have only partly responded to its requests so far.

The House committee is investigating air travel following reports that Health and Human Services Secretary Tom Price used pricey charters when cheaper commercial flights were available. Price resigned last month.

That Sept. 26 request from the committee sought passenger names, destinations, explanations and cost of the government-owned and private aircraft travel.

The Justice Department said Thursday it was in the process of responding to the House committee's request. A spokesman for the Agriculture Department did not have immediate comment.

For all the departments and the White House, the oversight committee also requested additional travel information for the time period of Jan. 1, 2016 to Jan. 19, 2017, an expanded probe intended to also scrutinize plane travel by senior officials during the Obama administration.

Such detail is needed "to assess the frequency and nature of this issue to help determine whether new policies or regulations need to be enacted or perhaps to even change the nature of appropriations to your department," the letter reads.

Travel details were initially due Oct. 10; the panel set a new deadline of Oct. 31.

The 13 departments and agencies deemed to have only partially responded to the committee's request are the White House, the departments of Defense, Education, Health and Human Services, Homeland Security, State, Treasury, Transportation and Veterans Affairs, as well as the Environmental Protection Agency, NASA, the U.S. Agency for International Development and the Small Business Administration.

Several Cabinet members have faced questions about travel since Price resigned.

They include Interior Secretary Ryan Zinke, Energy Secretary Rick Perry and EPA chief Scott Pruitt, who have acknowledged the use of government or private flights costing tens of thousands of dollars. Zinke and Pruitt are being investigated by their respective department's inspector general for their trips, which they said were pre-approved by ethics officials. Perry also has defended his travel as being pre-approved and appropriate for his work.

AMERICAN OVERSIGHT

At the VA, Secretary David Shulkin is being investigated by the IG for a 10-day trip with his wife to Denmark and England in July that mixed business with sightseeing, including a Wimbledon tennis match. The VA has not released taxpayer cost information in response to media inquiries or a request by Sen. Jon Tester, the top Democrat on the Senate Veterans Affairs Committee, saying Shulkin traveled on a commercial airline and his wife was approved for "temporary duty" travel expenses, which entitled her to airfare and meals. On Thursday, the VA disclosed that while Shulkin's wife, Merle Bari, was eligible for per diem expenses, she "did not accept it."

"VA paid for her plane ticket only," said VA spokesman Curt Cashour. He did not respond to a renewed request for cost breakdowns.

The 10 agencies deemed by the House committee to have provided all the previously requested information are the departments of Commerce, Energy, Housing and Urban Development, Labor and Interior, as well as the General Services Administration, National Science Foundation, Nuclear Regulatory Commission, Office of Personnel Management and Social Security Administration.

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Associated Press writers Matthew Daly and Sadie Gurman contributed to this report.

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1.2 - The Washington Times: Stolen USB drives put personal info of roughly 2,000 veterans at risk: Reports (19 October, Andrew Blake, 10.8M online visitors/mo; Washington, DC)

A Veterans Affairs facility in Washington state has begun notifying patients of a recent security breach potentially affecting the personal information of nearly 2,000 former service members. The Mann-Grandstaff VA Medical Center in Spokane said it has started alerting some 1,915 veterans whose names, addresses and other sensitive information may have appeared on either of two stolen USB drives, local media reported Wednesday.

The drives were taken from a Veterans Health Administration contract employee while conducting a service call at the Oklahoma City VA Medical Center on July 18, Spokane's KXLY reported.

One of the stolen drives had been used in January to move the Mann-Grandstaff VA Medical Center's Anesthesia Record Keeper (ARK) database from an isolated server being decommissioned, the reports said.

"Although we cannot say for certain what information was stored on the stolen USB hard drive, we are alerting every Veteran whose personal information resides on the decommissioned ARK server," the VA said in a release Wednesday, Spokane's KHQ reported.

"We have determined the information at possible risk may include full names, social security numbers, addresses, phone contacts, surgical and insurance information," the release said.

The VA intends to offer complimentary credit monitoring to veterans affected by the breach, KHQ reported.

The security breach is the second acknowledged in as many months for Mann-Grandstaff, an 84-bed facility specializing in providing preventive health care and chronic disease management to Spokane-area vets. The medical center announced in September that a laptop previously connected to a hematology analyzer recently went missing, potentially compromising the names, birthdates ad Social Security numbers of roughly 3,200 vets.

“Honoring and serving America’s Veterans is our utmost priority. We at VA take information security very seriously and will continue to work to ensure that appropriate safeguards are in place to protect Veterans’ information. Leadership at Mann-Grandstaff VAMC has developed a new media sanitization policy to prevent this from happening in the future,” the VA said at the time.

Law enforcement in Oklahoma was notified when the medical center’s USB drives went missing in July, according to Wednesday’s reports.

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1.3 - Military Times: Not all veterans will be eligible for new ID cards (19 October, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — When the Department of Veterans Affairs starts offering new ID cards next month, they won’t be available to every veteran.

That’s because of a decision by VA officials to issue the new IDs only to individuals with honorable discharges, a move that goes against earlier department policies at increasing outreach to veterans with so-called “bad paper” discharges.

The decision has upset advocates, who see it as an unnecessary restriction.

“There’s really no reason to do that,” said John Rowan, national president at Vietnam Veterans of America. “It doesn’t serve veterans well.”

Department officials will start issuing the new veterans ID cards next month. The purpose is to give eligible veterans an easy way to prove their military service for a variety of non-government services, such as business discounts and other promotions.

Legislation authorizing the cards, sponsored by Rep. Vern Buchanan, R-Fla., passed through Congress without objection in July 2015. Since then, VA leaders have spent time finalizing the rules and application process for the new IDs.

Veterans who wish to receive one of the cards will have to apply through the VA website starting next month. Specifics on that process, including what the cards will look like and how long it will take for them to be mailed out to eligible recipients, have not yet been made public.

But VA Press Secretary Curt Cashour confirmed this week that “only those veterans with honorable service will be eligible for the ID card.”

The legislation as passed by Congress calls for VA officials to issue an ID to any veteran who requests one and "presents a copy of Department of Defense form DD-214 or other official document from the official military personnel file of the veteran that describes the service of the veteran." It does not specify excluding veterans with other-than-honorable dismissals.

Cashour declined to provide specifics on the reasoning behind VA's decision.

Veterans advocates for years have pushed for expanded services for the estimated 500,000 veterans who have been separated from the military with so-called "bad paper" discharges, arguing that many are reputable veterans whose underlying conditions forced them out of the service.

They argue that many troops booted from the ranks because of drug abuse and minor insubordination issues may actually have been suffering from untreated mental health issues like post-traumatic stress disorder and traumatic brain injury. They can appeal those rulings if medical evidence surfaces later, but advocates say it's a complicated and inconsistent process.

Veterans with other-than-honorable discharges are ineligible for a host of VA benefits and health services.

But earlier this year, VA Secretary David Shulkin opened up emergency room mental health services to veterans with other-than-honorable discharges for the first time, arguing that bringing those isolated veterans back into the system would help identify their lingering medical problems and stem the problem of veteran suicide.

At the time, veterans groups called that an important step forward in helping an often-shunned section of the military community. Now, they see the ID card decision as a step backwards.

"I find it incredibly frustrating, and deeply hurtful, that the VA would deny hundreds of thousands of veterans like me our very identity, after all that we know today about the nexus of PTSD and bad paper," said Kris Goldsmith, founder of High Ground Veterans Advocacy and a veteran with a bad-paper discharge.

"I served on active duty, and was discharged under conditions other than dishonorable. The law says I'm a veteran. But VA's current self-imposed policy is telling me that I'm not. This is a direct contradiction of the secretary's efforts to bring veterans with bad-paper back into the fold."

Rowan, whose group has made bad paper issues one of their primary lobbying focuses in recent years, said if VA recognizes other-than-honorable veterans in emergency rooms, they should also recognize their service in less critical matters like business discounts.

The new cards won't replace VA medical cards or official defense retiree cards, and will not carry any force of law behind them. Supporters have called a national veterans ID card a simple way to honor veterans' service, and a way to cut down on identity theft issues that arise from veterans carrying around their military discharge paperwork or other personal documents prove their status.

The law allows VA to collect a fee to cover the costs of the new cards, but department officials have said they will be issuing the IDs for free.

Rowan said he plans to petition Shulkin personally in coming days to lift the ID restrictions. In the meantime, VA is promising more information on the application process in coming weeks.

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1.4 - Omaha World-Herald: Nebraska, Iowa senators call for answers to questions about secret VA waiting list for mental health appointments (19 October, Joseph Morton, 2.1M online visitors/mo; Omaha, NE)

WASHINGTON — News of an unauthorized, off-the-books waiting list for mental health appointments at the VA Nebraska-Western Iowa Health Care System has attracted the attention of Capitol Hill.

Sens. Chuck Grassley and Joni Ernst, both R-Iowa, sent a letter to VA Secretary David Shulkin on Thursday citing an Oct. 15 World-Herald story that revealed the existence of the list.

“While we appreciate that the VA apparently took action to correct the situation after learning of it, the little that was disclosed publicly leaves some unanswered questions,” the Iowa senators wrote.

Earlier in the week, Sen. Ben Sasse, R-Neb., sent his own letter to the VA secretary seeking more information.

“The existence of a secret list or lists of those denied appointments or for whom treatment was delayed is shocking, and the VA’s refusal to answer questions about it is unacceptable and must be remedied immediately,” Sasse wrote Shulkin. “I trust you share this view.”

The secret list dodged requirements for establishing and maintaining waiting lists, according to an Aug. 11 memo from the system’s compliance officer to Director Don Burman in Omaha.

The unauthorized waiting list echoed a nationwide scandal in 2014 at the VA Medical Center in Phoenix, which showed that veterans there were dying while waiting months for medical care on lists that were kept secret.

In a statement, the Omaha VA indicated that no veterans were harmed — a statement Grassley and Ernst noted in their letter.

“With mental health, receiving prompt care is crucial and in severe cases can be a matter of life and death,” they wrote.

They asked the VA to respond to the letter by Oct. 31 and stated that it’s important for veterans and taxpayers to know how any list or lists impacted access to care, what types of employees were involved and what corrective actions were taken to ensure that it doesn’t happen again. They also asked generally how the public should be informed of such situations.

Sasse put an even tighter deadline on his own inquiry, asking Shulkin to provide answers by this Friday, Oct. 20.

His list of questions covered how many Nebraska veterans were affected, who kept the list or lists, what disciplinary actions resulted and whether the employees involved received bonuses.

“Nebraskans have no patience for improper treatment of our veterans, nor for attempts to cover it up,” Sasse wrote.

In a statement, Sen. Deb Fischer, R-Neb., said that her aides are in frequent contact with the Omaha VA and that they are monitoring the situation closely.

“Our veterans deserve timely, quality care and it's clear changes must be made at the VA,” Fischer said. "In this particular case in Omaha, we need to know what went wrong so it doesn’t happen again."

VA press secretary Curt Cashour said in a statement: “VA appreciates the senators’ concerns. We are looking into their questions, and will respond to them directly.”

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1.5 - Stars and Stripes (Military Update): Plan to replace 'Choice' also will modernize VA health system (19 October, Tom Philpott, 1.5M online visitors/mo; Washington, DC)

Congress, the Department of Veterans Affairs and veterans service organizations will begin to spar this month over final details of a plan that not only will replace the much-maligned Veterans Choice program but empower VA to modernize large parts of its health care system.

The plan, which VA titled the Veterans CARE (Coordinated Access & Rewarding Experiences) Act, was unveiled last week and has an overall structure that major veteran groups applaud, in part because they helped to shape it.

They don’t like everything, however. And the House and Senate veterans’ affairs committees are expected to offer their own replacement plans for Choice this fall, perhaps to include more statutory safeguards and more details to improve access to care that veteran advocates worry aren’t spelled out yet in the VA plan.

The idea behind Choice remains a primary goal for CARE: to ensure greater access to care for veterans in their communities when timely, quality care isn’t available at a nearby VA medical facility. But CARE directs that clinicians, consulting with patients, decide when outside care is needed, rejecting Choice’s reliance on driving distance and wait times to set eligibility and hold down costs.

CARE also seeks authorities for VA to build out high-performing provider networks, relying on private-sector partners and other federal agencies, and to ensure closer integration of VA health services with those in nearby communities.

Before 2014, the VA health care system had various ways to access non-VA care. But too often referring patients to the private sector was a business decision, said Louis Celli, director of veterans’ affairs and rehabilitation for The American Legion. Would referral make economic sense considering other options and a facility’s budget?

When a patient wait-time scandal erupted across the VA medical system by spring that year, Congress hastily created Choice to expand access to private-sector care. Initially the idea was to give every VA-enrolled veteran a card entitling him or her to use community care at VA expense when necessary. The projected cost turned out to be enormous, however, so lawmakers added last-minute cost controls.

No veteran could use Choice unless he or she lived more than 40 miles from a VA care facility or faced waits for VA appointments of more than 30 days. Meanwhile, responsibility for scheduling appointments, transfer of medical records and payment of fees relied heavily on third-party contactors, causing delays and complaints.

In time, to ease the complaints, VA regained control of Choice appointments, records transfer and fee payments, and the role for contractors shifted to building out networks of care providers to support a steady rise in community care referrals.

Choice was meant as a temporary solution to the wait-time scandal and is funded through December. But community care grew from 20 percent to more than 30 percent of veterans' health care in the last three years. CARE would consolidate non-VA care programs but still spend $4 billion on private-sector health care.

At one time, veteran service organizations saw Choice as a threat, a tool that critics of big government could use to dismantle VA care by sending more and more patients to the private sector.

"There are some in Congress who want unfettered Choice," said Garry Augustine, executive director of Disabled American Veterans. "Give everybody a card and let them go wherever they want. We're against that and believe it would lead to a dismantling of the VA system as needed resources are drained away and VA [health care] withers on the vine."

But CARE is seen as striking the right balance, with initiatives to strengthen VA health care with more VA providers, improved support systems and streamlined processes, but with a commitment to build high-performing and integrated provider networks by partnering with the private sector or at other federal agencies.

Major vet groups do have concerns they want addressed, if not by VA then by Congress. Celli noted, for example, that while clinicians are to decide with patients when to use private-sector care, CARE also would allow veterans using a VA medical center that performs poorly to elect community care instead.

"We understand and support the intent of the provision … to ensure veterans get the highest quality care available, whether inside or outside VA," Celli said. "What we cannot support [is] a provision that allows VA to siphon patients away from a medical center that is underperforming. We want to see a comprehensive plan to rehabilitate any poorly performing [VA medical center]. You can't just abdicate leadership responsibility by taking patients away, which will cause less traffic into the VAMC, less utilization, more evidence the VAMC can be defunded."

Vet groups also oppose a provision in the plan that would have veterans, including those with service-connected disabilities, pay a modest portion of program costs by rounding down monthly benefit checks to the nearest dollar.

"We have always been against that. We have a resolution saying that we will not support any kind of situation where you are taking one benefit away to pay for another, which this is," said Augustine for DAV.

By definition, rounding down costs a veteran no more than $12 a year, but "it's not about the money," Celli said. "As Americans, if we choose to use that money, especially for veterans' health care, what we're saying is that it is now all right to ask service-disabled veterans to give up a portion of their check each month to pay for their own health care or for somebody else's services."

A feature of CARE getting mixed reviews, for lack of detail, would allow access commercial walk-in clinics for minor illnesses or injuries. VA Secretary David Shulkin earlier said VA would charge a $50 co-pay and the first few visits a year would be free. Those details aren't in the plan now. Nor is there word on whether service-connected disabled would face a full co-pay or any added cost.

CARE would have VA adopt prompt payment standards common in the health industry: doctor reimbursement within 45 days of receiving of a "clean" paper claim and 30 days for an electronic claim. Augustine said DAV wants to ensure private-sector care providers also are barred from billing veterans if VA doesn't pay on time, a practice that has marred Choice for many users.

Veterans also should have private-sector appointments in hand when they leave VA clinicians after a determination that community care is necessary. How VA will ensure that is another detail not yet clear, Augustine said.

Some groups including the American Federation of Government Employees oppose CARE, saying the ultimate goal is to dismantle the VA health system and to privatize all medical care for veterans. Major veteran groups support the reforms but vow to challenge every line that might weaken VA's ability to deliver care.

"It's a big-picture advocacy and not a myopic view," Celli said of the Legion's support. "The Department of Veterans Affairs has a $165 billion budget; that's not going away anytime soon. If a new secretary were to come and try to change a stable-based VA, we would advocate against, and the American people would either support us or wouldn't. We have to have faith and trust in the Department until they prove to us they no longer have earned that trust."

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2. Veteran and Employee Experience

2.1 - New York Post: VA worker played video games as veteran was dying (19 October, Lia Eustachewich, 26.1M online visitors/mo; New York, NY)

An ailing Vietnam veteran who was in the care of a top Veterans Affairs Center in Massachusetts was left to die — as his caregiver played video games on her computer, according to a disturbing report.

Bill Nutter, who was exposed to the toxic herbicide Agent Orange in the 1960s, was supposed to undergo hourly checks while at the Bedford VA Medical Center, the Boston Globe reported.

The sickly 68-year-old suffered from arrhythmia – which could cause his heart to stop at any moment – had respiratory problems, couldn't get out of bed on his own and had just lost his second leg to diabetes.

He died July 3, 2016 after going into cardiac arrest, which the hospital insisted "[they] couldn't do anything about it," his wife Carol Nutter was initially told.

But a few days later, the grieving widow got a phone call from a doctor, who was repeating what a woman in the background was telling him.

The woman was saying, "They weren't doing their job, and if they had done what I told them to, he could have possibly been alive because I told them to check on him once or twice an hour."

An investigation by the VA Inspector General eventually revealed that Patricia Waible, the nurse's aide assigned to regularly check on Bill Nutter that evening, was playing video games on her computer — rather than doing her job.

At first, Waible lied, saying she made the required checks on Bill Nutter and had initialed corresponding paperwork. But she confessed after an investigator told her the hospital's cameras showed she never moved from her computer during her shift.

Waible was reassigned pending the investigation.

Meanwhile, the nurse who found Nutter unresponsive the next morning crudely indicated to her supervisor that he was dead by sliding her finger across her throat, according to internal hospital records. She was terminated.

"Poor Bill, I fought to keep him alive," said Carol Nutter. "We were married for 47 years. I was always with him. He wanted me there. But I wasn't able to watch over him at the end."

Now, Bill Nutter's family is weighing their legal options.

"My dad might not have lived another five months, who knows? But if we could have had another month with him — this lady took that away," said his daughter Brigitte Darton.

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2.2 - Courier-Journal: Army veteran helped on road to recovery by people in Louisville | Comment (19 October, Carolyn Furdek and Richard Brown, 2.1M online visitors/mo; Louisville, KY)

Editor's note: This is the first in a series of stories on veterans in the Louisville community in advance of Veteran's Day and the Mayor's Week of Valor, which begins Nov. 4. Each story is a singular account of one veteran's transition into civilian life and how the Louisville community has supported that journey. Meet retired Army Capt. Carolyn Furdek. She recalls her first encounter with a resident of Louisville willing to go above and beyond for our local veterans.

In was 2003, and Carolyn Furdek arrived at the local airport dressed in her desert fatigues on a short two-week furlough from her yearlong deployment in Iraq. She met a young man, Dr. Whitney Jones, as she disembarked from her flight. Jones quickly thanked her for her service and insisted on driving her to her grandmother's house (Eleanor Burkholder – a lifelong resident of Louisville) where Furdek hoped to surprise her.

After dropping her off, Jones offered Furdek and her grandmother a free lunch at his restaurant, The North End Cafe. "Dr. Jones set an immediate impression on me on the type of residents that make up the city of Louisville," Furdek said.

Furdek – a West Point graduate, record-setting swimmer, and four-time Ironman athlete – is perhaps the last person one would find locked behind the doors of a psychiatric ward. Yet, that is where she found herself after a combat mission in the middle of her third combat tour of duty in the deserts of Afghanistan in 2005.

As Furdek explains it, "In the middle of a combat mission, no different than the dozens and dozens of missions over the previous four years in Iraq and Afghanistan, I just shut down and I was no longer effective as a leader. As the doors of the psychiatric ward shut behind me, all my hopes, dreams and aspirations seemed lost."

Therein began her decade-long journey of struggle, healing, self-advocacy, new careers and now working as a mental health advocate for her fellow veterans and those in the community who struggle.

Furdek returned to Louisville on New Year's Day in 2008 to live with her grandmother and embark on a new career as a physical therapist. "Growing up, my mother would bring us to her childhood home to visit family over the holidays and I just fell in love with the city, the parks system and the sense of community," she said. "After being medically processed out of the military, I couldn't think of a better location to start over surrounded by family"

She settled in quickly and found a group of runners, The Dawn Chasers, filled with people who welcomed her and made sure she stayed off the couch and stayed among people as she continued to struggle from her invisible wounds of war. It's in this group she met her husband-to-be, Joe Furdek, a local engineer, and they married in 2009.

With the support of family and friends, Carolyn Furdek worked her way through the physical therapy program at Bellarmine University filled with staff and students whom she says accepted her, supported her and refused to let her give up or quit the program.

Whether it be her mentor in the program or the countless other students and faculty that made sure she stayed on the right path as she repeated semesters over the course of five years due to classes missed or time spent trying to heal from wounds not visible to the naked eye.

It took a while, but through the efforts of the VA Medical Center in Louisville, Carolyn Furdek finally received a diagnosis that fit her symptoms. Today, she is a successful physical therapist, wife and mother of two young boys, Jackson and Henry. You can find her in the halls of the hospital at the University of Louisville and the local VA Hospital.

"Now I feel I can finally give back to the community that has done so much for me on my own road to recovery," she says.

She mentions many, many Louisvillians who have supported her. From all of her coworkers at the local hospitals to her good friends Keith and Laura Aubrey, her son's former first grade teacher, Lindsay Connell at Chenoweth Elementary, Chris Avery from Scissors Rock Paper who cuts her hair, the local director of Robley Rex VA, Marty Traxler, to veterans Kevin and Renee Finnegan who are helping her share her story, Furdek says she has never met so many people supportive of our nation's veterans and those that struggle with invisible wounds.

She now travels around the state and the nation, sharing her story, encouraging others to share theirs and advocating for those that struggle with mental health and invisible wounds.

This is one of many veterans in our community. They are the one percent of the population who wish to be a part of the community, yet ask nothing of us except to belong.

Dr. Rick Brown is an Air Force veteran and director of Veteran Services at Bellarmine University and an instructor at the school. He is this year's Veterans Community Alliance of Louisville's chair of the Mayor's Week of Valor.

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2.3 - Spokesman-Review: Computer file stolen in Oklahoma could put Spokane veterans at risk for identity theft (19 October, Thomas Clouse, 874k online visitors/mo; Spokane, WA)

The staff at Mann-Grandstaff VA Medical Center is working to determine the scope of what could be the potential release of records for 1,915 veterans, who could now become victims of identity theft.

On July 18 someone stole two USB drives containing the personal information for the veterans from a contract employee who was conducting a service call in Oklahoma City, VA spokesman Brett Bowers said in a news release.

The theft report was filed with the Oklahoma City Police Department. One of the USB drives was the master drive used by the contract employee to copy and move records from Mann-Grandstaff's anesthesia-record keeper database.

"Although we cannot say for certain what information was stored on the stolen USB hard drive, we are alerting every veteran whose personal information resides on the" server, Bowers wrote. "We have determined the information at possible risk may include full names, social security numbers, addresses, phone contacts, surgical and insurance information."

Bowers said administrators have developed a "new media sanitization policy" to prevent similar data breaches in the future.

Each veteran listed on the server will receive a letter and "where appropriate" an offer of credit monitoring for one year at no charge. Any veterans who have questions should write the Privacy Officer at Mann-Grandstaff, which is located at 4915 N. Assembly St.

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2.4 - WGME (CBS-13, Video): Congressman Bruce Poliquin meets with Veterans Affairs Committee (19 October, 449k online visitors/mo; Portland, ME)

LEWISTON (WGME) -- US Representative Bruce Poliquin met with Maine veterans to create a new advisory panel.

Poliquin says he hopes the panel will give him better advice on what Maine veterans need.

When asked about what he thought of President Donald Trump's treatment of Gold Star families, Poliquin said it's not his place to comment.

"I can't control how anybody in the House, anybody in the Senate, anybody in the Executive branch communicates, that is their business. I was hired by 650,000 people. I represent including these veterans, to do my work for them," Poliquin said.

During the veterans meeting, Poliquin also announced that he will introduce a new bill combating discrimination against veterans trying to get into private retirement homes.

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2.5 - WWAY (ABC-3): Healthcare On Wheels For Veterans (19 October, Jenna Kurzyna, 189k online visitors/mo; Wilmington, NC)

WILMINGTON, NC (WWAY) — Healthcare goes virtual. Today a van rolled into town to show how telehealth can have a positive effect on veterans.

TED, which stands for Telehealth Education Delivered, made a stop at the Wilmington VA Health Center to help show what health services and equipment are available.

A demonstration was provided to give veterans a better idea of services TED can provide.

The mobile van enhances patient access for many vets who might not have their doctors nearby, but with the virtual technology it makes visits much easier.

Telehealth Education Specialist Leslie Fernyhough said this is the future of medicine.

“Vets have a tendency to like to live in remote areas, which is great for peace and quite, but it’s not great for having access to ya know different kind of medical specialties. So what telehealth allows for the provider to see the patient closer to home,” Fernyhough said.

Fernyhough also said the VA has done surveys on TED and so far has had more than 90% approval ratings.

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2.6 - Task & Purpose: Why Is There An Office Depot Ad On The VA's New Vet ID Cards?
(19 October, Adam Linehan, Lauren Katzenberg and Adam Weinstein, 102k online visitors/mo; New York, NY)

Two years ago, Congress and President Barack Obama shared a rare moment of bipartisanship, coming together to promise military veterans hard-copy photo IDs with passage of the 2015 Veterans Identification Card Act. In recent days, the secretary of Veterans Affairs, Dr. David Shulkin, has publicly extolled those cards as "an obligation to those who raise their hand," and anticipation over their arrival has snowballed since Military.com broke the news earlier this month.

But even as the Department of Veterans Affairs prepares to accept applications for the new cards in November, sources tell Task & Purpose that the ID program is mired in questions and problems, with representatives of the VA offering contradictory and confusing answers, and a bureaucracy-laden verification system that could lock out some of the nation's most vulnerable veterans.

At issue is whether the ID cards will be available only to honorably discharged vets or offered to veterans with "bad paper," other-than-honorable and general discharges; whether the VA is entering into sponsorships with private companies to produce the cards — and include corporate logos on them; and whether veterans need cellphone contracts in order to enter an online national registry, a step that must be completed before they can even apply for the cards.

The mixed messages have left veterans service organizations and their constituencies befuddled. Earlier this week, AMVETS received a printed mockup of the VA veteran ID card — with an Office Depot logo emblazoned across it. "This takes a leap down a slippery slope that raises serious questions, starting with, 'What's next?'" Joe Chenelly, executive director of AMVETS, told Task & Purpose.

The VA is sending mixed messages about whether veterans with less-than-honorable discharges are eligible.

According to the Veterans Identification Act, the VA must issue hard-copy photo IDs to any veteran who applies and pays a fee. The law does not stipulate that an honorable discharge is required.

However, when the VA begins accepting applications for the cards in November, veterans with less-than-honorable discharges will not be eligible to apply. "Only those Veterans with honorable service will be eligible for the ID card," VA Press Secretary Curt Cashour told Task & Purpose in an email on Oct. 18.

That doesn't accord with assurances Cashour's boss has given to vets in recent weeks.

"This takes a leap down a slippery slope that raises serious questions, starting with, 'What's next?'"

VA staff discussed the new ID cards with veterans service organizations in a closed meeting on Oct. 6. According to multiple VSO representatives who were present, the VA briefed attendees on a multi-phase process for releasing the ID cards: Veterans with honorable discharges would be eligible to register and receive an ID during "phase one." Future phases, the VA officials said, could involve broadening eligibility for the ID cards.

Shulkin, the VA secretary, expanded on the possibility of ID cards for vets with “bad paper” discharges at a town hall meeting with employees and community organizers in Manhattan on Oct. 12. “We have an obligation to those who raise their hand, and for reasons sometimes not related to their own fault, have received an other-than-honorable discharge,” he said in answer to a question about the card issue. “Which is different, as you know, than a dishonorable discharge.”

Shulkin has been an advocate for veterans with bad paper since President Donald Trump tapped him to lead the department last winter. In July, Shulkin ordered the VA to extend limited emergency access to mental healthcare to more than 500,000 veterans who were previously ineligible for VA services because of their less-than-honorable discharges. It was a bold move for a newly minted VA secretary.

But in the New York town hall, Shulkin balked when asked why he would expand access to free emergency mental health care to a group of veterans while keeping them ineligible for a federal identification card aimed largely at helping former service members take advantage of veteran discounts and benefits in their communities.

“There are strong feelings on this topic of identity, and we want to make sure that we are sensitive to all of our stakeholders’ feelings on that,” Shulkin said. “I will assure you we will bring that up in the near future. It would not be hard for us. In fact, we found a sponsor for these cards, so it wouldn’t even cost us any money. This is just a matter of let’s consult all the stakeholders.”

Asked about his boss’s statements and whether they might portend a change to the department’s exclusion of bad-paper vets from the ID program, Cashour, the VA press secretary, replied with a single emailed line: “You have VA’s position on eligibility.”

“This is an example of the VA making up its own rules to leave vets with bad paper behind,” said Kristofer Goldsmith, assistant director of policy and government for Vietnam Veterans of America, one of several VSOs that endorsed the Veterans Identification Act. “The veteran identity is in that card, so I think to tell a veteran that they are not eligible for the card is deeply harmful.”

Other VSOs were just happy to see the ID-card legislation finally enacted, despite the eligibility limitations — and despite the fact that it’s two years late. “It is great that the VA finally is moving forward to implement the Veterans ID Card Act of 2015,” Joe Plenzler, director of media affairs for American Legion, told Task & Purpose. “The law said the VA had 60 days to enact this legislation, and The American Legion continued to press Congress to force the VA to comply.”

The new ID card will be brought to you by Office Depot.

There was also Shulkin’s cryptic town hall statement that “we found a sponsor for these cards, so it wouldn’t even cost us any money.”

On Wednesday, AMVETS, one of the largest national VSOs, tweeted images of the new ID card. On the back side of the card is an Office Depot logo. The company’s logo is accompanied by a message: “Saluting you today and every day,” it reads. “Thanks for taking care of business.”

But Cashour, the VA press secretary, was adamant: “It’s not a sponsorship,” he told Task & Purpose by email. “Office Depot is printing and providing the cards to Veterans after VA approves applications for the cards. Under the arrangement, Veterans will pay no fees for the cards.”

The VA briefed the Senate and House Committees on Veterans Affairs “multiple times about the agreement with Office Depot on the cards,” Cashour said, adding, “More details will be forthcoming as the ID card program is rolled out next month.”

But the lack of details right now concerns some VSOs. “I understand thinking outside the box to satisfy the requirement,” Chenelly said about the VA’s Office Depot agreement. “But I don’t like the idea that a corporation can buy influence through our federal government. Is Office Depot now the official office supply retailer of veterans?”

A senior manager of public relations at Office Depot told Task & Purpose Oct. 18 that she was not aware of any partnership or sponsorship with the VA, but would look into it. (We will update this article with additional information as we get it.)

To register for an ID, vets are required to submit a phone contract.

Veterans who want one of the new ID cards will need to submit an application online, though VA has yet to announce the specific website address where they can apply. When the VA does start accepting applications sometime in November, applying veterans will be need a recent photo to upload, as well as a valid government photo ID and a Social Security number.

But many vets may not make it that far. Before veterans can apply for the card, they must register with Vets.gov, a website that authenticates users through the ID.me system. (The VA points out that there is an alternative, slightly complicated registration method, explained below.) Veterans eager to be first in the line for the new cards have already encountered unexpected obstacles on the website.

Registering veterans have been told they must provide Vets.gov with a phone number that’s tied to a contract and registered in the owner’s name, according to a series of emails between an ID.me customer support representative and an Army veteran that were shared with Task & Purpose. That excludes any veteran who cannot afford such a contract or relies on a prepaid phone plan.

Prepaid phone plans often serve as a “lifeline for low-income consumers and people with bad credit,” the Los Angeles Times noted in a 2013 article that estimated one in three Americans owned prepaid plans. (According to Debt.org, roughly 453,000 veterans are currently unemployed and nearly 40,000 are homeless.)

“Without a non prepaid phone number in your name, it will not be possible to access Vets.gov,” the ID.me representative wrote in one email. “If your number is non-prepaid and the bill is in your name, please let me know so we can troubleshoot further,” the rep added elsewhere.

“[This] is counterproductive and needlessly restricts access to the service,” an Army veteran who attempted, and failed, to register with Vets.gov said in an email to Task & Purpose. “I guess I am lucky that the state of Florida let me show them my DD-214 to get a ‘V’ logo identifying me as a veteran on my driver’s license.”

After this story was published, the VA's Cashour responded to T&P's earlier questions about the phone issue, explaining that Vets.gov had recently added DS Logon as an alternative registration method that might work for veterans without postpaid phone contracts. We have published a post explaining that process, which is not immediately obvious on the webpage.

Cashour also acknowledged that vets may not have received the best guidance on registration from phone reps. "We are working with our call center reps to make sure they have the most accurate information," he said in an email.
You can read about other obstacles veterans have encountered while attempting to register with Vets.gov right here.

Chris Jones contributed to this reporting.

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2.7 - Task & Purpose: Trouble Registering For VA's Vet ID Card? There's A Much Better, Hidden Way (19 October, Adam Linehan, Lauren Katzenberg and Adam Weinstein, 102k online visitors/mo; New York, NY)

As we reported this morning in a look at questions around the new Department of Veterans Affairs veteran identification card, some veterans told us they were encountering trouble when attempting to register with Vets.gov — a step that vets must complete to qualify for the national ID card when the VA begins accepting applications in November. It turns out there's a workaround, but figuring that out required some help from VA spokesman Curtis Cashour. Now we're going to use the information Cashour relayed to us to help you.

A series of emails between an Army veteran and a customer representative for ID.me, the third-party company that verifies users' identities, suggested that veterans who wanted the ID card were out of luck unless they had a post-paid cellphone contract. "Without a non prepaid phone number in your name, it will not be possible to access Vets.gov," an ID.me representative wrote in one email. "If your number [is] non-prepaid and the bill is in your name, please let me know so we can troubleshoot further."

As seen in the screenshot below, when you visit Vets.gov, you are presented with three options: 1. sign in with DS Logon; 2. sign in with ID.me; or, in the event the user does not have either a DS Logon or an ID.me account, 3. create an ID.me account.

First-time users are probably inclined to pick option three. However, as the email from the ID.me shows, going that route won't work for vets who lack a cell phone or are on a prepaid plan.

Instead, they need to pick option one — "sign in with DS Logon" — even if they've never heard of DS Logon. Only then will you be able to find the option to create a DS Logon account — which, unlike ID.me, won't require a post-paid phone contract.

If you look right below the Login button, you'll see a tab that says "More DS Logon Options." Click it, and you'll see four more color-coded tabs. The first is labeled "Need a DS Logon?"

If you want to register with Vets.gov but do not have a post-paid phone contract in your name, then the answer is yes, you do. And there you have it. Fill out all the info and you're good to go.

"Within the last month, Vets.gov added a feature that allows Veterans with a DS Logon Premium account to access our site without having to re-verify their identity," Cashour explained. "Users can sign up on the site and select DS Logon to enter their credentials and get access to the site."

"Additional information is available on our FAQ page here," he added, providing a link to the Vets.gov FAQ page featured above.

That may still not be enough guidance for most veterans to navigate the site alone. The first question on the FAQ page is "How do I sign in to Vets.gov — and what does signing in do for me?"

The answer: "To get started, you'll create an account through ID.me, our trusted technology partner in helping to keep your personal information safe…. Or, you can sign in with your My HealtheVet or DS Logon account." Below that, the page has two broad categories to guide veterans: "Using ID.me to create your account" and "Signing in with your existing My HealtheVet or DS Logon account." There is no tab for "Using DS Logon to create your account."

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2.8 - Sunshine State News: John Rutherford, Al Lawson Want More VA Funds to Help Veterans Enter Civilian Workforce (19 October, Kevin Derby, 64k online visitors/mo; Tallahassee, FL)

Jacksonville's two congressmen--Republican U.S. Rep. John Rutherford and Democrat U.S. Rep. Al Lawson--teamed up this month on a bill creating a grant matching program for the U.S. Department of Veterans Affairs (VA) help organizations that help veterans enter the private sector through job training programs and other training to help them enter the civilian workforce.

Rutherford and Lawson brought out the "Veterans Armed for Success Act" which has been sent to the U.S. House Veterans Committee and they both showcased the legislation on Wednesday.

Pointing to Jacksonville's large veterans community, Rutherford said his bill would help the First Coast.

"Throughout Northeast Florida, I have heard from business owners and hiring managers who want to hire veterans," Rutherford said. "Our military veterans have a proven record of being reliable, dedicated and hard-working, and their varied experience translates well into many careers. Yet, many veterans have been frustrated with their post-service opportunities. We need to do more to help these veterans succeed when they transition into civilian life."

Rutherford noted Jacksonville based Operation New Uniform (ONU) had a proven record of training veterans as they readied to enter the civilian workforce with 97 percent job placement in the first four months. However, Rutherford, who like Lawson is a freshman in Congress, said there were no federal programs to help ONU and similar groups.

"Operation New Uniform in Jacksonville and similar programs throughout the country give veterans greater opportunities to transition into stable, long-term employment," Rutherford said

on Wednesday. “Doing so strengthens families, builds a strong local workforce, and improves the mental health of our veterans. I thank Congressman Lawson for his commitment to our veterans by introducing this bill with me, and we look forward to seeing many more veterans find fulfilling careers in Northeast Florida.”

“Too often, American veterans who have selflessly served our country, return home to little or no job prospects,” Lawson said. “The Veterans Armed for Success Act equips local organizations with the support they need to train our veterans, and their loved ones, as they transition from serving their country to pursing a professional career. I am proud to work beside my friend and colleague Rep. Rutherford on an issue that extends beyond partisan politics and works to create a better quality of life for all American veterans.”

Earlier this month, the bill was sent to the U.S. House Veterans’ Affairs Committee which sent it to the U.S. House Veterans' Affairs Subcommittee on Economic Opportunity. That subcommittee held a hearing on the bill last week. So far, there is no similar bill in the U.S. Senate.

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2.9 - KLCC (NPR-89.7): DeFazio Calls For Federal Investigation At Eugene VA Clinic (19 October, Rachael McDonald, 52k online visitors/mo; Eugene, OR)

Some doctors and nurses at the Veterans Administration clinic in Eugene say it’s being mismanaged by officials from the Roseburg VA. Democratic Congressman Peter DeFazio has called for an investigation at the federal level.

The Roseburg VA oversees the Eugene clinic which opened in January of 2016. DeFazio, who worked to secure funding for the new facility, says there are problems in Roseburg that are now affecting the Eugene clinic.

“I’ve tried before at the national level with mixed results.” DeFazio says, “So this time I’m hoping we’re going to get it fixed. We can’t continue to lose incredibly talented, compassionate people out of the system because of some sub-standard bureaucrats who’s being protected by the system.”
A surgeon claims he was fired from the Eugene clinic after calling for improvements, according to the Register Guard. Nurses and other doctors say there are not enough providers to serve the thousands of area veterans. Some vets have complained of not getting adequate or timely treatment.

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2.10 - KSNW (NBC-3, Video): Sedgwick County, VA leaders discuss claims of missing $1.5 million (19 October, John Asebes, 9.1k online visitors/day; Wichita, KS)

SEDGWICK COUNTY, Kan. (KSNW) – Sedgwick County claims that since 2014, the VA owes them $1.5 million in missed medical transport payments.

With representatives from Senator Jerry Moran's office and Congressman Ron Estes' office on hand, Sedgwick County and VA officials met to see what is actually owed.

"We know that we are looking for 1.5 million dollars," says Commissioner David Dennis. "That is a fact."

Dennis is confident in that. He met with leaders from the Robert Dole VA Medical Center in hopes of finding the money which he says is owed to the county.

"There is a difference in their accounting and what our accounting shows." Dennis adds, "We need to do a reconciliation and find out what the difference is."

They took the first steps Thursday and will be meeting again on October 30 to re-examine all the accounts the county has with the VA.

Dennis says it's a positive step forward, but the money is definitely missed.

"Obviously any revenue that we generate helps support EMS operations," says Scott Hadley, Director of Sedgwick County Emergency Services.

Comparatively, $1.4 million is what Sedgwick County budgeted alone for an EMS post they broke ground on last October.

Hadley says the money could be used in a variety of other ways that help them provide a high level of first response to the community.

He says, "Adding additional crews, buying ambulances, equipment or operating supplies."

Hadley says the meeting went well and they are confident that each side will be able to settle the issue.

"Irrespective of what happened today we are going to continue to provide quality services as we have in the past and will continue to do that in the future."

KSN reached out to officials at the VA about the meeting and claims of missing money and have not received a response back.

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3. Access to Healthcare

3.1 - FOX News: Vietnam veteran died while nurse's aide played video games: Report (19 October, Benjamin Brown, 32.5M online visitors/mo; New York, NY)

A 68-year-old Vietnam veteran in Massachusetts, hospitalized with multiple ailments, died in July while the nurse's aide assigned to care for him played video games, according to a published report.

Bill Nutter suffered from the effects of Agent Orange, diabetes and a condition that could suddenly send him into cardiac arrest without warning, the Boston Globe reported.

He was supposed to be checked on every hour during his stay at the Bedford VA Medical Center, one of the country's top-rated hospitals, according to the U.S. Department of Veterans Affairs.

Initially, his wife, Carol, was told that her husband died of "cardiac arrest and [they] couldn't do anything about it," she told the Globe.

However, just a few days later, Carol Nutter said, a doctor called to provide more details on her husband's death. Nutter said the doctor could be heard repeating the words of a woman in the background, whom Nutter quoted as saying, "If they had done what I told them to, he could have possibly been alive," referring to the hourly check-ups.

Nutter didn't learn the full truth until someone from the Office of the Inspector General's investigation told the Globe that the nurse's aide ultimately admitted to playing video games on her computer rather than watching Bill Nutter.

The aide has since been fired, the Globe reported.

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3.2 - Dallas Morning News: Opinion - Health care system for our veterans still isn't good enough (19 October, Ted Cruz and John Ratcliffe, 9.4M online visitors/mo; Dallas, TX)

Three years ago, our country awoke to the grim reality that our Veterans Administration health care system had become so deeply flawed that many of our nation's heroes had died while waiting to receive care. With their names buried on secret waiting lists, it became evident that the VA system was more concerned about protecting the bureaucracy than caring for our veterans.

In the wake of these horrifying revelations, Congress began the arduous task of enacting reforms aimed at shifting the culture within the VA to no longer tolerate the mismanagement and corruption that imperiled so many veterans' lives. While some progress has been made, ongoing reports of the VA's shortcomings reinforce that much more needs to be done.

Numerous hearings, investigations and aggressive oversight by Congress revealed areas that required attention and were preventing veterans from getting the quality, timely care they deserve. These efforts initially led to the passage of the Veterans Access, Choice, and Accountability Act of 2014, which established the Veterans Choice Program and the Commission on Care.

By empowering our veterans to have more control over their care, Congress took the first step in prioritizing our veterans over the VA bureaucracy. Unfortunately, the program has been plagued by poor implementation and fails to deliver the true choice for veterans as Congress intended.

More recently, Congress and President Donald Trump have worked together to enact a variety of important measures to continue taking steps to improve the culture at the VA and the care for our veterans. Some common-sense efforts include increased authority for the VA to hold employees accountable when they fall short of their responsibilities, to protect whistleblowers, and to extend financial certainty to the Veterans Choice Program.

But in March of last year, we were alarmed to learn that seven of 12 reports released by the VA Office of Inspector General contained instances of scheduling mismanagement that had led to extended veteran wait times at the VA Health Care Systems in Texas. Due to a variety of factors including poor training, lack of supervision and non-centralized systems, issues such as data manipulation, improper scheduling and flawed record-keeping were able to grow rampant in our own home state, to the detriment of our veterans who need us the most.

While there is no silver bullet to fix the VA's struggles, we can, and must, continue taking steps in the right direction. This is why we introduced the VA IT Restructuring Act in both the House and Senate.

Our legislation homes in on the problems that stem from the Veterans Health Administration's outdated software by appointing a chief information officer to oversee its modernization. By centralizing oversight and planning of the IT systems, we can avoid the mishaps that emerged due to the lack of an experienced, senior health care leader at the VHA who is focused on IT management.

The Commission's Final Report stated "it is essential for VHA to have a CIO with health care expertise and substantial experience."

We must and will continue our collective efforts alongside the Trump administration to ensure continued improvement of care for veterans, not just here in Texas, but all across the country.

Ted Cruz is a Republican U.S. Senator from Texas. Twitter: @tedcruz

John Ratcliffe is a Republican member of Congress representing northeast Texas. Twitter: @RepRatcliffe

They wrote this column for The Dallas Morning News.

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3.3 - MedicalXpress: Veterans study reports reduction in suicide ideation after HBOT (19 October, Louisiana State University, 1.5M online visitors/mo; New York, NY)

A pilot case control study of veterans of the US armed forces with mild traumatic brain injury (TBI) or persistent post-concussion syndrome (PPCS), with or without post-traumatic stress disorder (PTSD), has found significant improvements in persistent post-concussion syndrome and PTSD symptoms, neurological exam, memory, intelligence quotient, attention, cognition, depression, anxiety, quality of life, and brain blood flow following hyperbaric oxygen therapy (HBOT).

Compared to controls, the patients' brain scans were significantly abnormal before treatment and became statistically indistinguishable from controls in 75% of abnormal areas after treatment.

"Simultaneously and most importantly, subjects experienced a significant reduction in suicidal ideation and anxiety, possibly the most significant finding in the study given the current veteran suicide epidemic," notes Dr. Paul Harch, Clinical Professor and Director of Hyperbaric Medicine at LSU Health New Orleans School of Medicine. "The PTSD symptom reduction is one of the greatest reductions in PTSD symptoms in a four-week period with any reported treatment, and combined with the effect on PPCS outcomes, HBOT represents the only reported effective treatment for the combined diagnoses of blast-induced PPCS and PTSD."

The improvements, including a discontinuation or decreased dosage of psychoactive medications, continued to increase over the six-month post-treatment period. Dr. Harch and Dr. Edward Fogarty, Chair of Radiology at the University of North Dakota School of Medicine, led the research. The study is published in the current issue of the journal Medical Gas Research, available here.

"Mild traumatic brain injury, persistent post-concussion syndrome and post-traumatic stress disorder are epidemic in United States Iraq and Afghanistan war veterans," adds Dr. Fogarty. "The only effective treatment of the combined diagnoses that is available and well studied is via these chambers - this is not solely a biochemical intervention. Gas pressure physics impacts neurobiology beyond simple oxygen chemistry"

Hyperbaric oxygen therapy is the use of increased atmospheric pressure and increased oxygen levels as drugs to treat disease by turning genes on and off. Treatment effects are a function of dose and timing of intervention in the disease process.

Thirty active-duty or retired military service men and women 18 to 65 years of age with one or more mild-to-moderate blast TBIs characterized by loss of consciousness that were a minimum of one year old and occurred after 9/11 participated in the study. They were matched to a control group. HBOT was performed in monoplace hyperbaric chambers on a protocol the investigators developed in 1989. Patients were compressed and decompressed at 1-2 pounds per square inch per minute on 100% oxygen for 60 minutes total dive time, twice a day with a 3-4 hour surface interval five days a week for 40 HBOTs.

After HBOT, 52% of patients no longer met the threshold criteria for the diagnosis of PTSD. Ten of the 12 patients who expressed suicidal ideation prior to the HBOT did not express suicidal thoughts after treatment. One patient with anxiety who required an emergency department visit for increased anxiety had increased suicidal ideation after treatment. Of the patients who indicated significant anxiety before treatment, 75% were no longer anxious after treatment. The patients' abnormal brain blood flow pattern became nearly indistinguishable from the controls after HBOT treatment.

Six patients experienced mild reversible middle ear injury due to pressure change, five of whom at the start of upper respiratory infections. Seven patients experienced transient deterioration is some symptoms that resolved over the next 4-6 HOBTs. Two patients had anxiety associated with exacerbation of PTSD that was treated with medication. Eleven patients experienced protocol breaks due to unrelated adverse events but 10 of them finished the protocol. The researchers conclude that this 30-day course of 40 HBOT treatments was safe with no persistent adverse events.

A 2008 Rand Report estimates that 300,000 (18.3%) of 1.64 million military service members who have deployed to Iraq and Afghanistan war zones have PTSD or major depression, and 320,000 (19.5%) have experienced a TBI. Overall, approximately 546,000 have one of the three diagnoses, and 82,000 have symptoms of all three.

"Dr. Paul Harch, for the past three and a half decades, has meticulously researched and published quality laboratory and clinical research about the efficacy of hyperbaric oxygen in treatment of sub- acute and chronic TBI, convincingly demonstrating its efficacy by favorable outcomes with careful statistical substantiation of his findings," says Dr. Keith Van Meter, Clinical Professor and Chief of Emergency Medicine at LSU Health New Orleans School of Medicine. "He has added to his quality team of researchers, and their steadfast persistence has achieved these remarkable results."

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3.4 - MedicalXpress: Researchers find evidence of DNA damage in veterans with Gulf War illness (19 October, 1.5M online visitors/mo; New York, NY)

Researchers say they have found the "first direct biological evidence" of damage in veterans with Gulf War illness to DNA within cellular structures that produce energy in the body.

The findings appeared in the journal PLOS One in September 2017.

A study that focused on mitochondrial DNA (mtDNA) included 21 veterans with Gulf War illness (GWI) and seven controls.

In blood tests, researchers observed more lesions and more mitochondrial DNA—that is, extra copies of genes—in veterans with Gulf War illness, relative to controls without the illness, suggesting excess DNA damage. Lesion frequency gives a direct measure of DNA damage, while the increased number of mtDNA copies reflects a response to the damage.

Both lesion frequency and the number of mtDNA copies vary in response to environmental toxins and together provide a reading of overall mitochondrial health, according to lead researcher Dr. Mike Falvo, a health sciences specialist at the Veterans Affairs New Jersey Health Care System.

He notes that everyone experiences some level of mtDNA damage, perhaps due to aging and environmental exposures, such as air pollution. In the study, the mtDNA damage was 20 percent greater in the veteran group, compared with a control group that included three veterans without GWI and four non-veterans.

"Greater mtDNA damage is consistent with mitochondrial dysfunction, which may contribute to symptoms of GWI, as well as persistence of this illness over time," the researchers write. "We interpret these findings as evidence that mitochondrial dysfunction is involved in the pathobiology of GWI."

Falvo explains that the researchers used a new technique developed in the lab of his team's collaborator that allowed them to evaluate the quality of the mitochondrial DNA directly from

total DNA without having to isolate the mitochondria. This approach is simpler to execute and does not require analysis through a biopsy of a piece of tissue, such as skeletal muscle, he says.

Although Falvo and his team were interested mainly in mtDNA, they also looked at nuclear DNA, which is vital, too, to overall mitochondrial health. The levels of nuclear DNA damage were also elevated in the veterans with GWI, but did not reach "statistical significance," the researchers say. Nuclear DNA damage is a major cause of cancer, neurodegeneration, mitochondrial dysfunction, and many age-related diseases.

Mitochondria are organs that act as spark plugs within cells. They are like a digestive system that takes in nutrients, breaks them down, and creates energy-rich molecules for the cell. They are very sensitive to potential damage caused by toxins.

Patients with mitochondrial dysfunction have symptoms involving multiple organ systems, primarily nerves and muscles. Veterans with Gulf War illness have reported similar symptoms. Many Gulf War veterans believe they were exposed to harmful chemicals and other toxins during the conflict.

"Mitochondrial dysfunction among veterans with GWI may help explain, in part, the persistence of this illness for over 25 years," the researchers on Falvo's study write. "For example, chemical and environmental exposures during deployment may have provided the initial [harm] to mtDNA and accumulation of damage."

Falvo, also an assistant professor at Rutgers New Jersey Medical School, researches how cardiovascular, cardiorespiratory, and other systems respond to physical and environmental stress.

Soon after joining VA in 2010, he learned that many Gulf War veterans experience major fatigue and other symptoms across many areas of the body. "To me, that sounded awfully consistent with the symptoms of mitochondrial disorders," he says. "After reviewing the literature, I realized at that time there was no published study on GWI that investigated whether mitochondrial dysfunction contributed to symptoms."

He explored that potential link with Dr. Helene Hill, a colleague at Rutgers New Jersey Medical School who has studied mitochondrial DNA. Their discussion led to preliminary data that supported Falvo's 2017 study, on which Hill is a co-investigator.

Falvo's study follows work by Dr. Beatrice Golomb at the University of California, San Diego. Golomb was formerly on VA's Research Advisory Committee on Gulf War Veterans' Illnesses. With Department of Defense funding, she and her team reported in 2014 what they called "the first direct evidence supporting mitochondrial dysfunction in Gulf War illness."

Falvo and his colleagues performed tests directly on the mitochondrial genome. In contrast, Golomb used an imaging technique to examine the oxidative capacity of muscle in veterans with Gulf War illness. Oxidative capacity of muscle is a measure of how well tissue, or muscle, is able to use oxygen. In essence, the more mitochondria that are functioning well, the more that tissue is able to use oxygen.

The researchers in Golomb's study called, in part, for replication of their findings in a larger study. Falvo's research includes three times the number of veterans with Gulf War illness.

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In a separate 2014 study of 46 veterans with GWI, Golomb and her colleagues reported promising results for the nutritional supplement coenzyme Q10 (CoQ10) as a way to address the fatigue created by mitochondrial dysfunction. CoQ10 is thought to promote healthy mitochondria.
VA recently launched a three-year trial to determine if treatment with ubiquinol, a form of CoQ10, improves the physical function of veterans suffering from Gulf War illness.

The study is being carried out at four VA medical centers: Miami, Boston, Minneapolis, and the Bronx, New York. Officials there are recruiting 200 veterans with GWI for a double-blind placebo study. The initiative is based on data supporting the need for methods that repair mitochondrial function and that replenish depleted antioxidant stores related to the illness, according to the principal investigator, Dr. Nancy Grace Klimas of the Miami VA Healthcare System.

Antioxidants are substances, such as vitamin C or beta carotene, that remove potentially damaging oxidizing agents in a living organism.

In a sister study, Dr. Mary Ann Fletcher of the South Florida Veterans Affairs Foundation for Research and Education, a nonprofit group that supports VA research, is exploring changes in biomarkers related to CoQ10 treatment. These biomarkers include inflammatory cytokines, which are substances that are secreted by certain cells in the immune system and impact other cells; and natural killer (NK) cells, which play a major role in the hosting and rejection of tumors and virally infected cells.

Falvo, for his part, is expanding his team's efforts to study mitochondrial DNA damage in veterans with Gulf War illness. He's part of a new DoD-supported study led by Dr. Joel Meyer, an associate professor at Duke University in Durham who studies environmental toxicology. The researchers are seeking to recruit about 150 veterans with and without GWI in hopes of confirming the findings in Falvo's 2017 study. "More importantly, we want to gain new knowledge of the damage of mtDNA on mitochondrial function and the recovery process," he says.

"We need to be sure that our findings are robust," Falvo says. "For us, that means confirming the present results but also investigating what might be contributing to mitochondrial DNA damage or its lack of repair."

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3.5 - WNCN (CBS-17): Double amputee vet who refused to leave Durham VA says he doesn't know how long he can stay (19 October, Michael Hyland, 584k online visitors/mo; Raleigh, NC)

DURHAM, N.C. (WNCN) – A veteran who fought to get back into the Durham VA Medical Center says he doesn't know how long he'll be able to stay.

CBS North Carolina first reported on James Francis in late September, when he refused to leave after the staff discharged him.

“And I told them I wasn’t going to accept that, and I wasn’t going anywhere,” he said after a town hall at the Durham VA Thursday.

The 69-year-old is a Vietnam War veteran and double amputee who receives dialysis treatments three times a week. He worried about the quality of care he’d get at assisted living centers where the VA tried to send him.

“Why are they trying to find a place for me to go? This is what the VA was built for,” he said.

He stayed at the VA in hallways and waiting rooms until administrators let him come back. But, he says, since then he’s gotten no guarantee on how long he can stay or where he’ll end up. He wonders every day if he’ll be forced to leave.

“Well, in Mr. Francis’s case, we’ll continue to assess his condition and try to help him, work with him side by side to try to find him the appropriate level of care,” said Joe Edger, who took over as acting director of the Durham VA earlier this week. “What we have may not feel right for Mr. Francis, but we’ll continue to work with him to find him a solution that he feels comfortable with.”

Ronald Allen is a fellow veteran and has been advocating for Francis. He says he deserves more clarity.

“That’s not telling Mr. Francis anything,” said Allen. “No one, from what he’s told me, has explained to him what his plan of care will be.”

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3.6 - Becker’s Hospital Review: Bedford VA Medical Center under investigation after patient died while nurse aid played video games (19 October, Mackenzie Bean, 441k online visitors/mo; Glencoe, IL)

Federal officials are investigating care lapses at Bedford (Mass.) VA Medical Center that may have contributed to the 2016 death of a patient, reports The Boston Globe.

Here are seven things to know.

1. Hospital staff found 68-year-old Bill Nutter, a Vietnam veteran and retired police detective, dead in his bed at Bedford VA Medical Center last year. Mr. Nutter lost both his legs from diabetes and suffered from a heart condition that threatened to spontaneously send him into cardiac arrest.

2. Staff members initially told Mr. Nutter's wife, Carol, his heart stopped in his sleep, and there was nothing they could have done to save him.

3. However, a nurse's aid on duty the night of Mr. Shutter's death later admitted to playing video games on her computer instead of regularly checking on Mr. Nutter during her shift.

4. Internal hospital records indicate the nurse who found Mr. Nutter the next morning told her boss about the death by making "a crude gesture signifying a slit throat," according to The Boston Globe.

5. Bedford VA Medical Center immediately reassigned the aide to a cafeteria position and terminated the nurse who made the gesture.

6. The Department of Veterans Affairs Office of the Inspector General is conducting a criminal investigation with the U.S. attorney's office and the FBI to identify potential care lapses that may have contributed to Mr. Nutter's death.

7. Maureen Heard, a spokeswoman for Bedford VA Medical Center, declined The Boston Globe's request for comment.

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3.7 - Becker's Hospital Review: San Diego VA administers 1.5k ineffective flu shots (19 October, Brian Zimmerman, 441k online visitors/mo; Glencoe, IL)

Veterans Affairs San Diego Healthcare System gave nearly 1,300 veterans and 240 VA employees flu shots that may not be fully effective due to a refrigeration error, according to a report from The San Diego Union-Tribune.

VA hospital employees on Oct. 13 discovered a pharmacy refrigerator did not keep stored doses of the flu vaccine within the recommended temperature range. Affected vaccines do not pose a threat to patient safety, but may have less potency and therefore offer less immunity.

"I am very unhappy this happened here," Robert Smith, MD, director of the San Diego VA hospital, told ABC10 News. "That's something I'm going to be looking into and how it can be prevented in the future."

The VA is notifying veterans who received a flu shot at the hospital between Oct. 9 and Oct. 13 of the issue and encouraging them to return to the hospital for a new vaccination, according to ABC10 News.

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3.8 - Maine Sun Journal: Bruce Poliquin focuses on veterans (19 October, Steve Collins, 440k online visitors/mo; Lewiston, ME)

U.S. Rep. Bruce Poliquin said Thursday he intends to push a measure aimed at making it possible for more nursing homes to treat veterans without facing as much bureaucratic rigmarole.

The 2nd District Republican told a small news conference in Lewiston that providers have to deal with “onerous red tape” to get reimbursed for offering veterans the same types of care that Medicaid and Medicare pay for with far less hassle.

Poliquin said as a result, some won’t offer the same care to veterans whose bills are paid by the Veterans Administration that they will for most other patients.

The Veterans Access to Long Term Care and Health Services Act that Poliquin plans to introduce Monday would fix the problem, he said.

“We have a lot of support on the committee level,” Poliquin said, adding that he is “really excited about this.”

The bill is a companion measure to one already introduced in the U.S. Senate by Sens. John Hoeven, R-N.D., and Mike Rounds, R-S.D.

Hoeven, who promoted a similar bill in 2015 that fell short, has said that only 15 of 80 nursing homes in North Dakota have contracts with the VA because its rules are too cumbersome.

The American Health Care Association hailed the proposal this summer.

“This crucial legislation ensures that America’s veterans have access to extended care services from providers who are closer to veterans’ homes and community support structures,” Mark Parkinson, president of the association, said in a prepared statement.

“These men and women selflessly served our country and it is important we provide them the best care possible,” he said.

The act would allow nursing homes to enter into provider agreements with the VA that would make them subject to the same rules and regulations as Medicare or Medicaid providers generally.

The bill has the support of the Department of Veterans Affairs.

Poliquin announced his plans shortly before holding the first meeting of his new Veterans Advisory Panel, a group he created recently to hear directly from veterans from across his sprawling northern Maine district.

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3.9 - KPLC (NBC-7, Video): VA Outpatient Clinic grand opening slated for Friday (19 OCotber, Candy Rodriguez, 192k online visitors/mo; Lake Charles, LA)

LAKE CHARLES, LA (KPLC) - The Lake Charles Veterans Affairs Community Outpatient Clinic is finally here.

The 24,000-square-foot facility opened in late August.

On Friday, Oct. 20, a grand opening, dedication and open house will take place at the clinic. The public is invited.

For many, this is a major improvement over the interim clinic on McNeese Street and the former mobile clinic on Fifth Avenue, something Jim Jackson, chairman of the Lake Charles Mayor’s Armed Forces Commission, said he agrees with.

In September of 2015, the Department of Veterans Affairs awarded a 20-year lease contract for the facility.

The groundbreaking was held in June of last year.

The new clinic will allow VA to provide improved access to primary care (including women's health), general and specialty mental health, dental, optical shop, rotating specialty clinics, basic imaging, physical therapy, prosthetics and orthotics, and blood draw/specimen collection.

The clinic is located at 3601 Gerstner Memorial Drive, between Panda Super Buffet and Ashley Furniture.

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3.10 - People's World: Trump's "death by a thousand cuts" plan for the VA exposed (19 October, Mark Gruenberg and John Wojcik, 61k online visitors/mo; Chicago, IL)

WASHINGTON — The Government Employees (AFGE) blasted plans, from both a right-wing funded so-called veterans group and legislation unveiled by the Republican Trump administration, to subject the government's health care system for veterans to "death by a thousand cuts."

Despite describing himself as a big supporter and friend of America's veterans it appears the president is slowly putting into effect the plans enemies of veterans' health care have long held dear to their hearts. The Peoples World published an expose by Roberta Wood on these issues. The story has won the International Communication Association's highest award for journalism, the Max Steinbock award.

And the union, along with VoteVets, a 500,000-member veterans group, is on the offense against the schemes. Other traditional veterans' organizations, such as the American Legion, will join in, AFGE President J. David Cox predicts.

At issue are three developments that could jeopardize the Department of Veterans Affairs (VA) health care system. The eventual goal of VA's foes, Cox says, is dumping the nation's vets into the private health care system. He calls it privatization in pursuit of profits.

In addition, the private system both does not coordinate care, while VA does, and private practitioners are often ill-equipped to treat multiple ailments connected with military service. The three developments are:

Trump administration legislation to let vets who live more than 40 miles away from a VA health center use government-paid vouchers to buy private health care for their conditions. That expands the current VA Choice program, established by the comprehensive VA overhaul bill Congress passed and then-President Barack Obama signed.
The Choice program "is a total dismantling, taking resources" – money – "out of the VA," Cox told a telephone press conference on October 17. AFGE represents the largest number of VA workers, including medical professionals and support staff. National Nurses United represents thousands of VA's registered nurses.

Lobbying by a front group for the ultra-right ultra-rich Koch brothers to privatize all veterans' health care. The group, called the Concerned Veterans of America, also led the right wing lobbying last year for privatizing the 700-800 facility VA health care system in the wake of scandals where managers falsified treatment records and delayed vets' appointments.

The VA's decision, which did not need legislation, to seek to lay off 2,000 of its 5,000 customer service representatives nationwide. The CSRs interview veterans seeking benefits and treatment and make preliminary recommendations on those issues and linkages.

The agency wants to fire those CSRs who aren't clearing cases quickly enough, even though paperwork for a case, documenting a vet's disabilities and their connection to his or her military service, may stretch on for several feet. "These are complex claims," Cox said.

"The privatizers and special interest groups have made it their mission to push our veterans out of the system," said Cox, a retired VA psychiatric nurse in North Carolina. "Not because they would get better care" in private medicine "and not because vets want it, but because they want more profits. They're attempting to dismantle the VA from the inside out."

To combat that effort, the union is urging its members and the general public to speak up for VA health care, which independent studies – notably one by the Rand Corporation, a noted think-tank – show is superior to the private health care system. The union has already held pro-VA rallies nationwide and wants its members to lobby their lawmakers on the issue.

And the union is supporting pro-VA legislation by Rep. Anthony Brown, D-Md., and Sen. Bernie Sanders, Ind-Vt., to close the gap of 49,000 job vacancies – many of them doctors and nurses – in the VA, Cox and AFGE Legislative Director Thomas Kahn said. Sanders' measure would allot $5 billion more for hiring and for infrastructure improvements. (story continues after video)

William Fischer, an Iraq War veteran and legislative director of VoteVets, used the "death by 1000 cuts" line in agreeing with Cox's description of the threats to VA health care. But he ducked a question about whether his group would tell its members the fate of VA health care should be their "litmus test" in next year's election.

Fischer also said he's telling other progressive groups, especially backers of single-payer government-run national health care, the fate of the VA health care system is important to them, too. That's because the VA system, in a smaller scale, is a single-payer federal-run nationwide health care system – without the private insurers in the way.

"The VA is a single provider that is popular" with two million veterans "and it works. The opponents know that if they can kill the VA, there will be no hope for single-payer at all."

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3.11 - The Herald Democrat: Area groups gather to help homeless veterans (19 October, Drew Smith, 58k online visitors/mo; Sherman, TX)

Texoma area organizations gathered together in Sherman Thursday morning with the goal of getting homeless veterans off the street and connected with health, housing and social support services.

The Homeless Veterans Stand Down program was held at the Four Rivers Outreach center as well as in cities throughout the country on Thursday. The local event was largely organized by the Texoma Community Center's Veterans Services department and sponsored by Veterans Affairs in Bonham. Participating groups, including Grayson College, Workforce Solutions Texoma and the American Red Cross, handed out toiletries, clothing and information regarding local support services.

"Some veterans really struggle," veteran and Texoma Community Center Veterans Services Coordinator Penny Poolew said. "But we have a lot of support within the community when it comes to ending homelessness."

Poolew explained that addressing and reducing veteran homelessness in Texoma and all across America is a challenge because substance abuse and mental health are often intertwined with homelessness and affect a person's daily stability.

Jennifer Weatherford, who serves as an affordable housing advocate for the Texoma Council of Governments said when it comes to getting veterans off the street, the mantra is "housing first." Weatherboard explained that if a homeless veteran has a safe and consistent place to stay, they're more likely to succeed. But that comes at a cost that not all veterans can afford.

"The median area rent here is usually about $780 a month," Weatherford said. "But the majority of our retired veterans are making the SSI (Social Security Income) and SSDI (Social Security Disability Income) minimum of $735 a month. That means 104 percent of their income goes toward rent alone. It's a huge, huge problem."

VA Senior Social Worker Michael Serpa said Texoma veterans are often disconnected because of how rural the region is and don't know the full extent to which the VA can help. In addition to identification, health care, employment and transportation services, Serpa said the VA can offer veterans some financial relief when it comes to housing.

"When they come into our program, they get a Section 8 voucher that basically helps pay a portion of their rent," Serpa said. "We also come to their home and meet with them at least once a month, if not more often. In those meetings, we help to make sure that the services they need are set up around them so that they can become self sufficient."

And that's precisely why Shane Johnson stopped by Four Rivers for the awareness event. Johnson, a veteran of the United States Marine Corps, is currently walking from Orlando, Florida, to Oceanside, California, as part of the Hike Across America program. Through the homelessness awareness campaign, Johnson is stopping at shelters along the way and handing out hygiene products and a little encouragement to the homeless.

Johnson said there are many homeless veterans with severe issues and they deserve every bit of service and support available to them. But he also said he believes that some of America's homeless veterans become accustomed to the free services and have lost their motivation to become more independent.

"My goal is to get these veterans off their butts and inspire them again to make things happen for themselves," Johnson said. "That's exactly what they did before when they were in the military and they can do it again."

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3.12 - WAGM (FOX-8): Rep. Poliquin Announces New Bill to Help Allow Veterans to Receive Care From Local Providers (19 October, 35k online visitors/mo; Presque Isle, ME)

Today, Congressman Bruce Poliquin held a press conference in Lewiston to announce a new Veterans bill he is introducing in Congress and to conduct the first meeting of his newly-launched Veteran Advisory Panel.

The announcement and first meeting of Poliquin's Veteran Advisory Panel comes shortly after reports surfaced last week of abuse and neglect at Togus and the Congressman's introduction of legislation to make sure such failures by the VA never happen again.

The Veterans Access to Long Term Care and Health Services Act announced today will help allow Veterans to receive care from local providers that are closer to home. Specifically, the bill allows the VA to enter into Veterans Care Agreements with qualified health care providers for critical hospital, medical, and extended care services, removing unnecessary red tape so local, qualified providers can support our Veterans.

The Congressman made the announcement before beginning the first meeting of his newly-launched Veteran Advisory Panel. The panel serves as a local tool for Congressman Poliquin to hear and better understand issues affecting Veterans in communities across Maine's expansive and rural 2nd Congressional District. The panel is a body consisting of Maine Veterans who represent communities in the District and who engage in local resources networks within their own communities.

Congressman Poliquin released the following statement:

"I'm extremely excited to conduct the first of many meetings for our Veteran Advisory Panel, a new resource for our Veterans in local communities across Maine's 2nd District to more easily and directly have a voice on the issues that are most important to them" said Congressman Poliquin. "After the recent reports of abuse and neglect at Togus came to light last week, we're again unfortunately reminded of the critical work that needs to be done to make sure our Veterans are given the care and support they deserve, and I'm encouraged this Veteran Advisory Panel will help to serve that cause.

"With the panel's first meeting, I'm pleased to introduce new legislation to help our Veterans receive care from local providers and closer to home. This bill will help remove red tape for our local, qualified providers so they can support our Veterans. Supported by the American Health Care Association, this legislation will improve our Veterans' access to timely and convenient care, and I look forward to working with Democrats and Republicans in Congress and VA Secretary Shulkin to get these policies enacted on behalf of our Veterans."

In today's Veteran Advisory Panel meeting, the Congressman and panel members discussed a number of issues brought up by Veterans from across Maine's 2nd District. In today's meeting, the panel discussed the potential increase in demand for Veterans services in the Lewiston-Auburn area; an assisted living facility in Aroostook County; home care for elderly and disabled Veterans; transportation and access to health care for Veterans, specifically in Hancock and Washington Counties; efforts to increase Veterans' awareness of the resources and benefits

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available to them; work to simplify the oftentimes bureaucratic and technical hoops Veterans must go through to apply for benefits through the VA; and many other topics.

The panel, which was announced earlier this year, formally meets quarterly in different locations throughout Maine. The assembly also holds monthly conference calls to discuss policy initiatives and issues that Congressman Poliquin should be aware of and engage on in the House Veterans' Affairs Committee. In addition, the panel has regular inter-communication. Congressman Poliquin joins panel meetings in-person at least once a year and by Skype when he is in Washington, D.C.

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3.13 - The Journal of the San Juan Islands: Local veterans discuss long health care waits with Larsen (19 October, Hayley Day, 28k online visitors/mo; Friday Harbor, WA)

A federal program to prevent veterans from long wait times at health care facilities doesn't seem to be working.

"I had some hand surgery over there, and it took quite a while to get it authorized, about eight months," said retired veteran Peter DeLorenzi about a procedure at San Juan Island's Peace Island Medical Center.

DeLorenzi, and about three other veterans, spoke up about health care at a veteran's forum in Friday Harbor, hosted by the district's U.S. Congress Rep. Rick Larsen (D-WA) on Sunday, Oct. 15.

The Veterans Choice Program allows patients, not in driving distance of U.S. Department of Veterans Affairs hospitals, to receive the same care at nearby facilities.

Larsen commended changes to the 2014 legislation, which originally measured the 40-mile distance in a straight line.

"We quickly found out what a terrible marker that was," said Larsen. "We have islands, like the San Juan Islands; you might be 40 miles swimming distance, but not 40 miles driving."

Despite these changes, DeLorenzi explained there are extended wait times to be covered for procedures, or even assigned primary care physicians.

"There's a lag between the time you say 'I need to see a doctor' and the time they tell you can see a doctor," he said.

The program covers emergency room visits, but some injuries, like a sprained wrist, require an appointment within a few days, not weeks, or even months.

According to a 2016 U.S. Government Accountability Office report, it took between 22 and 71 days for 120 newly enrolled veterans to be scheduled with primary care physicians. The program's policy, stated the report, is to contact them with five days of enrollment.

Sefarian Butler, who works with veterans at the state's career center, told forum attendees that once patients receive referrals for primary care physicians, the lag disappears.

"Usually they don't provide you with one referral, they provide you with multiples of six to eight," he said. "As long as you have that referral, you can see that provider as many times as necessary through the length of those referrals."

Yet, there isn't just a lag in appointments, but billing as well. Once DeLorenzi received his carpal tunnel surgery he, not his insurance, was charged $700 for anesthesia.

"Was I supposed to do this without anesthesia? I was a Marine," he said.

In March 2016, the VA opened a call center to help veterans with bad credit thanks to delayed or inaccurate billing through the Veterans Choice Program.

DeLorenzi, however, just decided to pay the bill out of pocket, instead of going through, what he called, a "confusing system."

He and retired Staff Sergeant Shannon Plummer serve as Veterans Service Officers to help locals submit claims to the VA.

Plummer told attendees that government bureaucracy forces patients to take it upon themselves to communicate between the system's two sides: TriWest, the VA insurance for retired veterans and TRICARE, the regional company which handles the First Choice Program. The similarity in names, he admitted, adds to the confusion.

"It's a pain in the butt, but it's the best you've got right now," he said.

To speak with local VSOs, contact the Friday Harbor's American Legion Post 163 at 378-5705.

To locate a state career center representative who works with veterans, contact the local Northwest Workforce Council representative Minni Knych at 378-8662.

Since 2015, staff from Larsen's office reported they have helped 326 veterans with casework and saved veterans over $260,000 in benefits. This was Larsen's 58th veterans forum.

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3.14 - KIOW (FM-107.3): Grassley, Ernst Seek VA Response on Reported Unauthorized Waiting List at VA Nebraska-Western Iowa Healthcare System (20 October, AJ Taylor, 340 online visitors/day; Forest City, IA)

Sen. Chuck Grassley and Sen. Joni Ernst of Iowa today asked the Department of Veterans Affairs for a response to a report in the Omaha World-Herald of unauthorized waiting lists outside the VA patient tracking system for some mental health appointments in Omaha.

"With mental health, receiving prompt care is crucial, and in severe cases can be a matter of life and death," Grassley and Ernst wrote to Secretary David Shulkin. "It is important for veterans and taxpayers to know what role these unauthorized lists played and how they

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impacted access to care, what types and levels of employees were involved in the decision to establish the list and in operating the list, and what corrective actions and disciplinary measures were applied to make sure this does not happen again."

Grassley and Ernst wrote that they appreciated that the VA apparently took action to correct the Omaha situation after learning of it but "the little that was disclosed publicly leaves some unanswered questions."

In addition to seeking details about how the unauthorized lists affected access to care and employee disciplinary action in this case, Grassley and Ernst sought details about agency "protocols for disciplinary action and how the taxpayers and the public should be kept informed in such instances." They also asked for a description of how the unauthorized waiting lists came to light in the Omaha situation and whether the VA has systemic checks and balances to bring such unauthorized waiting lists to the forefront agency-wide.

Grassley and Ernst have long worked to improve veterans services, particularly those involving mental health and suicide prevention.

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6. Strategic Partnerships

7. Supply Chain Modernization

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8.1 - The Buffalo News: Karen Pence, VA secretary, to address veterans art festival at UB
(19 October, Robert J. McCarthy, 1.6M online visitors/mo; Buffalo, NY)

Less than two weeks after Vice President Pence appeared in Buffalo, second lady Karen Pence will arrive in town to address veterans at the National Veterans Creative Arts Festival at the University at Buffalo North Campus on Oct. 28.

The Department of Veteran's Affairs Western New York Healthcare System will sponsor the 1 p.m. event, which will feature addresses by Dr. David J. Shulkin, secretary of Veterans Affairs, and the vice president's wife. It will be held in the Center for the Arts Atrium in Room 103.

The event will honor 122 veterans from across the country who won competition in various art categories and who will participate in a series of workshops while in Buffalo.

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Subject: [EXTERNAL] 28 October Veterans Affairs Media Summary and News Clips
Date: Sat Oct 28 2017 04:09:17 CDT
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

28 October 2017

1. Top Stories

1.1 - USA Today (VIDEO): Exclusive: VA chief dismisses European travel 'distraction,' buzz over HHS post (27 October, Donovan Slack, 36.8M online visitors/mo; McLean, VA)
VA Secretary David Shulkin says taxpayers did not foot the bill for his and his wife's sightseeing and tickets to Wimbledon during a trip to Europe that is now under review by the inspector general at the Department of Veterans Affairs. He told USA TODAY in an exclusive interview that the July trip was related to VA business, and that while the government paid for their commercial flights and hotels, his wife did not accept taxpayer-funded per diem payments or meals and that they personally paid for nighttime and weekend activities as they would have at home.

Hyperlink to Above

1.2 - U.S. News and World Report (AP): Animal-Rights Group Sues to Get Anti-Testing Ads on Buses (27 October, 24M online visitors/mo; Washington, DC)
An animal-rights group is suing after a public bus system in Virginia refused to display advertisements against animal testing. The Richmond Times-Dispatch reported Thursday that the group is the Washington, D.C.-based White Coat Waste Project.

Hyperlink to Above

1.3 - Billings Gazette: With Veterans Affairs whistleblower's fate undetermined, officials saying little about case (27 October, Matt Hudson, 854k online visitors/mo; Billings, MT)
Montana elected officials preached timely care and accountability for the Montana Veterans Affairs Health Care System but otherwise said little about an ongoing whistleblower case. The Montana VA is facing its second allegation of whistleblower retaliation in less than two years. The previous case led to the resignation of Director John Ginnity in July 2016.

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1.4 - Tennessean: Tennessee VA hospitals respond to poor rankings, say improvements are ongoing (27 October, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)
David Dunning, the director of the Memphis VA, said this summer he was optimistic about the prospects of the hospital improving in the department's rankings when new data came out this fall. The new ratings came out Wednesday and reflected more of the same for the troubled hospital. Three of Tennessee's four VA hospitals — in Memphis, Nashville and Murfreesboro — are rated among the worst in the entire VA network of nearly 150 hospitals, given just 1 out of 5 total stars.

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1.5 - ErieNewsNow.com (VIDEO): Erie VA Medical Center Earns Five Star Rating (27 October, Paul Wagner, 147k online visitors/mo)

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1.6 - WPEC-TV (VIDEO): WPB VA medical center gets low score in national ranking (27 October, Al Pefley, 718k online visitors/mo; West Palm Beach, FL)

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They served on the battlefield, but now the fight is right here in our backyard for better health care. CBS12 News investigates why the VA hospital they depend on isn't up to par. Each V.A. hospital around the nation gets an annual rating from 1 to 5 stars, with 5 being the best. As you're about to see, the West Palm Beach VA does not appear to be in the best of health.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - Stars and Stripes: Veterans poised to get 2 percent payout raise on Dec. 1 (27 October, Claudia Grisales, 1.5M online visitors/mo; Washington, DC)
Military veterans could see their payouts increased by 2 percent later this year – one of the biggest gains in at least six years – under legislation slated for presidential approval next week. The plan, the Veterans' Compensation COLA Act of 2017, would boost cost-of-living payments and could be reflected in the recipient's January checks. The legislation was passed unanimously by the Senate this week, following approval of an identical bill in the House during summer.

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2.2 - Dayton Daily News: Dayton VA leader steps down following 33-year career (27 October, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)
Dayton VA Medical Center Director Glenn Costie retired from the top post Friday to take a new job directing veteran services at Ohio's Hospice in Dayton. Costie, 56, of Bellbrook, who capped a 33-year career inside the Department of Veterans Affairs, held the $183,000-a-year post since 2011 where he oversaw a rise in the staffing levels, a nearly doubling of the budget and increasing patient caseloads.

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2.3 - WHNT-TV: Huntsville VA Clinic hosts Veteran Services Fair (27 October, Sarah Macaluso, 853k online visitors/mo; Huntsville, AL)
The Huntsville VA Clinic serves as a helping hand and offers support for the growing veteran population in the Tennessee Valley. On Friday, people packed the lobby of the clinic, looking for answers or support. Several groups and former military around the Alabama were there to offer relief. One is Tornya Kelton with Disabled American Veterans.

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2.4 - The Register-Guard: Veterans Affairs Department to investigate clinics in Roseburg and Eugene next week (27 October, Sherri Buri McDonald, 436k online visitors/mo; Eugene, OR)
U.S. Department of Veterans Affairs investigators will be in Oregon early next week, looking into management, personnel issues and medical practices at the Roseburg and Eugene veterans clinics, a spokeswoman for U.S. Rep. Peter DeFazio said Friday. A team led by Dr. Erica Scavella with the Office of the Medical Inspector at the VA in Washington, D.C., will be in Oregon on Monday and Tuesday to gather information and interview employees, said Beth Schoenbach, a spokeswoman for DeFazio.

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2.5 - Great Falls Tribune: Treatment court gives veterans stability, sobriety and a second chance (27 October, Kim Skornogoski, 272k online visitors/mo; Great Falls, MT)
Heading to prison to serve nine years of a 35-year sentence, Belcher was called into Judge Greg Pinski's courtroom. The judge offered him the opportunity to avoid jail and instead start an intensive treatment program that required weekly — if not daily — accountability. Belcher became the first local Veterans Court graduate, a program that has since seen 30 graduates since starting in 2013.

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2.6 - Augusta Chronicle: Department of Veteran Affairs partner with local agencies for 10th annual Stand Down event (27 October, Nefeteria Brewster, 240k online visitors/mo; Augusta, GA)
Several veterans were greeted with a handshake and a smile as they lined up outside of the Charlie Norwood VA Medical Center's gymnatorium Friday.
They were among the hundreds of homeless in and around the area who met with employers and other local agencies for the Department of Veterans Affairs' 10th annual Stand Down event. During the event attendees get assistance on health care and benefits, as well as employment services.

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2.7 - Star-Gazette (VIDEO): Accused fentanyl 'runner' at Bath VA hospital faces federal drug charge (27 October, Anthony Borrelli, 188k online visitors/mo; Elmira, NY)
In February, two non-fatal fentanyl overdoses during one weekend at a U.S. Veterans Administration hospital in Steuben County sparked a federal investigation. The overdose patients were questioned by investigators, who say the patients' fellow resident at the facility's substance abuse treatment program, Matthew Helmer, had allegedly provided the drugs.

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2.8 - The News-Review: Investigators to visit VA, conduct interviews (27 October, Carisa Cegavske, 160k online visitors/mo; Roseburg, OR)
A team of investigators from the Veterans Affairs Office of the Medical Inspector will visit the Roseburg Veterans Affairs Medical Center and the Roseburg VA's Eugene clinic next week. The VA agreed to send the investigators following pressure from U.S. Rep. Peter DeFazio, D-Springfield. DeFazio testified before Congress two weeks ago that whistle-blowers continue to face retaliation at the VA.

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2.9 - FEDWeek: Bill Would Protect Vets From Scammers (27 October, 51k online visitors/mo; Glen Allen, VA)
Veterans who are elderly or on the lower end of the income spectrum would have greater protection from unscrupulous persons or businesses, under a proposed law now pending before the House. Under H.R. 3122, the Department of Veterans Affairs (VA) would be required to reach out to state and other federal agencies to craft a plan to protect these veterans from scammers.

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3. Access to Healthcare

3.1 - Omaha World-Herald: Secret waitlist delayed care for 87 veterans at VA hospital in Omaha, led to departure of 2 employees (28 October, Steve Liewer and Joseph Morton, 2.1M online visitors/mo; Omaha, NE)
An unauthorized waiting list for psychotherapy appointments at Omaha's VA hospital delayed care for 87 veterans this year and led to the departures of two employees, Department of Veterans Affairs officials said Friday. Letters addressed to Iowa Sens. Joni Ernst and Chuck Grassley and Nebraska Sen. Ben Sasse — all Republicans — blamed the unauthorized list on "training deficiencies" involving the hospital's medical support assistants, who were said to be improperly managing the VA's electronic waiting list following rules changes in 2016.

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3.2 - KPCC-FM (AUDIO): VA still has years to go to finish housing effort in West LA (27 October, Libby Denkmann, 1.1M online visitors/mo; Pasadena, CA)
Paul Ivy jokes that although he never went to combat, serving in the Army taught him plenty. "I learned how to do a whole lot of things," he said. "I especially learned how to pay attention." On Friday, Ivy picked up a blanket, some clothes and some lightly used black sneakers provided by nonprofits and volunteers at the 3rd annual "Homeless to Housed Veteran Stand Down" event on the West Los Angeles VA campus.

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3.3 - KWWL-TV (VIDEO): Second homeless veterans' home project underway (27 October, MacLeod Hageman, 440k online visitors/mo; Waterloo, IA)
A new project to help veterans get back on their feet is gaining momentum. What was once a neighborhood of a few abandoned homes is slowly but surely starting to get new life in Waterloo. Fortunately, it's all for a good cause too. Board by board, room by room, the home at 414 East Ninth Street will soon be transitional housing for at least four veterans in need.

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3.4 - Reading Eagle: Veterans Affairs secretary asks for input on solving the opioid crisis (27 October, Ford Turner, 437k online visitors/mo; Reading, PA)
The U.S. Department of Veterans Affairs has developed a formal system for treating chronic pain among veterans that steers away from opioid painkillers and may be a model for the public at large. That was part of the message delivered on Friday by VA Secretary Dr. David J. Shulkin during a visit to the VA Medical Center in Chester County.

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3.5 - Press of Atlantic City: VA searching for new location for Cape May County veterans clinic (27 October, Jack Tomczuk, 319k online visitors/mo; Pleasantville, NJ)
Officials from the U.S. Department of Veterans Affairs have taken the first step in finding a new facility to house the agency's Cape May County outpatient clinic. County veterans have long pushed for better health care options locally, and veterans and the VA agree it's time for an upgrade. The clinic is currently run out of a double-wide trailer on the Coast Guard base in Cape May.

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3.6 - KJZZ-FM (AUDIO): Department Of Veterans Affairs Urges Prioritizing New Drugs For PTSD (27 October, Steve Goldstein, 168k online visitors/mo; Tempe, AZ)
Reported cases of post-traumatic stress disorder are increasing, and trends indicate that growth will continue as more military men and women return from overseas service. But treatment help doesn't appear to be coming quickly. So far in 2017, six dermatology drugs have been approved by the Food and Drug Administration, but no drug has been approved for treatment of PTSD since 2001. At this point, two drugs — Paxil and Zoloft — have been given FDA approval for PTSD.

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3.7 - KMA Land: Shen V-A clinic hosts Wellness Fair Saturday (27 October, Mike Peterson, 138k online visitors/mo; Shenandoah, IA)
KMAland veterans are encouraged to attend a special event focusing on health. Shenandoah's V-A Clinic in the Orchard Corner's Shopping Center hosts a Wellness Fair Saturday from 9 a.m. to noon. Joyce Portz is a nurse with the Shenandoah clinic. Portz tells KMA News all veterans--whether enrolled in the V-A or not--can attend the wellness fair to learn about the V-A Nebraska-Western Iowa Health Care System's health care services, eligibility and other resources available to them.

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3.8 - Valdosta Daily Times: Clinic 'pinks out' for Breast Cancer Awareness (27 October, 73k online visitors/mo; Valdosta, GA)
Valdosta VA Clinic recently "pinked out" for Breast Cancer Awareness Month. The clinic shared the following information regarding breast cancer: Breast cancer is the most common cancer affecting women. Breast cancer can occur at any age, but the risk goes up as people get older. If a person has a family history of breast cancer, the risk of getting breast cancer increases.

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3.9 - WMDT-TV: New VA clinic opens in Georgetown (27 October, Dani Bozzini, 63k online visitors/mo; Salisbury, MD)
More than 100 people gathered in Georgetown for the grand opening of the new Veteran Administrations outpatient clinic. Officials say it's a big win for our local veterans and something they've been waiting on for quite some time. Before this there was a great need for the larger, updated clinic due to the large amount of senior veterans in the area.

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3.10 - New Hampshire Business Review: Giving NH vets better oral health care (27 October, Tom Raffio, 49k online visitors/mo; Manchester, NH)
In the last few months, I became aware that most oral health and dental services for Veterans at the Manchester VA Medical Center have been eliminated. While the reasons are complicated, and there are some exceptions, many veterans who rely on care from the VA were left on their own to find treatment. One way to make our veterans feel appreciated is by making sure they receive the dental care they need.

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3.11 - Wisconsin State Journal: $2.3 million settlement reached in death of former Marine at Tomah VA (27 October, Ed Treleven, 18k online visitors/mo; Madison, WI)
The federal government has reached a $2.3 million settlement with the family of a former Marine who died from a drug overdose in 2014 at the Tomah Veterans Affairs Medical Center, which would bring to a close the family's wrongful death lawsuit against the government. The settlement, set out in court papers filed Friday in U.S. District Court in Madison, would provide about $1.65 million upfront to the widow and daughter of Jason Simcakoski, of Stevens Point, who was 35 when he died on Aug. 30, 2014, at the Short Stay Mental Health Recovery Unit in the Tomah VA's Community Living Center.

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3.12 - KODI-AM: VETERANS CHOICE PROGRAM IS FAILING OUR SOLDIERS (27 October; Cody, WY)
Veterans aren't getting the assistance that they need through the Veterans Choice Program – and Wyoming Senator Mike Enzi is calling for a review of, and improvements to, the program. During a speech on the Senate floor yesterday, Enzi noted that he has not only heard concerns from veterans in need of care, but also from providers who have been unable to get reimbursed for medical services. According to Enzi, this means some doctors and facilities have ended their participation in VA Choice because it is taking too long to get reimbursed or they are unable to get reimbursed at all.

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4. Women Veterans

4.1 - Las Vegas Optic: Women veterans dental program open in Las Vegas (26 October, 32k online visitors/mo; Las Vegas, NV)
The statewide New Mexico Women Veterans Smile Program is available for women veterans in Las Vegas. The program, begun by civilian volunteers and funded by the NM Beverage Association, has served more than 15 women veterans. Dental Association Foundation Executive Director Linda Paul said the program is looking for more women veterans from around the state. The Veterans Administration does not provide dental services to veterans unless they are 100 percent disabled or wounded in service.

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5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

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7.1 - EconoTimes: Memphis VAMC Seeks Laundry and Linen Services Provider (27 October, 158k online visitors/mo)
The Memphis Veterans Administration (VA) Medical Center and three outpatient clinics -- two in Memphis one in Jackson, Tennessee -- require a contractor to provide laundry and linen services, according to a sources sought notice the agency released on Friday, October 27. These services, according to the notice, include furnishing the physical laundry plant (at an off-site location), all providing all labor, supervision, management, management support, supplies, communized linen and textile items, ancillary equipment, vehicles, and materials necessary.

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7.2 - FCW.com: Cerner looks to government for growth (27 October, Adam Mazmanian, 189k online visitors/mo; Vienna, VA)
In June, Department of Veterans Affairs Secretary David Shulkin announced the sole-source selection of Cerner to replace its Vista health records system, citing interoperability with the new DOD system as a driving reason behind not putting the contract out for competition. Recently a federal judge threw out a legal challenge to the planned deal, setting a stage for an award. The infrastructure at VA around the Vista replacement is also starting to take shape. In late September, VA awarded Booz Allen a task order worth a maximum of $750 million to provide program management, administrative and technical support to the program office charged with managing the Vista replacement and the Cerner integration.

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8. Other

8.1 - Rapid City Journal: VA plans Vietnam vet event (27 October, 313k online visitors/mo; Rapid City, SD)
The Department of Veterans Affairs Black Hills Health Care System will honor the service, sacrifice and enduring achievements of Vietnam veterans during a Vietnam War Commemoration 50th Anniversary event. Ceremonies will be at noon Wednesday at TREA, 1981 Centre St., in Rapid City. The event will commemorate Vietnam War veterans and each Vietnam veteran will receive a Vietnam veteran lapel pin during a pinning ceremony, according to a release. Remarks will be presented as well.

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8.2 - The Reporter: Sacramento Valley National Cemetery gets new director (27 October, Kimberly K. Fu, 67k online visitors/mo; Vacaville, CA)
For the second time this year, Sacramento Valley National Cemetery in Dixon has a new director. James L. Mitchum has been on duty for about a week, officials said Friday. He replaces Michael Henshaw, who was named in January and retired two months ago, officials said.

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1. Top Stories

1.1 - USA Today (VIDEO): Exclusive: VA chief dismisses European travel 'distraction,' buzz over HHS post (27 October, Donovan Slack, 36.8M online visitors/mo; McLean, VA)

VA Secretary David Shulkin says taxpayers did not foot the bill for his and his wife's sightseeing and tickets to Wimbledon during a trip to Europe that is now under review by the inspector general at the Department of Veterans Affairs.

He told USA TODAY in an exclusive interview that the July trip was related to VA business, and that while the government paid for their commercial flights and hotels, his wife did not accept taxpayer-funded per diem payments or meals and that they personally paid for nighttime and weekend activities as they would have at home.

"I did not stay in my hotel room, I went out and I enjoyed the local sights with my wife. We paid for all those," he said.

The inspector general launched a probe of the trip earlier this month after The Washington Post reported the couple spent nearly half of the 10-day trip sightseeing and that taxpayers had paid for his wife to join him.

He said his wife was an official invitee and attended the conference and meetings.

"The government, through our ethics (office), approved a coach travel for her airfare," he said. "That was the only expense that was ever charged."

8 Communication Mistakes Freelancers Make, According to CEOs Who Hire Them
Story From Moonlighting
Shulkin attended meetings in Denmark from July 12 to 14 and a conference on veterans' issues in London from July 18 to 20.

During the four days in between, he and his wife toured two palaces, Westminster Abbey and St Paul's Cathedral in London, took a Thames River cruise and had dinner in Piccadilly Circus.

"There was no taxpayer dollars associated with it," Shulkin said.

In response to questions about the trip, Shulkin directed that his travel itineraries be posted online, including the European one. They show that unlike other Trump Cabinet secretaries who have come under fire for high-flying travel on the taxpayer dime, Shulkin has not taken charter or private flights.

"I flew U.S. commercial jets — I have not taken private jets ever in my life," he told USA TODAY. "And the only military planes I've ever used have been when it has been the president, vice president, or first lady who've been on those flights, and I've been a passenger with them, so I welcome any type of investigation."

Shulkin, who previously ran private sector hospitals, said he came to the VA "as a public service."

"My focus needs to be on fixing the issues for the VA," he said. "That's where I want my focus, and I'm going to stay away from all of this distraction that Washington tries to make you pay attention to."

Former Health and Human Services secretary Tom Price resigned last month amid withering criticism for racking up roughly $1 million in taxpayer-funded flights on private and military aircraft since taking office in February.

Shulkin told USA TODAY that despite recent reports that he may be a candidate to replace Price at HHS, he has not interviewed for the job and is planning to stay at VA.

At the same time, Shulkin declined to rule out taking the job at some point if President Trump asked him to do it.

“I work at the pleasure of the president, and I will always do what he asks me to do,” he said. “Right now, he’s asked me to fix VA and that’s what I want to continue to do.”

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1.2 - U.S. News and World Report (AP): Animal-Rights Group Sues to Get Anti-Testing Ads on Buses (27 October, 24M online visitors/mo; Washington, DC)

An animal-rights group is suing after a public bus system in Virginia refused to display advertisements against animal testing.

The Richmond Times-Dispatch reported Thursday that the group is the Washington, D.C.-based White Coat Waste Project.

Its ad shows dogs peeking out from behind bars and demands that the "McGuire VA Medical Center: Stop Taxpayer-Funded Dog Experiments." The medical center has conducted research into cardiac health in humans. Some of the tests are considered extremely painful to the dogs.

The Greater Richmond Transit Company prohibits political ads on its buses. And a spokeswoman for the agency said the group's ad violates that rule.

The group's lawsuit, filed in federal court, claims the rule violates its constitutional rights and allows the government to pick and choose what views people can express.

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1.3 - Billings Gazette: With Veterans Affairs whistleblower's fate undetermined, officials saying little about case (27 October, Matt Hudson, 854k online visitors/mo; Billings, MT)

Montana elected officials preached timely care and accountability for the Montana Veterans Affairs Health Care System but otherwise said little about an ongoing whistleblower case.

The Montana VA is facing its second allegation of whistleblower retaliation in less than two years. The previous case led to the resignation of Director John Ginnity in July 2016.

The current case involves a staff dentist at the Billings VA clinic. His office has been shut down since January, though the dentist remains on staff, and veterans have been sent hundreds of miles away for simple procedures in some cases.

But statements from Montana politicians avoided specifics about the allegations at the Montana VA, the service blackouts or leadership in the system.

“VA Montana must move quickly to ensure that Billings-area veterans can receive more timely and accessible dental care,” said U.S. Sen. Jon Tester, the ranking Democrat on the Veterans Affairs Committee.

Tester also was an author and cosponsor of the Veterans Affairs Accountability and Whistleblower Protection Act of 2017, which went into law earlier this year. Pressed further for comment on the Montana VA’s treatment of whistleblowers, a Tester spokeswoman deferred to the VA.

A spokeswoman for U.S. Sen. Steve Daines, a Republican, declined to comment on the ongoing case but said that both the VA and whistleblowers should have the ability to expose misconduct.

“Sen. Daines won’t speculate on what could have been or might be," the spokeswoman said. "Provider care funding will be addressed along with a number of other Choice concerns in upcoming community care reform and re-authorization legislation.”

U.S. Rep. Greg Gianforte, a Republican, also reserved judgment while dentist Kelly Hale's case is still being considered by the Merit Systems Protection Board.

“Our veterans have sacrificed selflessly on behalf of our nation, and we owe them the very best care possible," he said. "I look forward to the Office of Special Counsel concluding its review so that appropriate action can be taken."

Sens. Tester and Daines vowed to seek accountability in 2016, when the Montana VA's retaliation against another whistleblower led to the resignation of Ginnity, the system's previous director.

Kathy Berger took over as interim director. She was named to the permanent position in late October 2016, just as the report on Hale's allegations was released internally to the VA.

Documents in Hale's case said that the Montana VA director ordered the personnel review of the dentist.

Hale’s case exposed practices that caused unnecessary delays for patients waiting for consultations. The delays caused patients pain and likely affected the health of veterans, according to an internal investigation.

Soon after Hale revealed himself as the whistleblower to his superiors, the VA launched a personnel review. The investigation found misconduct by Hale, and the VA recommended that he be fired, according to documents filed in the case.

The U.S. Office of Special Counsel, acting on behalf of Hale, has requested a judge's ruling, alleging that VA officials ordered the conduct review as retaliation against Hale for his disclosures.

The VA closed the Billings dental office where Hale worked, though Hale remains on staff while his case plays out. Patients have been referred to other VA facilities hundreds of miles away or to community provider services, like Veterans Choice, which have been unavailable for lack of funding.

Veterans expressed frustration about the timeliness and access to VA care during a forum held in Helena on Monday.

The VA has not commented specifically on Hale's case, saying it's a private personnel issue. But it also hasn't responded to more broad questions about Billings dental services, which has been shut down since January, and whether changes have been made under the new whistleblower law.

"We have nothing to add to our previous statement on this issue," said Brandon Freitas, a Montana VA spokesman, in an email.

The VA turned down multiple requests to interview Berger.

The Merit Services Protection Board, where Hale's case is being reviewed, has yet to make a final decision.

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1.4 - Tennessean: Tennessee VA hospitals respond to poor rankings, say improvements are ongoing (27 October, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)

David Dunning, the director of the Memphis VA, said this summer he was optimistic about the prospects of the hospital improving in the department's rankings when new data came out this fall.

The new ratings came out Wednesday and reflected more of the same for the troubled hospital.

Three of Tennessee’s four VA hospitals — in Memphis, Nashville and Murfreesboro — are rated among the worst in the entire VA network of nearly 150 hospitals, given just 1 out of 5 total stars.

It’s a contrast to the state’s other VA hospital in Mountain Home, which again was given 4 out of 5 stars.

The ratings show that each of the three poorly rated hospitals made improvements, and at two of them — Murfreesboro and Nashville — significant improvements. But even that upward trend didn’t change the overall rating.

In response to the ratings, the three hospitals issued almost the exact same response, each statement replacing only the name of the hospital.

“Secretary (David) Shulkin has been clear that transparency is a crucial component of our efforts to reform the department. That’s why we’re posting these important end-of-year ratings, which document improvements at 64 percent of rated VA medical centers," the statement read.

“Regionally, the Memphis Veterans Affairs (VA) Medical Center rates well above local area hospitals in almost every facet of outpatient care. It is most important to note the facility improved overall against its own baseline.”

The Tennessee Valley Healthcare System — which includes the Nashville and Murfreesboro facilities — added a sentence.

“In addition, the Community Living Center on our Murfreesboro campus is rated on its own and received another four-star rating, just as it has in recent years,” its statement read.

In some data sets generated by the VA itself, the hospitals do compare favorably to others. But other data sets that are included in the overall rating show mortality rates at Memphis three times higher than benchmarks, longer lengths of stays and higher readmission rates at all three.

The data also showed poor ratings from patients at all three hospitals, and Memphis nearly 30 percentage points below benchmarks.

Memphis has been among four hospitals in the VA where conditions were so poor that top VA officials required weekly reports from the hospitals.

In September, USA TODAY uncovered alarming cases of botched surgeries that led to amputations, sudden deaths after treatment and human parts found in hospital rooms.

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They served on the battlefield, but now the fight is right here in our backyard for better health care.

CBS12 News investigates why the VA hospital they depend on isn’t up to par.

Each V.A. hospital around the nation gets an annual rating from 1 to 5 stars, with 5 being the best.

As you’re about to see, the West Palm Beach VA does not appear to be in the best of health.

“If they can’t give us the quality of care we need that’s pretty poor in my opinion. ‘Cause you know, we served our country. We defended our country,” said Cliff Haas, a veteran from Palm Springs.

Haas served in the Army for 8 years and fought in Grenada.

He depends on the West Palm Beach VA Medical Center for medical care.

New rankings released by the VA show the facility only got 2 out of 5 stars.

“Very disappointed, very disappointed. I mean we're the VA, we’re the veterans. That’s supposed to be there for us,” Haas said.

The VA scores its medical centers based on things such as access to care, quality of mental health care, wait times and nursing turnover.

“I think somebody needs to be held accountable for why they got a 2 out of 5 stars,” said Beau Brumfield, a veteran from Jupiter.

Brumfield, an Army veteran who served in Iraq and Afghanistan, feels a change in top management is needed.

He says he and other vets have sometimes had to wait 90 days for an appointment.

Others like Stephanie Matlock from Key Largo, who spent 6 years in the Navy, say the 2 star rating is a surprise.

“I’m totally kind of shocked in the fact that I went there for over 2 years. I got excellent care,” Matlock said.

One South Florida Congressman says he hopes to fix problems at the West Palm Beach VA by becoming the first Congressman to open an office inside the VA Medical Center.

“If you want to understand a problem and you want to really truly be able to light a fire under that problem, you have to be present for that problem,” said U.S. Rep. Brian Mast (R-FL Dist. 18).

Last year, the West Palm Beach VA also received only 2 stars our of 5. So it has not shown any improvement in its score since last year.

Mast says he plans to have his office open by Thanksgiving.

In a written statement, the West Palm Beach VA Medical Center says it has improved its same day access to primary care and in other areas like in-patient length of stay, and screenings for cancer, diabetes, depression and PTSD. They declined our request for an on-camera interview.

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2. Veteran and Employee Experience

2.1 - Stars and Stripes: Veterans poised to get 2 percent payout raise on Dec. 1 (27 October, Claudia Grisales, 1.5M online visitors/mo; Washington, DC)

Military veterans could see their payouts increased by 2 percent later this year – one of the biggest gains in at least six years – under legislation slated for presidential approval next week.

The plan, the Veterans' Compensation COLA Act of 2017, would boost cost-of-living payments and could be reflected in the recipient's January checks. The legislation was passed unanimously by the Senate this week, following approval of an identical bill in the House during summer.

For the average recipient, the increase could mean an extra $25 a month, or $300 a year.

The effort was led by Rep. Mike Bost, R-Ill., chairman of a subcommittee of the House Committee of Veterans' Affairs. Bost, who is chairman of the subcommittee on Disability Assistance and Memorial Affairs, introduced the plan in March.

"I'm proud to carry this bill to provide important cost-of-living adjustments to our nation's veterans and their dependents," Bost said Wednesday in a statement following the legislation's approval by Senate. "It's vitally important that we ensure the men and women who have served receive the benefits they have earned."

The plan, H.R. 1329, will now go to President Donald Trump's desk next week. If signed, it is slated take effect Dec. 1, according to Bost's office.

With that timing, the higher payouts could be reflected in veterans' checks as early as January, said Joy Ilem, national legislative director for the Disabled American Veterans group.

"We're extremely pleased. This is an important adjustment," she said. "It provides a slight adjustment in their disability benefits. Some of them are on a very fixed income and it may be the only income they receive. So every bit helps."

The news was lauded by other veterans groups as well.

We are "pleased that legislators are willing to put more money into the pockets of veterans," said Joe Plenzler, director of media relations for the American Legion.

The increases could impact an estimated 4.9 million veterans. The increases also could vary based on the level of disability for each veteran, Plenzler said. For example, veterans who are fully disabled would see larger boosts in their payouts. There's more than 580,000 fully disabled veterans, according to the most recent figures from the Department of Veterans Affairs.

The cost-of-living increase for veterans, which is introduced annually as separate legislation tied to Social Security payment increases, was approved by Congress sooner than usual, Ilem noted.

Since 2011, veterans have often been faced with either no cost-of-living increase or a boost closer to 1 percent, she noted. For example, the cost-of-living increase was .3 percent this year. The new increase will mark one of the biggest since 2011, Ilem said.

Earlier this year, a Trump budget proposal was weighing several cuts from veteran compensation programs for disabled veterans, including a practice to "round down" veterans' cost-of-living adjustments. But the Department of Veterans Affairs later said it was backing off several proposed cuts following backlash from the country's six largest veterans service organizations.

Bost's office said the new increase will impact, among others, wartime disability compensation recipients, compensation for dependents, certain compensation for surviving spouses and children of wounded warriors.

"This is going to be a very welcome increase," Ilem said. "It's a very important bill for veterans."

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2.2 - Dayton Daily News: Dayton VA leader steps down following 33-year career (27 October, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)

Dayton VA Medical Center Director Glenn Costie retired from the top post Friday to take a new job directing veteran services at Ohio's Hospice in Dayton.

Costie, 56, of Bellbrook, who capped a 33-year career inside the Department of Veterans Affairs, held the $183,000-a-year post since 2011 where he oversaw a rise in the staffing levels, a nearly doubling of the budget and increasing patient caseloads.

In the midst of heightened scrutiny nationally about the VA health care system, during Costie's tenure in Dayton he was called to two troubled VA centers in Phoenix and Cincinnati to temporarily provide oversight.

Dr. Thomas Hardy, Dayton VA chief of staff and a Vietnam veteran, will become interim director in Dayton until a successor to Costie is chosen sometime next year.

The outgoing director attributed a "relationship-based culture" focused on meeting both veterans and staff needs as a reason he pushed for "transformation" within the Dayton VA and urged that approach throughout the VA health care system nationwide.

"There are a lot of initiatives trying to work on improving how we value our veterans and I proposed the model that we use here as the most effective way to do that especially for a long-term strategy," he said Friday during an interview at the Dayton VA.

He came to the Dayton VA in the midst of a dental hygiene scandal caused when a dentist allegedly failed to change gloves between patients, archives show.

He also was a key figure in the selection of the Dayton VA Medical Center for a future mostly privately funded $25 million VA national archive and the renovation of two project buildings on the campus.

Under his tenure, the Dayton VA's staff grew to more than 2,400 employees, a 14 percent increase compared to fiscal year 2011. The annual budget nearly doubled to $454.1 million this fiscal year versus $250.4 million in fiscal year 2011, figures show.

The number of patients grew to 40,886 in the last fiscal year, an 8 percent jump since 2012.

Average new patient appointment wait times for primary care dropped to 2.8 days from 4.7 days while established patient wait times rose to 1.4 days from 1.1 days since 2014, Dayton VA figures show.

“One of the biggest strategies we had was just in recruitment and today we are fully staffed with all of our primary care positions filled,” he said. “That really has allowed us to drive same day access for care.”

A senior citizen housing center on the West Dayton campus, a new outpatient clinic in Richmond, Ind., and a simulation center to train medical personnel, were among the projects under his tenure in Dayton. This week, the campus broke ground on a privately funded $6.5 million Fisher House, a lodging facility for patients and their families.

As a scandal over patient appointment wait times spread from Phoenix to VA medical centers nationwide, Washington lawmakers poured money into the VA’s budget to hire thousands of staff and meet the health care needs of returning Iraq and Afghanistan war veterans.

In Phoenix, hundreds of staff were added to deal with a patient backlog and lengthy waits for appointments. Costie was sent to Cincinnati in the midst of a high-level staff shake-up.

Costie faced challenges in Dayton, too. In 2015, a whistle blower employee brought attention to a patient backlog in the pulmonary clinic. The VA reported “scheduling irregularities” when a prior employee used an informal list to set up appointments.

At the time, Costie said 150 patients had died before they could be seen for appointments, but a VA panel investigation determined none of the patients died because of a lack of care. The employees who were involved in the situation faced “some of the most severe accountability measures we can take,” Costie has said in a prior interview.

He spoke Friday against continued calls to privatize the VA health care system, saying the private sector does not have the infrastructure the VA has today to treat veterans, train new medical staff, and research medical discoveries veterans need most.

“I don’t think the private sector has the infrastructure to take on the care of our veterans” in total, he said. “We already see delays in places when we try to purchase care in the community that is for a small part of our veteran population.”

The Dayton VA, whose predecessor was one of the first three veteran hospitals in the nation, marked its 150th anniversary this year.

That history was one reason the campus was chosen for a future VA national archive and history center.

Costie said a private fund-raising campaign primarily targeting corporate donors was underway to fund the renovations. Relying on VA alone for funding could take as long as 20 years to complete because it’s competing against patient care projects, he said.

“… With the support of the community we can significantly reduce that time frame and get the buildings renovated a lot quicker,” he said. The VA has set aside about $8 million for repairs to a

former VA national headquarters and a clubhouse on the historic campus as part of the project, he said.

The archive filled with historic artifacts in three warehouses in the Washington, D.C., area could be brought to Dayton before renovations finish on the buildings, he said.

The VA expects to have at least 20 archive employees in Dayton and Washington, D.C.

The Dayton VA, which serves 16 counties, has a main campus in West Dayton and four outpatient clinics in Middletown, Springfield, Lima, and Richmond, Ind.

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2.3 - WHNT-TV: Huntsville VA Clinic hosts Veteran Services Fair (27 October, Sarah Macaluso, 853k online visitors/mo; Huntsville, AL)

The Huntsville VA Clinic serves as a helping hand and offers support for the growing veteran population in the Tennessee Valley.

On Friday, people packed the lobby of the clinic, looking for answers or support.

Several groups and former military around the Alabama were there to offer relief. One is Tornya Kelton with Disabled American Veterans.

“I am a disabled veteran,” said Kelton. “I have a brother, I have two brothers that are navy veterans, disabled veterans.”

The veteran services fair helps people like Kelton and her brothers.

“With the DAV, processing claims, getting out into the community…this is my way of giving back,” said Kelton.

She’s experienced her own hardships while in service. “Just trying to process my VA claim, I ran into roadblocks and I just felt that if I got into the system…I would be able to help other women and other veterans,” said Kelton. “Sitting at home wasn’t gonna do.”

And she didn’t. A friend told Kelton about the DAV and has been a part of the volunteer-based organization for almost a year. At the end of the day, she says it’s worth it because she helps veterans and their families.

“There’s nothing better than getting that smile and that thank you,” said Kelton.

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2.4 - The Register-Guard: Veterans Affairs Department to investigate clinics in Roseburg and Eugene next week (27 October, Sherri Buri McDonald, 436k online visitors/mo; Eugene, OR)

U.S. Department of Veterans Affairs investigators will be in Oregon early next week, looking into management, personnel issues and medical practices at the Roseburg and Eugene veterans clinics, a spokeswoman for U.S. Rep. Peter DeFazio said Friday.

A team led by Dr. Erica Scavella with the Office of the Medical Inspector at the VA in Washington, D.C., will be in Oregon on Monday and Tuesday to gather information and interview employees, said Beth Schoenbach, a spokeswoman for DeFazio.

She said DeFazio's office had requested that inspectors visit the Roseburg and Eugene facilities.

The inspectors plan to return to Oregon the week of Nov. 13, Schoenbach said.

Shanon Goodwin, a VA spokesman in Roseburg, said two investigators would visit next week.

"We welcome them and look forward to their visit," he said.

The investigation is coming less than two weeks after The Register--Guard reported allegations by Dr. Scott Russi and several nurses that poor leadership in Roseburg and retaliation against whistle-blowers were causing doctors to flee the large, new clinic in northeast Eugene, compromising patient care.

Schoenbach said the investigation is a result of DeFazio's repeated requests for an investigation of management at the Roseburg VA, which also oversees the Eugene clinic. "He asked for a team to go to the facility to see what was happening on the ground," she said.

"There is a culture of fear of retaliation (that) is making it difficult to attract and retain talent ... which leads to worse care for the veterans," Schoenbach said. "He's not calling out any one person by name. He's calling for change and investigation into what is creating this culture."

Amber Beyer, a nurse in urology at the -Eugene VA clinic, said she and other employees are pleased that VA headquarters is investigating.

"For the first time since coming to the VA to work, I am feeling hopeful," said Beyer, who has worked at the Eugene clinic for about a year.

She said she took a $15-dollar-an-hour pay cut when she left PeaceHealth Sacred Heart Medical Center at RiverBend in Springfield to work for the VA.

"I came here for a reason," Beyer said. "I am a retired career military woman, and these are my people. My mission will not be complete until the care received within the VA, at a minimum, reaches civilian standards. We veterans deserve it."

Beyer said some of her co-workers are scared to speak out, but she plans to be candid with the investigators.

"What we want to see happen is to improve care here at the VA," she said. "We want to destroy roadblocks and loosen red tape. We want to see fair and equitable treatment of our staff. We want to be able to recruit, retain and increase staff. We want every vet to have a primary care provider. We want Dr. Russi back, and we want the VA to make that career--destroying error right. We will never succeed if you treat a competent and well-known surgeon the way he was treated here."

Russi, a retired U.S. Air Force colonel and former trauma medical director at Sacred Heart Medical Center at RiverBend, said a Roseburg VA administrator fired him on Aug. 4, without providing any evidence against him or an opportunity to challenge the findings.

Russi said before he was fired he had asked questions about his salary, surgical procedures and why patients couldn't contact him directly after surgery.

Russi said he has been out of work since the VA fired him.

VA spokesman Goodwin said privacy rules prevent the VA from commenting on personnel issues.

The VA told DeFazio's office that it would provide general updates on the investigation after each trip to Oregon, issue a preliminary report around Thanksgiving and complete a formal report by year's end.

VA employees who want to speak to investigators, but fear retaliation, can call DeFazio's office, 541-465-6732, for help relaying their information while preserving their anonymity, Schoenbach said.

"We're doing that because we've heard from a number of people who said they were too scared to come forward because of fear of losing their jobs," she said.

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2.5 - Great Falls Tribune: Treatment court gives veterans stability, sobriety and a second chance (27 October, Kim Skornogoski, 272k online visitors/mo; Great Falls, MT)

David Belcher returned from the Iraq war broken.

The platoon sergeant suffered a traumatic brain injury when four guys beat him up with a tire iron and suffered from post-traumatic stress after an officer in his command who was a good friend was killed.

He started having seizures and started taking prescription drugs. Depressed and angry, he began drinking and grew more depressed and angry.

"When you're caught up in addiction and caught up in war, your thoughts aren't where you need to be," Belcher said. "A lot of people like to take medication. (Veterans' Administration doctors) had me on methadone for nine years — they had me on a lot of different medications, I could name them all but it's a long list.

"The only thing it did was hurt me in the long run."

At one point, Belcher blacked out only to wake up and discover he had strangled his girlfriend.

Heading to prison to serve nine years of a 35-year sentence, Belcher was called into Judge Greg Pinski's courtroom. The judge offered him the opportunity to avoid jail and instead start an intensive treatment program that required weekly — if not daily — accountability.

Belcher became the first local Veterans Court graduate, a program that has since seen 30 graduates since starting in 2013.

Having overseen the successful adult treatment court, Pinski saw the need to create a separate treatment court for veterans. Veterans have distinctive and intensive counseling needs, but also have additional supports and services through the Veterans' Administration.

According to Justice for Vets, the veterans court arm of the National Association of Drug Court Professionals, one in five veterans has symptoms of a mental health disorder or cognitive impairment. One in six veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom suffer from a substance use issue.

"Military culture is unique, and treatment courts across the world are learning that more culturally-sensitive treatment and programming leads to better outcomes," said Veterans Court Coordinator Andrea Fisher. "Camaraderie among our veteran participants is an important aspect of their recovery. Most veterans are influenced by peers in their support groups, and the newer participants are inspired by those who are working a successful program."

Along with peer support groups, veterans court connects participants with services, requires regular drug testing and provides wraparound support to help veterans end their addictions. During their 18 to 24 months in the program, veterans work to rehabilitate relationships with family members, attend job training or work toward earning degrees or certificates.

"I've been in all kinds of programs, and nothing compares to veterans court" Belcher said. "They can take a guy who's homeless, find him a home, find him a job and get him counseling at the same time."

The program is so successful that none of its graduates have reoffended, whereas two of three people who go to jail commit crimes after they are released.

"These are remarkable success statistics for veterans treatment courts" Pinski said.

"When it currently costs over $40,000 a year to incarcerate a veteran, veterans treatment courts achieve immense success for less than $4,500."

Unlike adult treatment court, recent legislation allows veterans court to accept people charged with misdemeanors and violent crimes. It also was the first in the country to partner with federal courts, to allow veterans charged with federal crimes to transfer their cases to state court so they could take part in the program.

That agreement opens the door to helping veterans from across the region and particularly from area reservations where felonies are federal crimes.

To expand the number of people in the program, Pinski applied for a United Way of Cascade County grant and was awarded $28,000 — one of the largest grants awarded to 33 nonprofit programs this year.

"We could not succeed without United Way's generous support," Pinski said. "United Way allows the veterans treatment court to accept more veterans into the program and provide increased, specialized treatment services."

The United Way grant and new federal grants are allowing the program to expand from 35 to 50 participants.

United Way President Gary Owen said veterans court is a worthwhile investment and one of the most successful strategies in reducing substance abuse, which is one of United Way's goals.

Though Belcher has had setbacks since graduating, he now knows where to go when he needs help and has a support network to help him recover.

He's restored relationships with his children and married his girlfriend, who is moving to Oregon with him so they can be closer to family.

"I had lost my house. I had lost my family. I had lost the love of my life. I even lost my dog. But after veterans court I got everything back.

"I'm a better man today, than I was yesterday or the day before. Because of Vet court I'm able to go on my own and live a normal life."

United Way of Cascade County asks for money once a year. People can give monthly or one-time gifts through our website at www.uwccmt.org or can send donations directly to United Way at PO Box 1343, Great Falls, MT 59403.

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2.6 - Augusta Chronicle: Department of Veteran Affairs partner with local agencies for 10th annual Stand Down event (27 October, Nefeteria Brewster, 240k online visitors/mo; Augusta, GA)

Several veterans were greeted with a handshake and a smile as they lined up outside of the Charlie Norwood VA Medical Center's gymnatorium Friday.

They were among the hundreds of homeless in and around the area who met with employers and other local agencies for the Department of Veterans Affairs' 10th annual Stand Down event.

During the event attendees get assistance on health care and benefits, as well as employment services.

"The resource fair is open to homeless veterans and their partners that might be coming along today," said Mary Cunningham, health care for homeless program director for VA Augusta as lines began to form. "We have a variety of wonderful community support and we have various agencies who are standing in place today to do health screenings, resource identification and for the first time we're going to have three employers on site that are going to hire on the spot."

Bobby Calloway, 71, was one of many looking for a job. The Army veteran said the event is also an outlet for him to socialize with other veterans and get familiar with what the VA offers.

"It gives me something to do," he said. "I don't have a job and really no place to go to communicate and talk with the fellows so I think this is a good thing."

Danny Scott, a 65-year-old Augusta native, used it to follow-up on assistance he received during last year's event at Augusta's downtown VA. Scott, a Vietnam veteran who served in the Air Force for 12 years, said he didn't really need medical assistance. He was seeking help in getting additional furniture for his home.

"I really don't have any living room furniture," he said. "I'm living with someone that's allowing me to live in their house but I live in the living room and I need a couch, a big chair, a table, you know, things for living."

Within it's first hour, volunteers from the Augusta Area chapter of the American Red Cross had handed out most of the 115 hats, gloves and scarves, the majority handmade. Patty Meyer, the agency's regional program manager for services to the Armed Forces, said the annual event provides a way for the community to give back.

"It makes me feel warm inside to give back," she said. "I get where they're coming from and it just makes me feel so great to be able to give back number one, to the homeless, and number two, to the veterans that have given us the lives that we've got."

Leontyne Pipkin, a maternity care coordinator for the Women's Veterans Program, shared similar sentiments. As attendees stopped by to view their table, the coordinator offered them brochures on women's health and the services that the program provides.

"With October being the month for Breast Cancer awareness we're handing out information geared toward that and other services for women's health," Pipkin said. "So I think it is great that we are able to come together (for the event) in the community."

As the event ended, a new operation entitled Operation Reveille launched to place three veterans and their families into a new home. Cunningham said donations will contribute to getting furniture, cleaning supplies and food for the homes.

"It was started in some pretty larger cities and part of the homeless program was people share ideas and so last year I ran a home for the holidays campaign and we started in July and we were targeting 20 veterans to be moved in by Veterans Day but we actually did 32, and that was great but you know they still needed stuff," she said. "So this year we want more than an apartment. We want to fill up, like, they're finally home."

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2.7 - Star-Gazette (VIDEO): Accused fentanyl 'runner' at Bath VA hospital faces federal drug charge (27 October, Anthony Borrelli, 188k online visitors/mo; Elmira, NY)

In February, two non-fatal fentanyl overdoses during one weekend at a U.S. Veterans Administration hospital in Steuben County sparked a federal investigation.

The overdose patients were questioned by investigators, who say the patients' fellow resident at the facility's substance abuse treatment program, Matthew Helmer, had allegedly provided the drugs.

The U.S. Attorney's Office has charged Helmer, 34, from Hyde Park, with a felony count of possession with intent to distribute a controlled substance in connection with the fentanyl case, according to documents filed Oct. 6 in federal court for the Western District of New York.

AMERICAN OVERSIGHT

Helmer has been granted conditional release, pending further court proceedings. According to court documents, prosecutors allege he acted as a "runner" to purchase fentanyl for a group of veterans at the VA Medical Center in Bath.

The Bath medical center is mostly an outpatient facility, with a capacity of 440 beds, and it provides services to an estimated 12,000 veterans.

Fentanyl is a hospital-grade synthetic opioid that is cheaper on the street and many times more potent than heroin. Legally, it can be used to treat acute pain for cancer patients but the street version is often hidden in counterfeit pills or mixed with heroin without the buyer's knowledge, according to the U.S. Drug Enforcement Administration

Federal prosecutors in Western New York have made multiple arrests recently in connection with illegal trafficking of fentanyl. Some investigations sprung from overdoses, while other cases revealed connections to previous overdoses.

How a deadly fentanyl overdose in Elmira built into federal charges against two men
The non-fatal overdoses in Bath occurred Feb. 4; one of them happened around 1:45 p.m. that day, court records said.

Emergency medical personnel administered Narcan on the patient, who regained consciousness and told officials he had injected himself with fentanyl.

From an interview with one of the overdose patients at the Bath VA facility, according to court records, investigators estimated he had injected himself with about 12 bags of fentanyl in a 24-hour period between Feb. 3 and Feb. 4.

On Feb. 5, a Bath VA police sergeant questioned Helmer about the suspected drug activity and Helmer became so combative that he had to be placed in handcuffs, according to court records.

That same day, a federal investigator questioned Helmer about the overdoses at the facility.

"Helmer said that he knew that (the patients) ...overdosed and were currently in the hospital," reported U.S. Department of Veterans Affairs Special Agent Christopher Barlow in court documents.

"Helmer said that he had no idea where either of them had acquired drugs or who would have brought them onto VA property," Barlow also reported. "Helmer said all he really knew about was veterans selling cigarettes to each other."

When questioned about drug paraphernalia found in his room, Helmer told police he used syringes to inject heroin, but he though he had discarded the items before arriving at the facility for treatment three to four weeks earlier.

According to court documents, Helmer described heroin as his "drug of choice."

Witnesses at the VA told investigators Helmer had provided them with fentanyl, according to court records, but the source of the drugs remained undisclosed.

Drug paraphernalia was recovered at some patients' rooms in the facility, records said. In one room, a fentanyl wrapper and a used syringe were among the items found.

Investigators said Helmer was allegedly obtaining fentanyl from the Buffalo and Syracuse areas.

Helmer denied in statements to police that he had ever left the VA facility. But court records said investigators traced his travels and learned his 2003 Infinity Q45 sedan had taken Thruway exists on Feb. 1, passing through toll plazas.

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2.8 - The News-Review: Investigators to visit VA, conduct interviews (27 October, Carisa Cegavske, 160k online visitors/mo; Roseburg, OR)

A team of investigators from the Veterans Affairs Office of the Medical Inspector will visit the Roseburg Veterans Affairs Medical Center and the Roseburg VA's Eugene clinic next week.

The VA agreed to send the investigators following pressure from U.S. Rep. Peter DeFazio, D-Springfield. DeFazio testified before Congress two weeks ago that whistle-blowers continue to face retaliation at the VA.

According to a spokeswoman for DeFazio, the investigators will be looking into a range of issues, including medical care, personnel issues and retaliation. The investigators want to talk to any staff members who have concerns, and have told DeFazio they will listen objectively and maintain the anonymity of those who meet with them.

For any staff members who don't feel comfortable going through official channels at the VA, DeFazio's office will facilitate a way for people to speak to investigators while protecting their identity. Contact DeFazio's Eugene office at 541-465-6732, or call toll free, 800-944-9603.

The Roseburg VA was in the news two weeks ago, after DeFazio made the VA's firing of Eugene surgeon Scott Russi the centerpiece of testimony in favor of the Dr. Chris Kirkpatrick Whistleblower Protection Act of 2017. Nationwide, the VA has the largest percentage — 35 percent — of such complaints of any federal agency. DeFazio has said he believes the culture of the VA needs to change at the management level.

The act outlines mandatory punishments for supervisors who retaliate against whistle-blowers. On the first offense, they are to be suspended for at least three days. On the second, they're fired.

The Roseburg VA has said it fully supports the whistle-blower act.

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2.9 - FEDWeek: Bill Would Protect Vets From Scammers (27 October, 51k online visitors/mo; Glen Allen, VA)

Veterans who are elderly or on the lower end of the income spectrum would have greater protection from unscrupulous persons or businesses, under a proposed law now pending before the House. Under H.R. 3122, the Department of Veterans Affairs (VA) would be required to

reach out to state and other federal agencies to craft a plan to protect these veterans from scammers.

Specifically, the legislation focuses upon enhancement of VA's existing Aid and Attendance (A&A) benefit, under which veterans who get in-home care or are in assisted living can receive financial help and counseling. The bill would take aim at scammers who have been targeting veterans who receive the counseling. According to the measure's sponsor, Rep. Matt Cartwright, D-Pa., some of these veterans have been targeted by persons who charged them fees to obtain these benefits. In some cases, the predators have been able to take control of these veterans' assets and move them into irrevocable trusts or annuities. Veterans who are taken in by this activity, in some instances, stand at risk to lose their eligibility to Medicaid or other federal programs.
"Scam artists are turning the well-deserved A&A benefit into a financial nightmare for those who can least afford it. There needs to be greater safeguards for our veterans," said Cartwright.

The bill cleared the House Veterans' Affairs Committee on Oct. 18.

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3. Access to Healthcare

3.1 - Omaha World-Herald: Secret waitlist delayed care for 87 veterans at VA hospital in Omaha, led to departure of 2 employees (28 October, Steve Liewer and Joseph Morton, 2.1M online visitors/mo; Omaha, NE)

An unauthorized waiting list for psychotherapy appointments at Omaha's VA hospital delayed care for 87 veterans this year and led to the departures of two employees, Department of Veterans Affairs officials said Friday.

Letters addressed to Iowa Sens. Joni Ernst and Chuck Grassley and Nebraska Sen. Ben Sasse — all Republicans — blamed the unauthorized list on "training deficiencies" involving the hospital's medical support assistants, who were said to be improperly managing the VA's electronic waiting list following rules changes in 2016.

"The management of these psychotherapy referrals during the spring 2017 time frame was handled poorly and did not meet the standards of our VA Health Care System," said an unsigned response to questions posed by Sasse.

Separate letters from VA Secretary David Shulkin to the three senators said the affected veterans did receive other types of treatment while their names were on the list, including substance-abuse treatment, inpatient treatment and counseling through primary care or Veteran's Center clinics.

It did not say whether any of the veterans were told about the delays.

The VA's response to Sasse also said that although no employees were fired, one employee who was involved retired and another resigned. And it said no bonuses were paid based upon performance data implicated in the investigation of the secret lists.

It also said that an investigation is continuing into whether more lower-ranking employees in the VA's Nebraska-Western Iowa Health Care System were responsible. That should be completed by the end of the month.

"Appropriate disciplinary action will be taken if warranted," Shulkin said in his letters.

The unauthorized list came to light following a story published Oct. 15 in The World-Herald, based on redacted documents obtained using the Freedom of Information Act. VA officials declined to answer clarifying questions posed by the newspaper. But the three senators cited that story in letters the following week demanding answers from Shulkin.

The unauthorized waiting list echoed a nationwide scandal in 2014 at the VA Medical Center in Phoenix, which showed that veterans there were dying while waiting months for medical care on lists that were kept secret.

The secret list dodged requirements issued by the VA in July 2016 setting strict rules for establishing and maintaining waiting lists, according to an Aug. 11 memo from the system's compliance officer to Nebraska-Western Iowa System Director Don Burman. The compliance officer's audit included two whistleblower complaints made about lists for appointments at the VA's mental health psychotherapy clinic in Omaha.

In a statement to The World-Herald, Rep. Don Bacon, R-Neb., praised the VA.

"Caring for those 'who bore the battle' is one of our most important commitments, and I know this sentiment is shared by the staff at our VA," Bacon said.

"While proper scheduling procedures were not followed at the Mental Health Clinic, the leadership at our VA found the problem, fixed it, and ensured the same errors were not occurring at other areas of the hospital. I commend the vigilance and quick response of Director Burman and his staff. Our VA receives high marks by those who receive care and we all are dedicated to ensuring this continues."

Sasse was more critical, saying in a press release that the entire VA needs to explain the concrete steps it will take to prevent a repeat.

"Without the work of local journalists making Freedom of Information Act requests this audit probably would have stayed in the dark, and that speaks volumes about the need for a top-to-bottom culture of transparency and accountability inside this federal bureaucracy," Sasse said. "This response is just the start and we need to work to make sure that our veterans receive the excellent and timely care they deserve."

In his letter to Sasse, Shulkin praised significant decreases in the average amount of time it takes for "urgent specialist referrals" for veterans seeking mental health care. In Nebraska and western Iowa, he said, that wait has gone from 23.3 days in 2014 to 1.8 days now. He credited a triage system and the addition of same-day mental health services at all clinics for veterans with the greatest need.

Any veteran who can't get an appointment within 30 days is eligible to receive care from a private-sector health care provider through the Veterans Choice program, created by Congress in response to the wait-list scandal.

“Our highest priority in VA for access has been to ensure we meet the urgent health care needs of the Veterans whom we service in a timely manner,” Shulkin said.

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3.2 - KPCC-FM (AUDIO): VA still has years to go to finish housing effort in West LA (27 October, Libby Denkmann, 1.1M online visitors/mo; Pasadena, CA)

Paul Ivy jokes that although he never went to combat, serving in the Army taught him plenty.

"I learned how to do a whole lot of things," he said. "I especially learned how to pay attention."

On Friday, Ivy picked up a blanket, some clothes and some lightly used black sneakers provided by nonprofits and volunteers at the 3rd annual "Homeless to Housed Veteran Stand Down" event on the West Los Angeles VA campus.

Ivy was one of hundreds who lined up at the event. "I live right under the 405 bridge over there on Wilshire," he said. "It’s noisy over there but it’s also covered for when it starts raining."

The U.S. Department of Veterans Affairs has begun responding to a legal challenge that it wasn't fully serving veterans like Ivy at its West L.A. campus. Hundreds of homeless veterans trying to access dental care, counseling, and housing vouchers at the Stand Down put the scope of the problem, and how far the VA has to go, into sharp relief.

"We see this campus as being a huge piece to ending veteran homelessness in Los Angeles," said Heidi Marston, the administrative director for community engagement and reintegration services at the West Los Angeles VA Medical Center.

In 2011, a group of disabled and homeless Los Angeles veterans sued VA Secretary Eric Shinseki and the VA Greater Los Angeles Healthcare System, alleging years of neglect and misuse at the West L.A. campus.

Part of the lawsuit targeted leases the VA had engaged in with businesses and organizations that had nothing to do with helping veterans, like a laundry facility for a Marriott hotel, bus parking and a television studio’s set storage. UCLA and the private Brentwood school also had athletic facilities on the campus. A judge declared eleven leases void in 2013.

Then-VA Secretary Robert McDonald reached a settlement with the plaintiffs in 2015. In January of last year, a partnership between the VA and a nonprofit group, Vets Advocacy, released a draft Master Plan to revitalize the campus. That blueprint included 1,200 units of permanent supportive housing, 700 short-term transitional units and a village for women veterans and their children.

Congress approved leasing authority late last year, allowing the VA to collaborate with nonprofits to build more housing and provide services on campus.

To date, the VA has opened 54 units of permanent supportive housing, in the refurbished Building 209, and announced plans for 100 more, once the remodeling of Buildings 205 and 208 is complete.

Marston said the Master Plan is undergoing environmental review, slated to go to public comment in late 2018.

"Once that's completed, things can really start kicking off," she said. "But we have to make sure we've evaluated everything from light to traffic to air quality. We want to do it right the first time, so we don't see delays on the back end."

In June 2017, Vets Advocacy released a report card blasting the VA for what it characterized as slow progress in implementing the West L.A. Master Plan and terminating bad leases.

"Building 209 was an effort that predated the Master Plan," said Jesse Creed, Executive Director of the group. "In our view, those were projects that were always going to happen. The question is whether the VA is seriously committed to not just 154 units, but 1,200 units of homeless housing."

Creed said his organization has opened up negotiations around partnering with L.A. County to utilize Measure H funding for veterans services on the VA campus.

Under the current Master Plan timeline, Creed estimated the first 500 new units of housing will come into service in late 2020.

"We'd like for it to happen more quickly," he said. "We've been concerned that the timeline has changed."

The need for homeless veteran housing and services is greater in Los Angeles than anywhere else in the country. L.A. County's 2017 homeless count found over 4,800 veterans sleeping outside or in emergency shelters. That's a 57 percent jump from last year, and represents by far the largest homeless veteran population the the U.S.

The increase comes in the wake of a federal push to solve the problem of unsheltered vets. In 2009, the Obama Administration announced an effort to end veteran homelessness in the United States within five years.

Local officials all over the country joined the effort, including L.A. Mayor Eric Garcetti, who set a goal of housing every veteran in the city by 2016.

Last year, the U.S. Department of Housing and Urban Development and the VA announced a 47 percent nationwide decline in the number of homeless vets since 2010. States with smaller homeless veteran populations - like Virginia, Connecticut, and Delaware - claimed to have effectively ended veteran homelessness.

In Southern California, Garcetti was forced to walk back his pledge, blaming a surge in newly homeless veterans. Hundreds of local veterans found their vouchers provided through a joint HUD-VA program weren't sufficient to cover sky-high Southern California housing costs.

While outgoing Veterans Affairs Secretary McDonald said earlier this year the VA remained focused on reaching the target of zero homeless veterans, the new secretary, David Shulkin, said in June the department was moving away from that target.

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3.3 - KWWL-TV (VIDEO): Second homeless veterans' home project underway (27 October, MacLeod Hageman, 440k online visitors/mo; Waterloo, IA)

A new project to help veterans get back on their feet is gaining momentum.

What was once a neighborhood of a few abandoned homes is slowly but surely starting to get new life in Waterloo.

Fortunately, it's all for a good cause too.

Board by board, room by room, the home at 414 East Ninth Street will soon be transitional housing for at least four veterans in need.

Americans for Independent Living Founder and Director Tim Combs said the community's support has been tremendous.

"It's overwhelming. It's hard to put into words. The gentlemen living in our first house, a couple of them have jobs now by working and earning an income. Now, it's just working with them at that point to be out on their own," Combs said.

As soon as volunteers got done working on this house to help veterans in need, they started revamping the house next door.

They hope to have this project done by the end of November.

"There's some need for some money right now. We had a pretty good fund last year when we did the first house, and this one here now is just (pay) as we go," Combs said.

Combs said three veterans live in the first house, the second house will hold four veterans, and a third home across the street will be fixed for female veterans.

"We don't hope to have any female veterans come up who are homeless and need a place to go, but we'll have somewhere specific for them," Combs said.

Right now, their biggest concern seems to be paying for these projects, and if you'd like to help, you can click here.

The third home doesn't need any major renovations just yet, and as soon as it's cleaned, they'll be ready to move veterans inside.

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3.4 - Reading Eagle: Veterans Affairs secretary asks for input on solving the opioid crisis (27 October, Ford Turner, 437k online visitors/mo; Reading, PA)

The U.S. Department of Veterans Affairs has developed a formal system for treating chronic pain among veterans that steers away from opioid painkillers and may be a model for the public at large.

That was part of the message delivered on Friday by VA Secretary Dr. David J. Shulkin during a visit to the VA Medical Center in Chester County.

His appearance came one day after President Trump declared the opioid crisis a national public health emergency. Shulkin said the president instructed cabinet members to fan out across the country to talk about the crisis.

“We have to figure out how we together can do something meaningful,” Shulkin told a roundtable discussion group.

Among those seated near him were Pennsylvania politicians, VA doctors, police and Lori Craig, a veteran who told the group she became addicted to opioids after a car crash.

A friend offered her a substance that Craig used without knowing what it was. She later learned it was heroin.

She eventually lost her job, her home and custody of her children. The Coatesville VA Medial Center, she said, helped her get control of her life.

Another veteran, John Kruzel, said he first used OxyContin, a prescription painkiller, to deal with chronic pain. He became addicted, started crushing the pills and snorting the powder.

“It just led me down this rabbit hole,” Kruzel said. “I ended up using everything.”

Coatesville VA staff, he said, embraced him like a family member.

The VA, Shulkin said, has an advantage over the system that treats drug addiction among the general public: It does not have to worry about insurance company reimbursements running out after 10, 20 or 30 days.

“This continuity of care just doesn't exist” for the general population, Shulkin said.

But the VA's approach to dealing with pain could provide a model for the public health system, Shulkin said.

Cognitive behavioral therapy, tai chi, yoga and acupuncture are among the approaches that have been used to treat pain at Coatesville, according to Dr. Frank Mirarchi, a primary care psychologist at the center.

While some veterans may not view them as being as practical as opioid pills, they tend to have longer-lasting benefits.

“All of these modalities have been useful,” he said.

State Sen. Andrew Dinniman, a Chester County Democrat, suggested that Coatesville VA officials meet with counterparts in nearby communities to share successful approaches to the crisis. Carla Sivek, director of the center, agreed there could be “cross pollination.”

VA staffers described widespread availability on their campus of naloxone, a medicine used to reverse the effects of opioid overdoses. Lt. Aaron Heft of the medical center's police service said officers have revived several overdose victims with naloxone.

Kruzel, the veteran, said his brother — also a veteran, having served on submarines — suffered from cancer. Kruzel wondered if the VA had become involved with medical marijuana.

At the federal level, Shulkin said, “It is not legal and we are not even allowed to do research on it.”

However, Shulkin said, the VA is watching states like Pennsylvania, where a medical marijuana program is under development.

“I am very interested in learning from those programs,” he said.

Shulkin noted that some federal leaders have broached the idea of privatizing medical services for veterans.

He said, “Places like Coatesville are the reason why that isn't a good idea.”

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3.5 - Press of Atlantic City: VA searching for new location for Cape May County veterans clinic (27 October, Jack Tomczuk, 319k online visitors/mo; Pleasantville, NJ)

Officials from the U.S. Department of Veterans Affairs have taken the first step in finding a new facility to house the agency’s Cape May County outpatient clinic.

County veterans have long pushed for better health care options locally, and veterans and the VA agree it’s time for an upgrade. The clinic is currently run out of a double-wide trailer on the Coast Guard base in Cape May.

"Our veterans have told us that a more modern facility with an expansion of services is long overdue in Cape May County,” Vince Kane, director of the Wilmington VA Medical Center, which oversees the clinic, said in a statement.

“The Coast Guard have been fantastic hosts, but new space is needed to provide for expansion and modernization of health care services to better coordinate and meet the needs of veterans in southern New Jersey,” Kane said.

Rep. Frank LoBiondo, R-2nd, announced a new clinic was coming during a meeting earlier this month, but a “Sources Sought” notice issued by the VA Monday provides additional details about the facility.

The document says the VA is looking to lease a space no larger than 7,200 square feet with on-site parking for at least 50 vehicles. It also limited the search to an area in the Cape May Court House section of Middle Township.

“The ideal location will be close to public transportation, have plenty of parking and have space where veterans can utilize the clinic as a community resource,” the department said in a statement Thursday.

In recent months, the VA has held feedback sessions, and input from veterans and community members was used to help craft the notice, according to the department. Another feedback session is scheduled for noon Nov. 5 at the American Legion Post in Wildwood.

County resident Maureen Harden-Lozier, who served as a captain in the U.S. Navy Nurse Corps, said veteran advocacy organizations she belongs to were pleased to see the VA moving forward with the project.

“If it’s in Cape May Court House, then that’s centrally located for the county,” said Harden-Lozier, commander of American Legion Post #198 in Cape May Court House.

Not all veterans were optimistic about the plan.

Bill Davenport, who heads the Wildwood chapter of Vietnam Veterans of America, questioned the need for a standalone clinic. He would rather see the VA be integrated more with local health care providers like Cape Regional Health System and AtlantiCare.

“I’m skeptical of the system,” Davenport said. “A lot of people share my opinion.”

The VA recently announced a partnership with AtlantiCare for participation in the Veterans Choice Program. Cape Regional, Shore Medical Center and Inspira Health Network are also part of the program.

However, some veterans say the choice program is complicated. Issues that have been brought up in the past included veterans not getting choice approval, long wait times for paperwork to go through and gaps in communication.

VA officials will be accepting applications in response to the notice for the clinic space until 3 p.m. Nov. 9. The department did not say when it expects to open the new clinic.

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3.6 - KJZZ-FM (AUDIO): Department Of Veterans Affairs Urges Prioritizing New Drugs For PTSD (27 October, Steve Goldstein, 168k online visitors/mo; Tempe, AZ)

Reported cases of post-traumatic stress disorder are increasing, and trends indicate that growth will continue as more military men and women return from overseas service. But treatment help doesn’t appear to be coming quickly.

So far in 2017, six dermatology drugs have been approved by the Food and Drug Administration, but no drug has been approved for treatment of PTSD since 2001. At this point, two drugs — Paxil and Zoloft — have been given FDA approval for PTSD.

The Department of Veterans Affairs created a PTSD Psychopharmacology Working Group, which has issued an urgent plea for the development and approval of new drugs for PTSD as part of a national mental health priority.

Here to talk about it is Dr. John Krystal, director of the Clinical Neuroscience Division at the VA National Center for PTSD.

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3.7 - KMA Land: Shen V-A clinic hosts Wellness Fair Saturday (27 October, Mike Peterson, 138k online visitors/mo; Shenandoah, IA)

KMAland veterans are encouraged to attend a special event focusing on health.

Shenandoah's V-A Clinic in the Orchard Corner's Shopping Center hosts a Wellness Fair Saturday from 9 a.m. to noon. Joyce Portz is a nurse with the Shenandoah clinic. Portz tells KMA News all veterans--whether enrolled in the V-A or not--can attend the wellness fair to learn about the V-A Nebraska-Western Iowa Health Care System's health care services, eligibility and other resources available to them.

Portz says officials with the V-A's Omaha office will be there to enroll eligible veterans into the system. She says free health screenings and services will also be available at the event.

"We have a dietician in the clinic, so she's going to be there that morning," said Portz. "We also have a mental health provider/social worker, so she's going to be there. From Omaha, we're going to have some nurses come down and help us with the clinic. We have a veteran's advocate coming down from Omaha. Rod Riley--our veteran's service officer in Page County--he'll be there."

More information on the wellness fair is available by calling V-A's Shenandoah clinic at 712-246-0092. Joyce Portz was a recent guest on KMA's "Dean and Friends" program.

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3.8 - Valdosta Daily Times: Clinic 'pinks out' for Breast Cancer Awareness (27 October, 73k online visitors/mo; Valdosta, GA)

Valdosta VA Clinic recently "pinked out" for Breast Cancer Awareness Month.

The clinic shared the following information regarding breast cancer:

Breast cancer is the most common cancer affecting women. Breast cancer can occur at any age, but the risk goes up as people get older. If a person has a family history of breast cancer, the risk of getting breast cancer increases.

•Common signs and symptoms of breast cancer:

•A breast lump or lump under arm

•Red, irritated, painful and swelling breast

•Increase in size or shape of breast

•Dimpling of skin of breast

•Color change of breast

•Nipple discharge that is not breast milk

•Inverted nipple

•Breast feel harder, tender and warm

However with regular screening mammograms detecting breast cancer early, the risk of dying has decreased. The American Cancer Society recommends Woman aged 40 to 54 should get mammograms yearly and those 55 and older should get mammograms every 2 years or can continue yearly screening.

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3.9 - WMDT-TV: New VA clinic opens in Georgetown (27 October, Dani Bozzini, 63k online visitors/mo; Salisbury, MD)

More than 100 people gathered in Georgetown for the grand opening of the new Veteran Administrations outpatient clinic.

Officials say it's a big win for our local veterans and something they've been waiting on for quite some time.

Before this there was a great need for the larger, updated clinic due to the large amount of senior veterans in the area.

The new clinic has 10 primary care exam rooms, eight behavioral health consultation rooms, and three dedicated telehealth rooms.

It's a facility the nurses and staff say allows them to do their job the best they can.

"This is truly a calling for us when we say we are here for the veterans. We're not joking that truly is why we are here, some days it,s a hard job but everyday it is a rewarding job," says Meg-Marie Ryan, nurse manager for the outpatient clinic.

The new facility also has two medical specialties, two clinical procedure rooms, and two dedicated women's health rooms.

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3.10 - New Hampshire Business Review: Giving NH vets better oral health care (27 October, Tom Raffio, 49k online visitors/mo; Manchester, NH)

In the last few months, I became aware that most oral health and dental services for Veterans at the Manchester VA Medical Center have been eliminated. While the reasons are complicated, and there are some exceptions, many veterans who rely on care from the VA were left on their own to find treatment. One way to make our veterans feel appreciated is by making sure they receive the dental care they need.

If businesses, nonprofits and private citizens make this a priority, and work collaboratively, more veterans will improve their oral health, and, because of the well-documented linkages to overall health, the quality of their lives.

With this in mind, I dove into the issue and reached out to some of our terrific member dentists, a good number of whom are veterans themselves. Led by Dr. Mitch Couret of Manchester, a small group of dentists started seeing and treating veterans who needed care, in some cases rather urgently. It’s gratifying to see partners working together to help our military heroes.

AMERICAN OVERSIGHT

It's not my intention to place blame on the compassionate staff at the VA Medical Center, who do their best with limited resources to work through a system that too often gets bogged down. Northeast Delta Dental can be more agile in working to ensure that more veterans are treated, both through our business initiatives and our community giving. For example, we provide financial support to the Easterseals NH Oral Health Center in Manchester.

On Friday, Nov. 10, the Easterseals NH Oral Health Center, at 555 Auburn St., will host a Veterans' Appreciation Day from 8 a.m. to 5 p.m.

Dr. Shannon Farrell of the Oral Health Center, told me that her dad, a veteran who had received two Purple Hearts, passed away recently. Offering free dental treatment both honors her dad and thanks other veterans. Free emergency dental care is available, and free cleanings will be offered as time allows. Appointments are necessary. Call 603-621-3586 to schedule treatment.

As a business, one of the ways we help veterans with their oral health is through the availability of the Veterans Affairs Dental Insurance Program (VADIP), a national dental insurance program for veterans enrolled in VA health care. This program is designed to offer veterans the best value and service available very affordably. Contact me, or someone on our team, to learn more about VADIP.

Please contact me directly if you want to learn more and become more involved in providing oral health services to veterans.

Tom Raffio is president and CEO of Northeast Delta Dental in Concord.

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3.11 - Wisconsin State Journal: $2.3 million settlement reached in death of former Marine at Tomah VA (27 October, Ed Treleven, 18k online visitors/mo; Madison, WI)

The federal government has reached a $2.3 million settlement with the family of a former Marine who died from a drug overdose in 2014 at the Tomah Veterans Affairs Medical Center, which would bring to a close the family's wrongful death lawsuit against the government.

The settlement, set out in court papers filed Friday in U.S. District Court in Madison, would provide about $1.65 million upfront to the widow and daughter of Jason Simcakoski, of Stevens Point, who was 35 when he died on Aug. 30, 2014, at the Short Stay Mental Health Recovery Unit in the Tomah VA's Community Living Center.

Some of that money, up to $586,000, would pay attorney fees and expenses.

The remaining $659,100 would be set up in annuities for Simcakoski's widow, Heather Simcakoski, and their daughter, Anaya.

Because the settlement involves a minor, it must be approved by U.S. District Judge James Peterson. A hearing on the settlement will be held Wednesday, when Peterson is expected to hear from a guardian ad litem appointed for Anaya Simcakoski about the reasonableness of the settlement, and how it is to be managed for the girl.

The family sued the government in August 2016, nearly a year after filing a claim against the VA that went unanswered. The lawsuit states that the VA had told the family that it intended to take full responsibility for Simcakoski's death.

The settlement agreement states that the settlement "should not be construed as an admission of liability or fault on the part of the United States, its agents, servants or employees, and it is specifically denied that they are liable to the plaintiffs."

Instead, the settlement is a compromise of disputed claims, the document states, done to avoid the expenses and risks of further litigation.

Simcakoski's death led to the firing of the Tomah VA's chief of staff, Dr. David Houlihan. Earlier this month, the former head of the medical center, Mario DeSanctis, was allowed to resign, with a $163,000 settlement, after negotiations that followed his firing in 2015.

The Tomah VA came under fire in 2015 after an Inspector General's report, released after Simcakoski's death, found that opioid painkillers were being overprescribed by doctors at the medical center, earning it the nickname "Candy Land."

Simcakoski, who was honorably discharged from the Marines in 2002, had been treated at VA facilities from 2006 to 2014 for a variety of conditions, and was admitted to the Tomah VA's Acute Psychiatric Unit on Aug. 10, 2014, then transferred to the Short Stay unit.

He was prescribed drugs there to treat his pain, including Suboxone. The morning of Aug. 30, 2014, he was so sedated he could barely speak, his family said, and later that afternoon was found unresponsive. He died after life-saving attempts were made, although they were not started for about 10 minutes after he was found.

The Monroe County Medical Examiner's Office said Simcakoski died from mixed drug toxicity. A review by the VA Office of Inspector General found that doctors who prescribed opioid drugs to Simcakoski failed to talk with him about the risks of the treatment, and noted delays in the start of CPR to Simcakoski and the lack of medication at the Tomah VA to reverse drug overdoses.

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3.12 - KODI-AM: VETERANS CHOICE PROGRAM IS FAILING OUR SOLDIERS (27 October; Cody, WY)

Veterans aren't getting the assistance that they need through the Veterans Choice Program – and Wyoming Senator Mike Enzi is calling for a review of, and improvements to, the program.

During a speech on the Senate floor yesterday, Enzi noted that he has not only heard concerns from veterans in need of care, but also from providers who have been unable to get reimbursed for medical services. According to Enzi, this means some doctors and facilities have ended their participation in VA Choice because it is taking too long to get reimbursed or they are unable to get reimbursed at all.

ENZI VETERANS CHOICE

Enzi said he is working with the Senate Veterans' Affairs Committee to make sure that any new version of community care for our veterans takes into account the unique challenges that rural and frontier health care networks face.

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4. Women Veterans

4.1 - Las Vegas Optic: Women veterans dental program open in Las Vegas (26 October, 32k online visitors/mo; Las Vegas, NV)

The statewide New Mexico Women Veterans Smile Program is available for women veterans in Las Vegas. The program, begun by civilian volunteers and funded by the NM Beverage Association, has served more than 15 women veterans.

Dental Association Foundation Executive Director Linda Paul said the program is looking for more women veterans from around the state. The Veterans Administration does not provide dental services to veterans unless they are 100 percent disabled or wounded in service.

Some women veterans had not been to a dentist for years.

Many dentists from around the state agreed to provide the services, including in Las Vegas. This care is donated by generous dentists in their own offices.

Each patient receives a once in a lifetime benefit of a complete treatment plan that average $3,200 per case in donated care. The patient is not charged for this care.

Funding is provided by the New Mexico Beverage Association.

To apply, please go to www.nmdentalfoundation.org, click on donated dental services, print the completed application form and mail to Donated Dental Services, PO Box 16854, Albuquerque, N.M., 87191. If you need help with the application, call Judy Quintana at 505-306-3756.

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5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

7.1 - EconoTimes: Memphis VAMC Seeks Laundry and Linen Services Provider (27 October, 158k online visitors/mo)

The Memphis Veterans Administration (VA) Medical Center and three outpatient clinics -- two in Memphis one in Jackson, Tennessee -- require a contractor to provide laundry and linen services, according to a sources sought notice the agency released on Friday, October 27.

These services, according to the notice, include furnishing the physical laundry plant (at an off-site location), all providing all labor, supervision, management, management support, supplies, communized linen and textile items, ancillary equipment, vehicles, and materials necessary.

The notice also spells out in more detail what the contractor who receives the contract can expect. These services will include:

- Processing all soiled linens, uniforms, patient clothing, mops, etc.
- Finish and deliver the linens, uniforms, patient clothing, mops, etc. to the Medical Center and the affiliated Outpatient Clinics
- Conduct scheduled visits to each facility for linen utilization reviews, inventories, establishing and revising linen quotas, and providing in-service and an on-line linen ordering system (electronically
- Provide workmanship in accordance with practices/guidelines established by the National Association of Institutional Linen Management (NAILM), International Fabricare Institute (IFI), Textile Rental Services Association (TRSA), and accepted industry standards
- Perform all work under sanitary conditions as specified by the Joint Commission of Accreditation of Healthcare Organizations (JCAHO)
- Maintain positive air pressure in the clean section relative to a negative air pressure in the soiled section via physical separation, through the presence of a barrier wall and the use of pass-through equipment
- Incorporate, in the Laundry Plant layout/design, a design for asepsis, whereby clean linen neither comes into contact with soiled linens nor shares the same physical space, thus avoiding cross-contamination and/or reintroduction of bacteria once processed
- Allow government representatives access to inspect plants in which the work is done shall be open to inspection of sanitary conditions by Government representatives
- Assign an on-site manager at their laundry processing plant who shall be physically present during prescribed work hours and be certified by Association for Linen Management
- Have in place a Quality Control program to assure that the requirements of the contract are provided as specified

According to the VA, the estimated total pounds of standard and non-standard items is 1.3 million pounds per year of clean linen.

The VA intends to award the contract to a certified small business contractor. The Small Business Size Standard is $32.5 million, and the North American Industry Classification System (NAICS) Code associated with the acquisition is 812331 Linen Supply.

According to the notice, the VA is contemplating awarding this requirement as a base year with four option years, and anticipates the contract starting on January 1, 2018.

Businesses interested in bidding on and receiving contracts from the government must be registered with the System for Award Management (SAM) database and have as part of the Registration all current Representations and Certifications.

US Federal Contractor Registration, the world's largest third-party government registration firm, and a firm that not only helps companies survive but also thrive, completes the required Registrations on behalf of its clients. It also makes available information about opportunities like this, as well as training on how to locate, research, and respond to opportunities.

We also make available for our clients and for contracting officers our proprietary Advanced Federal Procurement Data Search (AFPDS). Our Advanced Federal Procurement Data Search (AFPDS) gives you in one place instant bid notifications, bid proposal prospecting, and information about government procurement officers. We make this search tool available to clients, as part of our commitment to helping each and every USFCR client succeed and thrive as a government contractor.

For contracting officers, the AFPDS gives them in one place access to a database of available contractors and also a place to post information about opportunities. Contracting officers get free access to AFPDS. We also provide interested contracting officers a list of contractors who may be able to provide a service and/or product that they need.

For more information, to get started with a SAM registration, to learn more about how US Federal Contractor Registration can help your business succeed, to find out how we can help you complete the processes necessary to become certified as one or more types of small business(es), earning HUBZone certification from the SBA, and/or to speak with our federal training specialists about how to craft a memorable proposal, call 877-252-2700, ext. 1.

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7.2 - FCW.com: Cerner looks to government for growth (27 October, Adam Mazmanian, 189k online visitors/mo; Vienna, VA)

Electronic health record provider Cerner is looking to capitalize on a streak of successes in the government market. On an Oct. 26 earnings call, President Zane Burke said that the company was "in the early stages of government business contributing to our growth."

Cerner's government presence has been increasing since winning a $4.3 billion contract to replace a group of separate, siloed legacy systems across the Department of Defense. On Oct. 23, the Military Health System announced that the Cerner solution, called MHS Genesis (with Leidos as the prime contractor and integrator), went live at Madigan Army Medical Center in Washington state.

In June, Department of Veterans Affairs Secretary David Shulkin announced the sole-source selection of Cerner to replace its Vista health records system, citing interoperability with the new DOD system as a driving reason behind not putting the contract out for competition. Recently a federal judge threw out a legal challenge to the planned deal, setting a stage for an award.

The infrastructure at VA around the Vista replacement is also starting to take shape. In late September, VA awarded Booz Allen a task order worth a maximum of $750 million to provide program management, administrative and technical support to the program office charged with managing the Vista replacement and the Cerner integration.

On the earnings call, Burke said that Cerner was poised to pursue other government electronic health record opportunities at the Bureau of Prisons, the Coast Guard and the Indian Health Service as well as with state-level Medicaid programs.

The Indian Health Service is currently a user of the Vista system. The Coast Guard is in the midst of procuring a new system after a failed effort to implement Epic, the leading commercial health software provider. The Bureau of Prisons conducted market research for a replacement health record system in 2014 but apparently never followed up with a solicitation.

"That market has become wide open," said Roger Baker, formerly CIO at VA and a consultant with Cerner on the Vista replacement. "I would look at the National Institutes of Health and some other places with potential. Cerner's in a great position for those deals," Baker said.

A report in Politico's Morning eHealth indicated that a VA-Cerner deal could be coming in the first half of November. It's not clear how much the initial contract will cover, but current estimates peg the value of the deal at $18 billion. FCW has been told in the past that the total cost could exceed $16 billion. Burke said on the earnings call that he was expecting a contract by the end of 2017.

That sounds like it dwarfs the DOD spend, but the $4.3 billion for MHS Genesis is just a down payment. Baker said that the DOD contract could wind up costing the Pentagon north of $10 billion, when collateral spending and additions to that contract that have been awarded or are in the pipeline.

On the investor call, Cerner executives wouldn't say what they expect their profit margins to be on the government business. Burke did, however, address concerns that the VA implementation would be the first time Cerner has been a prime contractor in a large government deal.

"While we haven't necessarily been a federal prime contractor, we've been the prime contractor on many, many large implementations. And so, from that perspective, this is not something that's out of the ordinary for us to think about managing and having expertise around managing very large implementations with a number of third parties," Burke said.

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8. Other

8.1 - Rapid City Journal: VA plans Vietnam vet event (27 October, 313k online visitors/mo; Rapid City, SD)

The Department of Veterans Affairs Black Hills Health Care System will honor the service, sacrifice and enduring achievements of Vietnam veterans during a Vietnam War Commemoration 50th Anniversary event.

Ceremonies will be at noon Wednesday at TREA, 1981 Centre St., in Rapid City. The event will commemorate Vietnam War veterans and each Vietnam veteran will receive a Vietnam veteran lapel pin during a pinning ceremony, according to a release. Remarks will be presented as well.

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8.2 - The Reporter: Sacramento Valley National Cemetery gets new director (27 October, Kimberly K. Fu, 67k online visitors/mo; Vacaville, CA)

AMERICAN OVERSIGHT

For the second time this year, Sacramento Valley National Cemetery in Dixon has a new director.

James L. Mitchum has been on duty for about a week, officials said Friday.

He replaces Michael Henshaw, who was named in January and retired two months ago, officials said.

Mitchum graduated from the National Cemetery Association's Cemetery Director Intern Program in 2015.

He most recently was the director of South Florida National Cemetery in Lake Worth, Fla. Prior to that, he served as assistant director of Tahoma National Cemetery in Kent, Wash.

From 2010 to 2014, Mitchum was a civilian human resources specialist at Army headquarters, United States Army Europe, Wiesbaden, Germany. He provided policy interpretation and services to all major Army units in Europe.

From 2008 to 2010, he worked for United States Africa Command in Stuttgart, Germany. He served as the command's first Military and Civilian Awards Action Officer and was promoted to administrative officer to supervise a joint staff representing all U.S. military branches, civilians and contractors.

Mitchum also worked as a computer operations team leader for both the British-American Tobacco Company and Pfizer Pharmaceutical in the United Kingdom.

He served for 25 years in the Army. He served in support of Operation Restore Hope/Continue Hope and deployed to Mogadishu, Somalia in 1993 as the area director for the Military Affiliated Radio System. He retired from active duty as a master sergeant in 2008.

He also maintained membership in the Army Reserve from 1995 to 1999.

He earned an associate degree in Management Studies from the University of Maryland and a Bachelor of Science in Liberal Studies from Excelsior College in New York.

For more information about Sacramento Valley National Cemetery, call 693-2460 or visit www.cem.va.gov/cems/nchp/sacramento.

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AMERICAN OVERSIGHT

Veterans Affairs Media Summary and News Clips

28 October 2017

1. Top Stories

1.1 - USA Today (VIDEO): Exclusive: VA chief dismisses European travel 'distraction,' buzz over HHS post (27 October, Donovan Slack, 36.8M online visitors/mo; McLean, VA)
VA Secretary David Shulkin says taxpayers did not foot the bill for his and his wife's sightseeing and tickets to Wimbledon during a trip to Europe that is now under review by the inspector general at the Department of Veterans Affairs. He told USA TODAY in an exclusive interview that the July trip was related to VA business, and that while the government paid for their commercial flights and hotels, his wife did not accept taxpayer-funded per diem payments or meals and that they personally paid for nighttime and weekend activities as they would have at home.

Hyperlink to Above

1.2 - U.S. News and World Report (AP): Animal-Rights Group Sues to Get Anti-Testing Ads on Buses (27 October, 24M online visitors/mo; Washington, DC)
An animal-rights group is suing after a public bus system in Virginia refused to display advertisements against animal testing. The Richmond Times-Dispatch reported Thursday that the group is the Washington, D.C.-based White Coat Waste Project.

Hyperlink to Above

1.3 - Billings Gazette: With Veterans Affairs whistleblower's fate undetermined, officials saying little about case (27 October, Matt Hudson, 854k online visitors/mo; Billings, MT)
Montana elected officials preached timely care and accountability for the Montana Veterans Affairs Health Care System but otherwise said little about an ongoing whistleblower case. The Montana VA is facing its second allegation of whistleblower retaliation in less than two years. The previous case led to the resignation of Director John Ginnity in July 2016.

Hyperlink to Above

1.4 - Tennessean: Tennessee VA hospitals respond to poor rankings, say improvements are ongoing (27 October, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)
David Dunning, the director of the Memphis VA, said this summer he was optimistic about the prospects of the hospital improving in the department's rankings when new data came out this fall. The new ratings came out Wednesday and reflected more of the same for the troubled hospital. Three of Tennessee's four VA hospitals — in Memphis, Nashville and Murfreesboro — are rated among the worst in the entire VA network of nearly 150 hospitals, given just 1 out of 5 total stars.

Hyperlink to Above

1.5 - ErieNewsNow.com (VIDEO): Erie VA Medical Center Earns Five Star Rating (27 October, Paul Wagner, 147k online visitors/mo)

Hyperlink to Above

1.6 - WPEC-TV (VIDEO): WPB VA medical center gets low score in national ranking (27 October, Al Pefley, 718k online visitors/mo; West Palm Beach, FL)

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They served on the battlefield, but now the fight is right here in our backyard for better health care. CBS12 News investigates why the VA hospital they depend on isn't up to par. Each V.A. hospital around the nation gets an annual rating from 1 to 5 stars, with 5 being the best. As you're about to see, the West Palm Beach VA does not appear to be in the best of health.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - Stars and Stripes: Veterans poised to get 2 percent payout raise on Dec. 1 (27 October, Claudia Grisales, 1.5M online visitors/mo; Washington, DC)
Military veterans could see their payouts increased by 2 percent later this year – one of the biggest gains in at least six years – under legislation slated for presidential approval next week. The plan, the Veterans' Compensation COLA Act of 2017, would boost cost-of-living payments and could be reflected in the recipient's January checks. The legislation was passed unanimously by the Senate this week, following approval of an identical bill in the House during summer.

Hyperlink to Above

2.2 - Dayton Daily News: Dayton VA leader steps down following 33-year career (27 October, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)
Dayton VA Medical Center Director Glenn Costie retired from the top post Friday to take a new job directing veteran services at Ohio's Hospice in Dayton. Costie, 56, of Bellbrook, who capped a 33-year career inside the Department of Veterans Affairs, held the $183,000-a-year post since 2011 where he oversaw a rise in the staffing levels, a nearly doubling of the budget and increasing patient caseloads.

Hyperlink to Above

2.3 - WHNT-TV: Huntsville VA Clinic hosts Veteran Services Fair (27 October, Sarah Macaluso, 853k online visitors/mo; Huntsville, AL)
The Huntsville VA Clinic serves as a helping hand and offers support for the growing veteran population in the Tennessee Valley. On Friday, people packed the lobby of the clinic, looking for answers or support. Several groups and former military around the Alabama were there to offer relief. One is Tornya Kelton with Disabled American Veterans.

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2.4 - The Register-Guard: Veterans Affairs Department to investigate clinics in Roseburg and Eugene next week (27 October, Sherri Buri McDonald, 436k online visitors/mo; Eugene, OR)
U.S. Department of Veterans Affairs investigators will be in Oregon early next week, looking into management, personnel issues and medical practices at the Roseburg and Eugene veterans clinics, a spokeswoman for U.S. Rep. Peter DeFazio said Friday. A team led by Dr. Erica Scavella with the Office of the Medical Inspector at the VA in Washington, D.C., will be in Oregon on Monday and Tuesday to gather information and interview employees, said Beth Schoenbach, a spokeswoman for DeFazio.

Hyperlink to Above

2.5 - Great Falls Tribune: Treatment court gives veterans stability, sobriety and a second chance (27 October, Kim Skornogoski, 272k online visitors/mo; Great Falls, MT)
Heading to prison to serve nine years of a 35-year sentence, Belcher was called into Judge Greg Pinski's courtroom. The judge offered him the opportunity to avoid jail and instead start an intensive treatment program that required weekly — if not daily — accountability. Belcher became the first local Veterans Court graduate, a program that has since seen 30 graduates since starting in 2013.

Hyperlink to Above

2.6 - Augusta Chronicle: Department of Veteran Affairs partner with local agencies for 10th annual Stand Down event (27 October, Nefeteria Brewster, 240k online visitors/mo; Augusta, GA)
Several veterans were greeted with a handshake and a smile as they lined up outside of the Charlie Norwood VA Medical Center's gymnatorium Friday.
They were among the hundreds of homeless in and around the area who met with employers and other local agencies for the Department of Veterans Affairs' 10th annual Stand Down event. During the event attendees get assistance on health care and benefits, as well as employment services.

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2.7 - Star-Gazette (VIDEO): Accused fentanyl 'runner' at Bath VA hospital faces federal drug charge (27 October, Anthony Borrelli, 188k online visitors/mo; Elmira, NY)
In February, two non-fatal fentanyl overdoses during one weekend at a U.S. Veterans Administration hospital in Steuben County sparked a federal investigation. The overdose patients were questioned by investigators, who say the patients' fellow resident at the facility's substance abuse treatment program, Matthew Helmer, had allegedly provided the drugs.

Hyperlink to Above

2.8 - The News-Review: Investigators to visit VA, conduct interviews (27 October, Carisa Cegavske, 160k online visitors/mo; Roseburg, OR)
A team of investigators from the Veterans Affairs Office of the Medical Inspector will visit the Roseburg Veterans Affairs Medical Center and the Roseburg VA's Eugene clinic next week. The VA agreed to send the investigators following pressure from U.S. Rep. Peter DeFazio, D-Springfield. DeFazio testified before Congress two weeks ago that whistle-blowers continue to face retaliation at the VA.

Hyperlink to Above

2.9 - FEDWeek: Bill Would Protect Vets From Scammers (27 October, 51k online visitors/mo; Glen Allen, VA)
Veterans who are elderly or on the lower end of the income spectrum would have greater protection from unscrupulous persons or businesses, under a proposed law now pending before the House. Under H.R. 3122, the Department of Veterans Affairs (VA) would be required to reach out to state and other federal agencies to craft a plan to protect these veterans from scammers.

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3. Access to Healthcare

3.1 - Omaha World-Herald: Secret waitlist delayed care for 87 veterans at VA hospital in Omaha, led to departure of 2 employees (28 October, Steve Liewer and Joseph Morton, 2.1M online visitors/mo; Omaha, NE)
An unauthorized waiting list for psychotherapy appointments at Omaha's VA hospital delayed care for 87 veterans this year and led to the departures of two employees, Department of Veterans Affairs officials said Friday. Letters addressed to Iowa Sens. Joni Ernst and Chuck Grassley and Nebraska Sen. Ben Sasse — all Republicans — blamed the unauthorized list on "training deficiencies" involving the hospital's medical support assistants, who were said to be improperly managing the VA's electronic waiting list following rules changes in 2016.

Hyperlink to Above

3.2 - KPCC-FM (AUDIO): VA still has years to go to finish housing effort in West LA (27 October, Libby Denkmann, 1.1M online visitors/mo; Pasadena, CA)
Paul Ivy jokes that although he never went to combat, serving in the Army taught him plenty. "I learned how to do a whole lot of things," he said. "I especially learned how to pay attention." On Friday, Ivy picked up a blanket, some clothes and some lightly used black sneakers provided by nonprofits and volunteers at the 3rd annual "Homeless to Housed Veteran Stand Down" event on the West Los Angeles VA campus.

Hyperlink to Above

3.3 - KWWL-TV (VIDEO): Second homeless veterans' home project underway (27 October, MacLeod Hageman, 440k online visitors/mo; Waterloo, IA)
A new project to help veterans get back on their feet is gaining momentum. What was once a neighborhood of a few abandoned homes is slowly but surely starting to get new life in Waterloo. Fortunately, it's all for a good cause too. Board by board, room by room, the home at 414 East Ninth Street will soon be transitional housing for at least four veterans in need.

Hyperlink to Above

3.4 - Reading Eagle: Veterans Affairs secretary asks for input on solving the opioid crisis (27 October, Ford Turner, 437k online visitors/mo; Reading, PA)
The U.S. Department of Veterans Affairs has developed a formal system for treating chronic pain among veterans that steers away from opioid painkillers and may be a model for the public at large. That was part of the message delivered on Friday by VA Secretary Dr. David J. Shulkin during a visit to the VA Medical Center in Chester County.

Hyperlink to Above

3.5 - Press of Atlantic City: VA searching for new location for Cape May County veterans clinic (27 October, Jack Tomczuk, 319k online visitors/mo; Pleasantville, NJ)
Officials from the U.S. Department of Veterans Affairs have taken the first step in finding a new facility to house the agency's Cape May County outpatient clinic. County veterans have long pushed for better health care options locally, and veterans and the VA agree it's time for an upgrade. The clinic is currently run out of a double-wide trailer on the Coast Guard base in Cape May.

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3.6 - KJZZ-FM (AUDIO): Department Of Veterans Affairs Urges Prioritizing New Drugs For PTSD (27 October, Steve Goldstein, 168k online visitors/mo; Tempe, AZ)
Reported cases of post-traumatic stress disorder are increasing, and trends indicate that growth will continue as more military men and women return from overseas service. But treatment help doesn't appear to be coming quickly. So far in 2017, six dermatology drugs have been approved by the Food and Drug Administration, but no drug has been approved for treatment of PTSD since 2001. At this point, two drugs — Paxil and Zoloft — have been given FDA approval for PTSD.

Hyperlink to Above

3.7 - KMA Land: Shen V-A clinic hosts Wellness Fair Saturday (27 October, Mike Peterson, 138k online visitors/mo; Shenandoah, IA)
KMAland veterans are encouraged to attend a special event focusing on health. Shenandoah's V-A Clinic in the Orchard Corner's Shopping Center hosts a Wellness Fair Saturday from 9 a.m. to noon. Joyce Portz is a nurse with the Shenandoah clinic. Portz tells KMA News all veterans--whether enrolled in the V-A or not--can attend the wellness fair to learn about the V-A Nebraska-Western Iowa Health Care System's health care services, eligibility and other resources available to them.

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3.8 - Valdosta Daily Times: Clinic 'pinks out' for Breast Cancer Awareness (27 October, 73k online visitors/mo; Valdosta, GA)
Valdosta VA Clinic recently "pinked out" for Breast Cancer Awareness Month. The clinic shared the following information regarding breast cancer: Breast cancer is the most common cancer affecting women. Breast cancer can occur at any age, but the risk goes up as people get older. If a person has a family history of breast cancer, the risk of getting breast cancer increases.

Hyperlink to Above

3.9 - WMDT-TV: New VA clinic opens in Georgetown (27 October, Dani Bozzini, 63k online visitors/mo; Salisbury, MD)
More than 100 people gathered in Georgetown for the grand opening of the new Veteran Administrations outpatient clinic. Officials say it's a big win for our local veterans and something they've been waiting on for quite some time. Before this there was a great need for the larger, updated clinic due to the large amount of senior veterans in the area.

Hyperlink to Above

3.10 - New Hampshire Business Review: Giving NH vets better oral health care (27 October, Tom Raffio, 49k online visitors/mo; Manchester, NH)
In the last few months, I became aware that most oral health and dental services for Veterans at the Manchester VA Medical Center have been eliminated. While the reasons are complicated, and there are some exceptions, many veterans who rely on care from the VA were left on their own to find treatment. One way to make our veterans feel appreciated is by making sure they receive the dental care they need.

Hyperlink to Above

3.11 - Wisconsin State Journal: $2.3 million settlement reached in death of former Marine at Tomah VA (27 October, Ed Treleven, 18k online visitors/mo; Madison, WI)
The federal government has reached a $2.3 million settlement with the family of a former Marine who died from a drug overdose in 2014 at the Tomah Veterans Affairs Medical Center, which would bring to a close the family's wrongful death lawsuit against the government. The settlement, set out in court papers filed Friday in U.S. District Court in Madison, would provide about $1.65 million upfront to the widow and daughter of Jason Simcakoski, of Stevens Point, who was 35 when he died on Aug. 30, 2014, at the Short Stay Mental Health Recovery Unit in the Tomah VA's Community Living Center.

Hyperlink to Above

3.12 - KODI-AM: VETERANS CHOICE PROGRAM IS FAILING OUR SOLDIERS (27 October; Cody, WY)
Veterans aren't getting the assistance that they need through the Veterans Choice Program – and Wyoming Senator Mike Enzi is calling for a review of, and improvements to, the program. During a speech on the Senate floor yesterday, Enzi noted that he has not only heard concerns from veterans in need of care, but also from providers who have been unable to get reimbursed for medical services. According to Enzi, this means some doctors and facilities have ended their participation in VA Choice because it is taking too long to get reimbursed or they are unable to get reimbursed at all.

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4. Women Veterans

4.1 - Las Vegas Optic: Women veterans dental program open in Las Vegas (26 October, 32k online visitors/mo; Las Vegas, NV)
The statewide New Mexico Women Veterans Smile Program is available for women veterans in Las Vegas. The program, begun by civilian volunteers and funded by the NM Beverage Association, has served more than 15 women veterans. Dental Association Foundation Executive Director Linda Paul said the program is looking for more women veterans from around the state. The Veterans Administration does not provide dental services to veterans unless they are 100 percent disabled or wounded in service.

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5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

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7.1 - EconoTimes: Memphis VAMC Seeks Laundry and Linen Services Provider (27 October, 158k online visitors/mo)
The Memphis Veterans Administration (VA) Medical Center and three outpatient clinics -- two in Memphis one in Jackson, Tennessee -- require a contractor to provide laundry and linen services, according to a sources sought notice the agency released on Friday, October 27. These services, according to the notice, include furnishing the physical laundry plant (at an off-site location), all providing all labor, supervision, management, management support, supplies, communized linen and textile items, ancillary equipment, vehicles, and materials necessary.

Hyperlink to Above

7.2 - FCW.com: Cerner looks to government for growth (27 October, Adam Mazmanian, 189k online visitors/mo; Vienna, VA)
In June, Department of Veterans Affairs Secretary David Shulkin announced the sole-source selection of Cerner to replace its Vista health records system, citing interoperability with the new DOD system as a driving reason behind not putting the contract out for competition. Recently a federal judge threw out a legal challenge to the planned deal, setting a stage for an award. The infrastructure at VA around the Vista replacement is also starting to take shape. In late September, VA awarded Booz Allen a task order worth a maximum of $750 million to provide program management, administrative and technical support to the program office charged with managing the Vista replacement and the Cerner integration.

Hyperlink to Above

8. Other

8.1 - Rapid City Journal: VA plans Vietnam vet event (27 October, 313k online visitors/mo; Rapid City, SD)
The Department of Veterans Affairs Black Hills Health Care System will honor the service, sacrifice and enduring achievements of Vietnam veterans during a Vietnam War Commemoration 50th Anniversary event. Ceremonies will be at noon Wednesday at TREA, 1981 Centre St., in Rapid City. The event will commemorate Vietnam War veterans and each Vietnam veteran will receive a Vietnam veteran lapel pin during a pinning ceremony, according to a release. Remarks will be presented as well.

Hyperlink to Above

8.2 - The Reporter: Sacramento Valley National Cemetery gets new director (27 October, Kimberly K. Fu, 67k online visitors/mo; Vacaville, CA)
For the second time this year, Sacramento Valley National Cemetery in Dixon has a new director. James L. Mitchum has been on duty for about a week, officials said Friday. He replaces Michael Henshaw, who was named in January and retired two months ago, officials said.

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1. Top Stories

1.1 - USA Today (VIDEO): Exclusive: VA chief dismisses European travel 'distraction,' buzz over HHS post (27 October, Donovan Slack, 36.8M online visitors/mo; McLean, VA)

VA Secretary David Shulkin says taxpayers did not foot the bill for his and his wife's sightseeing and tickets to Wimbledon during a trip to Europe that is now under review by the inspector general at the Department of Veterans Affairs.

He told USA TODAY in an exclusive interview that the July trip was related to VA business, and that while the government paid for their commercial flights and hotels, his wife did not accept taxpayer-funded per diem payments or meals and that they personally paid for nighttime and weekend activities as they would have at home.

"I did not stay in my hotel room, I went out and I enjoyed the local sights with my wife. We paid for all those," he said.

The inspector general launched a probe of the trip earlier this month after The Washington Post reported the couple spent nearly half of the 10-day trip sightseeing and that taxpayers had paid for his wife to join him.

He said his wife was an official invitee and attended the conference and meetings.

"The government, through our ethics (office), approved a coach travel for her airfare," he said. "That was the only expense that was ever charged."

8 Communication Mistakes Freelancers Make, According to CEOs Who Hire Them
Story From Moonlighting
Shulkin attended meetings in Denmark from July 12 to 14 and a conference on veterans' issues in London from July 18 to 20.

During the four days in between, he and his wife toured two palaces, Westminster Abbey and St Paul's Cathedral in London, took a Thames River cruise and had dinner in Piccadilly Circus.

"There was no taxpayer dollars associated with it," Shulkin said.

In response to questions about the trip, Shulkin directed that his travel itineraries be posted online, including the European one. They show that unlike other Trump Cabinet secretaries who have come under fire for high-flying travel on the taxpayer dime, Shulkin has not taken charter or private flights.

"I flew U.S. commercial jets — I have not taken private jets ever in my life," he told USA TODAY. "And the only military planes I've ever used have been when it has been the president, vice president, or first lady who've been on those flights, and I've been a passenger with them, so I welcome any type of investigation."

Shulkin, who previously ran private sector hospitals, said he came to the VA "as a public service."

"My focus needs to be on fixing the issues for the VA," he said. "That's where I want my focus, and I'm going to stay away from all of this distraction that Washington tries to make you pay attention to."

Former Health and Human Services secretary Tom Price resigned last month amid withering criticism for racking up roughly $1 million in taxpayer-funded flights on private and military aircraft since taking office in February.

Shulkin told USA TODAY that despite recent reports that he may be a candidate to replace Price at HHS, he has not interviewed for the job and is planning to stay at VA.

At the same time, Shulkin declined to rule out taking the job at some point if President Trump asked him to do it.

“I work at the pleasure of the president, and I will always do what he asks me to do,” he said. “Right now, he’s asked me to fix VA and that’s what I want to continue to do.”

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1.2 - U.S. News and World Report (AP): Animal-Rights Group Sues to Get Anti-Testing Ads on Buses (27 October, 24M online visitors/mo; Washington, DC)

An animal-rights group is suing after a public bus system in Virginia refused to display advertisements against animal testing.

The Richmond Times-Dispatch reported Thursday that the group is the Washington, D.C.-based White Coat Waste Project.

Its ad shows dogs peeking out from behind bars and demands that the "McGuire VA Medical Center: Stop Taxpayer-Funded Dog Experiments." The medical center has conducted research into cardiac health in humans. Some of the tests are considered extremely painful to the dogs.

The Greater Richmond Transit Company prohibits political ads on its buses. And a spokeswoman for the agency said the group's ad violates that rule.

The group's lawsuit, filed in federal court, claims the rule violates its constitutional rights and allows the government to pick and choose what views people can express.

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1.3 - Billings Gazette: With Veterans Affairs whistleblower's fate undetermined, officials saying little about case (27 October, Matt Hudson, 854k online visitors/mo; Billings, MT)

Montana elected officials preached timely care and accountability for the Montana Veterans Affairs Health Care System but otherwise said little about an ongoing whistleblower case.

The Montana VA is facing its second allegation of whistleblower retaliation in less than two years. The previous case led to the resignation of Director John Ginnity in July 2016.

The current case involves a staff dentist at the Billings VA clinic. His office has been shut down since January, though the dentist remains on staff, and veterans have been sent hundreds of miles away for simple procedures in some cases.

But statements from Montana politicians avoided specifics about the allegations at the Montana VA, the service blackouts or leadership in the system.

“VA Montana must move quickly to ensure that Billings-area veterans can receive more timely and accessible dental care,” said U.S. Sen. Jon Tester, the ranking Democrat on the Veterans Affairs Committee.

Tester also was an author and cosponsor of the Veterans Affairs Accountability and Whistleblower Protection Act of 2017, which went into law earlier this year. Pressed further for comment on the Montana VA’s treatment of whistleblowers, a Tester spokeswoman deferred to the VA.

A spokeswoman for U.S. Sen. Steve Daines, a Republican, declined to comment on the ongoing case but said that both the VA and whistleblowers should have the ability to expose misconduct.

“Sen. Daines won’t speculate on what could have been or might be," the spokeswoman said. "Provider care funding will be addressed along with a number of other Choice concerns in upcoming community care reform and re-authorization legislation.”

U.S. Rep. Greg Gianforte, a Republican, also reserved judgment while dentist Kelly Hale's case is still being considered by the Merit Systems Protection Board.

“Our veterans have sacrificed selflessly on behalf of our nation, and we owe them the very best care possible," he said. "I look forward to the Office of Special Counsel concluding its review so that appropriate action can be taken."

Sens. Tester and Daines vowed to seek accountability in 2016, when the Montana VA's retaliation against another whistleblower led to the resignation of Ginnity, the system's previous director.

Kathy Berger took over as interim director. She was named to the permanent position in late October 2016, just as the report on Hale's allegations was released internally to the VA.

Documents in Hale's case said that the Montana VA director ordered the personnel review of the dentist.

Hale’s case exposed practices that caused unnecessary delays for patients waiting for consultations. The delays caused patients pain and likely affected the health of veterans, according to an internal investigation.

Soon after Hale revealed himself as the whistleblower to his superiors, the VA launched a personnel review. The investigation found misconduct by Hale, and the VA recommended that he be fired, according to documents filed in the case.

The U.S. Office of Special Counsel, acting on behalf of Hale, has requested a judge's ruling, alleging that VA officials ordered the conduct review as retaliation against Hale for his disclosures.

The VA closed the Billings dental office where Hale worked, though Hale remains on staff while his case plays out. Patients have been referred to other VA facilities hundreds of miles away or to community provider services, like Veterans Choice, which have been unavailable for lack of funding.

Veterans expressed frustration about the timeliness and access to VA care during a forum held in Helena on Monday.

The VA has not commented specifically on Hale's case, saying it's a private personnel issue. But it also hasn't responded to more broad questions about Billings dental services, which has been shut down since January, and whether changes have been made under the new whistleblower law.

"We have nothing to add to our previous statement on this issue," said Brandon Freitas, a Montana VA spokesman, in an email.

The VA turned down multiple requests to interview Berger.

The Merit Services Protection Board, where Hale's case is being reviewed, has yet to make a final decision.

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1.4 - Tennessean: Tennessee VA hospitals respond to poor rankings, say improvements are ongoing (27 October, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)

David Dunning, the director of the Memphis VA, said this summer he was optimistic about the prospects of the hospital improving in the department's rankings when new data came out this fall.

The new ratings came out Wednesday and reflected more of the same for the troubled hospital.

Three of Tennessee’s four VA hospitals — in Memphis, Nashville and Murfreesboro — are rated among the worst in the entire VA network of nearly 150 hospitals, given just 1 out of 5 total stars.

It’s a contrast to the state’s other VA hospital in Mountain Home, which again was given 4 out of 5 stars.

The ratings show that each of the three poorly rated hospitals made improvements, and at two of them — Murfreesboro and Nashville — significant improvements. But even that upward trend didn’t change the overall rating.

In response to the ratings, the three hospitals issued almost the exact same response, each statement replacing only the name of the hospital.

“Secretary (David) Shulkin has been clear that transparency is a crucial component of our efforts to reform the department. That’s why we’re posting these important end-of-year ratings, which document improvements at 64 percent of rated VA medical centers," the statement read.

“Regionally, the Memphis Veterans Affairs (VA) Medical Center rates well above local area hospitals in almost every facet of outpatient care. It is most important to note the facility improved overall against its own baseline.”

The Tennessee Valley Healthcare System — which includes the Nashville and Murfreesboro facilities — added a sentence.

“In addition, the Community Living Center on our Murfreesboro campus is rated on its own and received another four-star rating, just as it has in recent years,” its statement read.

In some data sets generated by the VA itself, the hospitals do compare favorably to others. But other data sets that are included in the overall rating show mortality rates at Memphis three times higher than benchmarks, longer lengths of stays and higher readmission rates at all three.

The data also showed poor ratings from patients at all three hospitals, and Memphis nearly 30 percentage points below benchmarks.

Memphis has been among four hospitals in the VA where conditions were so poor that top VA officials required weekly reports from the hospitals.

In September, USA TODAY uncovered alarming cases of botched surgeries that led to amputations, sudden deaths after treatment and human parts found in hospital rooms.

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1.5 - ErieNewsNow.com (VIDEO): Erie VA Medical Center Earns Five Star Rating (27 October, Paul Wagner, 147k online visitors/mo)

Erie VA Medical Center Earns Five Star Rating

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1.6 - WPEC-TV (VIDEO): WPB VA medical center gets low score in national ranking (27 October, Al Pefley, 718k online visitors/mo; West Palm Beach, FL)

They served on the battlefield, but now the fight is right here in our backyard for better health care.

CBS12 News investigates why the VA hospital they depend on isn’t up to par.

Each V.A. hospital around the nation gets an annual rating from 1 to 5 stars, with 5 being the best.

As you’re about to see, the West Palm Beach VA does not appear to be in the best of health.

“If they can’t give us the quality of care we need that’s pretty poor in my opinion. ‘Cause you know, we served our country. We defended our country,” said Cliff Haas, a veteran from Palm Springs.

Haas served in the Army for 8 years and fought in Grenada.

He depends on the West Palm Beach VA Medical Center for medical care.

New rankings released by the VA show the facility only got 2 out of 5 stars.

“Very disappointed, very disappointed. I mean we're the VA, we’re the veterans. That’s supposed to be there for us,” Haas said.

The VA scores its medical centers based on things such as access to care, quality of mental health care, wait times and nursing turnover.

“I think somebody needs to be held accountable for why they got a 2 out of 5 stars,” said Beau Brumfield, a veteran from Jupiter.

Brumfield, an Army veteran who served in Iraq and Afghanistan, feels a change in top management is needed.

He says he and other vets have sometimes had to wait 90 days for an appointment.

Others like Stephanie Matlock from Key Largo, who spent 6 years in the Navy, say the 2 star rating is a surprise.

“I’m totally kind of shocked in the fact that I went there for over 2 years. I got excellent care,” Matlock said.

One South Florida Congressman says he hopes to fix problems at the West Palm Beach VA by becoming the first Congressman to open an office inside the VA Medical Center.

“If you want to understand a problem and you want to really truly be able to light a fire under that problem, you have to be present for that problem,” said U.S. Rep. Brian Mast (R-FL Dist. 18).

Last year, the West Palm Beach VA also received only 2 stars our of 5. So it has not shown any improvement in its score since last year.

Mast says he plans to have his office open by Thanksgiving.

In a written statement, the West Palm Beach VA Medical Center says it has improved its same day access to primary care and in other areas like in-patient length of stay, and screenings for cancer, diabetes, depression and PTSD. They declined our request for an on-camera interview.

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2. Veteran and Employee Experience

2.1 - Stars and Stripes: Veterans poised to get 2 percent payout raise on Dec. 1 (27 October, Claudia Grisales, 1.5M online visitors/mo; Washington, DC)

Military veterans could see their payouts increased by 2 percent later this year – one of the biggest gains in at least six years – under legislation slated for presidential approval next week.

The plan, the Veterans' Compensation COLA Act of 2017, would boost cost-of-living payments and could be reflected in the recipient's January checks. The legislation was passed unanimously by the Senate this week, following approval of an identical bill in the House during summer.

For the average recipient, the increase could mean an extra $25 a month, or $300 a year.

The effort was led by Rep. Mike Bost, R-Ill., chairman of a subcommittee of the House Committee of Veterans' Affairs. Bost, who is chairman of the subcommittee on Disability Assistance and Memorial Affairs, introduced the plan in March.

"I'm proud to carry this bill to provide important cost-of-living adjustments to our nation's veterans and their dependents," Bost said Wednesday in a statement following the legislation's approval by Senate. "It's vitally important that we ensure the men and women who have served receive the benefits they have earned."

The plan, H.R. 1329, will now go to President Donald Trump's desk next week. If signed, it is slated take effect Dec. 1, according to Bost's office.

With that timing, the higher payouts could be reflected in veterans' checks as early as January, said Joy Ilem, national legislative director for the Disabled American Veterans group.

"We're extremely pleased. This is an important adjustment," she said. "It provides a slight adjustment in their disability benefits. Some of them are on a very fixed income and it may be the only income they receive. So every bit helps."

The news was lauded by other veterans groups as well.

We are "pleased that legislators are willing to put more money into the pockets of veterans," said Joe Plenzler, director of media relations for the American Legion.

The increases could impact an estimated 4.9 million veterans. The increases also could vary based on the level of disability for each veteran, Plenzler said. For example, veterans who are fully disabled would see larger boosts in their payouts. There's more than 580,000 fully disabled veterans, according to the most recent figures from the Department of Veterans Affairs.

The cost-of-living increase for veterans, which is introduced annually as separate legislation tied to Social Security payment increases, was approved by Congress sooner than usual, Ilem noted.

Since 2011, veterans have often been faced with either no cost-of-living increase or a boost closer to 1 percent, she noted. For example, the cost-of-living increase was .3 percent this year. The new increase will mark one of the biggest since 2011, Ilem said.

Earlier this year, a Trump budget proposal was weighing several cuts from veteran compensation programs for disabled veterans, including a practice to “round down” veterans’ cost-of-living adjustments. But the Department of Veterans Affairs later said it was backing off several proposed cuts following backlash from the country’s six largest veterans service organizations.

Bost’s office said the new increase will impact, among others, wartime disability compensation recipients, compensation for dependents, certain compensation for surviving spouses and children of wounded warriors.

“This is going to be a very welcome increase,” Ilem said. “It’s a very important bill for veterans.”

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2.2 - Dayton Daily News: Dayton VA leader steps down following 33-year career (27 October, Barrie Barber, 1.1M online visitors/mo; Dayton, OH)

Dayton VA Medical Center Director Glenn Costie retired from the top post Friday to take a new job directing veteran services at Ohio’s Hospice in Dayton.

Costie, 56, of Bellbrook, who capped a 33-year career inside the Department of Veterans Affairs, held the $183,000-a-year post since 2011 where he oversaw a rise in the staffing levels, a nearly doubling of the budget and increasing patient caseloads.

In the midst of heightened scrutiny nationally about the VA health care system, during Costie’s tenure in Dayton he was called to two troubled VA centers in Phoenix and Cincinnati to temporarily provide oversight.

Dr. Thomas Hardy, Dayton VA chief of staff and a Vietnam veteran, will become interim director in Dayton until a successor to Costie is chosen sometime next year.

The outgoing director attributed a “relationship-based culture” focused on meeting both veterans and staff needs as a reason he pushed for “transformation” within the Dayton VA and urged that approach throughout the VA health care system nationwide.

“There are a lot of initiatives trying to work on improving how we value our veterans and I proposed the model that we use here as the most effective way to do that especially for a long-term strategy,” he said Friday during an interview at the Dayton VA.

He came to the Dayton VA in the midst of a dental hygiene scandal caused when a dentist allegedly failed to change gloves between patients, archives show.

He also was a key figure in the selection of the Dayton VA Medical Center for a future mostly privately funded $25 million VA national archive and the renovation of two project buildings on the campus.

Under his tenure, the Dayton VA’s staff grew to more than 2,400 employees, a 14 percent increase compared to fiscal year 2011. The annual budget nearly doubled to $454.1 million this fiscal year versus $250.4 million in fiscal year 2011, figures show.

The number of patients grew to 40,886 in the last fiscal year, an 8 percent jump since 2012.

Average new patient appointment wait times for primary care dropped to 2.8 days from 4.7 days while established patient wait times rose to 1.4 days from 1.1 days since 2014, Dayton VA figures show.

“One of the biggest strategies we had was just in recruitment and today we are fully staffed with all of our primary care positions filled,” he said. “That really has allowed us to drive same day access for care.”

A senior citizen housing center on the West Dayton campus, a new outpatient clinic in Richmond, Ind., and a simulation center to train medical personnel, were among the projects under his tenure in Dayton. This week, the campus broke ground on a privately funded $6.5 million Fisher House, a lodging facility for patients and their families.

As a scandal over patient appointment wait times spread from Phoenix to VA medical centers nationwide, Washington lawmakers poured money into the VA’s budget to hire thousands of staff and meet the health care needs of returning Iraq and Afghanistan war veterans.

In Phoenix, hundreds of staff were added to deal with a patient backlog and lengthy waits for appointments. Costie was sent to Cincinnati in the midst of a high-level staff shake-up.

Costie faced challenges in Dayton, too. In 2015, a whistle blower employee brought attention to a patient backlog in the pulmonary clinic. The VA reported “scheduling irregularities” when a prior employee used an informal list to set up appointments.

At the time, Costie said 150 patients had died before they could be seen for appointments, but a VA panel investigation determined none of the patients died because of a lack of care. The employees who were involved in the situation faced “some of the most severe accountability measures we can take,” Costie has said in a prior interview.

He spoke Friday against continued calls to privatize the VA health care system, saying the private sector does not have the infrastructure the VA has today to treat veterans, train new medical staff, and research medical discoveries veterans need most.

“I don’t think the private sector has the infrastructure to take on the care of our veterans” in total, he said. “We already see delays in places when we try to purchase care in the community that is for a small part of our veteran population.”

The Dayton VA, whose predecessor was one of the first three veteran hospitals in the nation, marked its 150th anniversary this year.

That history was one reason the campus was chosen for a future VA national archive and history center.

Costie said a private fund-raising campaign primarily targeting corporate donors was underway to fund the renovations. Relying on VA alone for funding could take as long as 20 years to complete because it’s competing against patient care projects, he said.

“… With the support of the community we can significantly reduce that time frame and get the buildings renovated a lot quicker,” he said. The VA has set aside about $8 million for repairs to a

former VA national headquarters and a clubhouse on the historic campus as part of the project, he said.

The archive filled with historic artifacts in three warehouses in the Washington, D.C., area could be brought to Dayton before renovations finish on the buildings, he said.

The VA expects to have at least 20 archive employees in Dayton and Washington, D.C.

The Dayton VA, which serves 16 counties, has a main campus in West Dayton and four outpatient clinics in Middletown, Springfield, Lima, and Richmond, Ind.

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2.3 - WHNT-TV: Huntsville VA Clinic hosts Veteran Services Fair (27 October, Sarah Macaluso, 853k online visitors/mo; Huntsville, AL)

The Huntsville VA Clinic serves as a helping hand and offers support for the growing veteran population in the Tennessee Valley.

On Friday, people packed the lobby of the clinic, looking for answers or support.

Several groups and former military around the Alabama were there to offer relief. One is Tornya Kelton with Disabled American Veterans.

“I am a disabled veteran,” said Kelton. “I have a brother, I have two brothers that are navy veterans, disabled veterans.”

The veteran services fair helps people like Kelton and her brothers.

“With the DAV, processing claims, getting out into the community…this is my way of giving back,” said Kelton.

She’s experienced her own hardships while in service. “Just trying to process my VA claim, I ran into roadblocks and I just felt that if I got into the system…I would be able to help other women and other veterans,” said Kelton. “Sitting at home wasn’t gonna do.”

And she didn’t. A friend told Kelton about the DAV and has been a part of the volunteer-based organization for almost a year. At the end of the day, she says it’s worth it because she helps veterans and their families.

“There’s nothing better than getting that smile and that thank you,” said Kelton.

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2.4 - The Register-Guard: Veterans Affairs Department to investigate clinics in Roseburg and Eugene next week (27 October, Sherri Buri McDonald, 436k online visitors/mo; Eugene, OR)

U.S. Department of Veterans Affairs investigators will be in Oregon early next week, looking into management, personnel issues and medical practices at the Roseburg and Eugene veterans clinics, a spokeswoman for U.S. Rep. Peter DeFazio said Friday.

A team led by Dr. Erica Scavella with the Office of the Medical Inspector at the VA in Washington, D.C., will be in Oregon on Monday and Tuesday to gather information and interview employees, said Beth Schoenbach, a spokeswoman for DeFazio.

She said DeFazio's office had requested that inspectors visit the Roseburg and Eugene facilities.

The inspectors plan to return to Oregon the week of Nov. 13, Schoenbach said.

Shanon Goodwin, a VA spokesman in Roseburg, said two investigators would visit next week.

"We welcome them and look forward to their visit," he said.

The investigation is coming less than two weeks after The Register--Guard reported allegations by Dr. Scott Russi and several nurses that poor leadership in Roseburg and retaliation against whistle-blowers were causing doctors to flee the large, new clinic in northeast Eugene, compromising patient care.

Schoenbach said the investigation is a result of DeFazio's repeated requests for an investigation of management at the Roseburg VA, which also oversees the Eugene clinic. "He asked for a team to go to the facility to see what was happening on the ground," she said.

"There is a culture of fear of retaliation (that) is making it difficult to attract and retain talent ... which leads to worse care for the veterans," Schoenbach said. "He's not calling out any one person by name. He's calling for change and investigation into what is creating this culture."

Amber Beyer, a nurse in urology at the -Eugene VA clinic, said she and other employees are pleased that VA headquarters is investigating.

"For the first time since coming to the VA to work, I am feeling hopeful," said Beyer, who has worked at the Eugene clinic for about a year.

She said she took a $15-dollar-an-hour pay cut when she left PeaceHealth Sacred Heart Medical Center at RiverBend in Springfield to work for the VA.

"I came here for a reason," Beyer said. "I am a retired career military woman, and these are my people. My mission will not be complete until the care received within the VA, at a minimum, reaches civilian standards. We veterans deserve it."

Beyer said some of her co-workers are scared to speak out, but she plans to be candid with the investigators.

"What we want to see happen is to improve care here at the VA," she said. "We want to destroy roadblocks and loosen red tape. We want to see fair and equitable treatment of our staff. We want to be able to recruit, retain and increase staff. We want every vet to have a primary care provider. We want Dr. Russi back, and we want the VA to make that career--destroying error right. We will never succeed if you treat a competent and well-known surgeon the way he was treated here."

Russi, a retired U.S. Air Force colonel and former trauma medical director at Sacred Heart Medical Center at RiverBend, said a Roseburg VA administrator fired him on Aug. 4, without providing any evidence against him or an opportunity to challenge the findings.

Russi said before he was fired he had asked questions about his salary, surgical procedures and why patients couldn't contact him directly after surgery.

Russi said he has been out of work since the VA fired him.

VA spokesman Goodwin said privacy rules prevent the VA from commenting on personnel issues.

The VA told DeFazio's office that it would provide general updates on the investigation after each trip to Oregon, issue a preliminary report around Thanksgiving and complete a formal report by year's end.

VA employees who want to speak to investigators, but fear retaliation, can call DeFazio's office, 541-465-6732, for help relaying their information while preserving their anonymity, Schoenbach said.

"We're doing that because we've heard from a number of people who said they were too scared to come forward because of fear of losing their jobs," she said.

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2.5 - Great Falls Tribune: Treatment court gives veterans stability, sobriety and a second chance (27 October, Kim Skornogoski, 272k online visitors/mo; Great Falls, MT)

David Belcher returned from the Iraq war broken.

The platoon sergeant suffered a traumatic brain injury when four guys beat him up with a tire iron and suffered from post-traumatic stress after an officer in his command who was a good friend was killed.

He started having seizures and started taking prescription drugs. Depressed and angry, he began drinking and grew more depressed and angry.

"When you're caught up in addiction and caught up in war, your thoughts aren't where you need to be," Belcher said. "A lot of people like to take medication. (Veterans' Administration doctors) had me on methadone for nine years — they had me on a lot of different medications, I could name them all but it's a long list.

"The only thing it did was hurt me in the long run."

At one point, Belcher blacked out only to wake up and discover he had strangled his girlfriend.

Heading to prison to serve nine years of a 35-year sentence, Belcher was called into Judge Greg Pinski's courtroom. The judge offered him the opportunity to avoid jail and instead start an intensive treatment program that required weekly — if not daily — accountability.

Belcher became the first local Veterans Court graduate, a program that has since seen 30 graduates since starting in 2013.

Having overseen the successful adult treatment court, Pinski saw the need to create a separate treatment court for veterans. Veterans have distinctive and intensive counseling needs, but also have additional supports and services through the Veterans' Administration.

According to Justice for Vets, the veterans court arm of the National Association of Drug Court Professionals, one in five veterans has symptoms of a mental health disorder or cognitive impairment. One in six veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom suffer from a substance use issue.

"Military culture is unique, and treatment courts across the world are learning that more culturally-sensitive treatment and programming leads to better outcomes," said Veterans Court Coordinator Andrea Fisher. "Camaraderie among our veteran participants is an important aspect of their recovery. Most veterans are influenced by peers in their support groups, and the newer participants are inspired by those who are working a successful program."

Along with peer support groups, veterans court connects participants with services, requires regular drug testing and provides wraparound support to help veterans end their addictions. During their 18 to 24 months in the program, veterans work to rehabilitate relationships with family members, attend job training or work toward earning degrees or certificates.

"I've been in all kinds of programs, and nothing compares to veterans court" Belcher said. "They can take a guy who's homeless, find him a home, find him a job and get him counseling at the same time."

The program is so successful that none of its graduates have reoffended, whereas two of three people who go to jail commit crimes after they are released.

"These are remarkable success statistics for veterans treatment courts" Pinski said.

"When it currently costs over $40,000 a year to incarcerate a veteran, veterans treatment courts achieve immense success for less than $4,500."

Unlike adult treatment court, recent legislation allows veterans court to accept people charged with misdemeanors and violent crimes. It also was the first in the country to partner with federal courts, to allow veterans charged with federal crimes to transfer their cases to state court so they could take part in the program.

That agreement opens the door to helping veterans from across the region and particularly from area reservations where felonies are federal crimes.

To expand the number of people in the program, Pinski applied for a United Way of Cascade County grant and was awarded $28,000 — one of the largest grants awarded to 33 nonprofit programs this year.

"We could not succeed without United Way's generous support," Pinski said. "United Way allows the veterans treatment court to accept more veterans into the program and provide increased, specialized treatment services."

The United Way grant and new federal grants are allowing the program to expand from 35 to 50 participants.

United Way President Gary Owen said veterans court is a worthwhile investment and one of the most successful strategies in reducing substance abuse, which is one of United Way's goals.

Though Belcher has had setbacks since graduating, he now knows where to go when he needs help and has a support network to help him recover.

He's restored relationships with his children and married his girlfriend, who is moving to Oregon with him so they can be closer to family.

"I had lost my house. I had lost my family. I had lost the love of my life. I even lost my dog. But after veterans court I got everything back.

"I'm a better man today, than I was yesterday or the day before. Because of Vet court I'm able to go on my own and live a normal life."

United Way of Cascade County asks for money once a year. People can give monthly or one-time gifts through our website at www.uwccmt.org or can send donations directly to United Way at PO Box 1343, Great Falls, MT 59403.

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2.6 - Augusta Chronicle: Department of Veteran Affairs partner with local agencies for 10th annual Stand Down event (27 October, Nefeteria Brewster, 240k online visitors/mo; Augusta, GA)

Several veterans were greeted with a handshake and a smile as they lined up outside of the Charlie Norwood VA Medical Center's gymnatorium Friday.

They were among the hundreds of homeless in and around the area who met with employers and other local agencies for the Department of Veterans Affairs' 10th annual Stand Down event.

During the event attendees get assistance on health care and benefits, as well as employment services.

"The resource fair is open to homeless veterans and their partners that might be coming along today," said Mary Cunningham, health care for homeless program director for VA Augusta as lines began to form. "We have a variety of wonderful community support and we have various agencies who are standing in place today to do health screenings, resource identification and for the first time we're going to have three employers on site that are going to hire on the spot."

Bobby Calloway, 71, was one of many looking for a job. The Army veteran said the event is also an outlet for him to socialize with other veterans and get familiar with what the VA offers.

"It gives me something to do," he said. "I don't have a job and really no place to go to communicate and talk with the fellows so I think this is a good thing."

Danny Scott, a 65-year-old Augusta native, used it to follow-up on assistance he received during last year's event at Augusta's downtown VA. Scott, a Vietnam veteran who served in the Air Force for 12 years, said he didn't really need medical assistance. He was seeking help in getting additional furniture for his home.

"I really don't have any living room furniture," he said. "I'm living with someone that's allowing me to live in their house but I live in the living room and I need a couch, a big chair, a table, you know, things for living."

Within it's first hour, volunteers from the Augusta Area chapter of the American Red Cross had handed out most of the 115 hats, gloves and scarves, the majority handmade. Patty Meyer, the agency's regional program manager for services to the Armed Forces, said the annual event provides a way for the community to give back.

"It makes me feel warm inside to give back," she said. "I get where they're coming from and it just makes me feel so great to be able to give back number one, to the homeless, and number two, to the veterans that have given us the lives that we've got."

Leontyne Pipkin, a maternity care coordinator for the Women's Veterans Program, shared similar sentiments. As attendees stopped by to view their table, the coordinator offered them brochures on women's health and the services that the program provides.

"With October being the month for Breast Cancer awareness we're handing out information geared toward that and other services for women's health," Pipkin said. "So I think it is great that we are able to come together (for the event) in the community."

As the event ended, a new operation entitled Operation Reveille launched to place three veterans and their families into a new home. Cunningham said donations will contribute to getting furniture, cleaning supplies and food for the homes.

"It was started in some pretty larger cities and part of the homeless program was people share ideas and so last year I ran a home for the holidays campaign and we started in July and we were targeting 20 veterans to be moved in by Veterans Day but we actually did 32, and that was great but you know they still needed stuff," she said. "So this year we want more than an apartment. We want to fill up, like, they're finally home."

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2.7 - Star-Gazette (VIDEO): Accused fentanyl 'runner' at Bath VA hospital faces federal drug charge (27 October, Anthony Borrelli, 188k online visitors/mo; Elmira, NY)

In February, two non-fatal fentanyl overdoses during one weekend at a U.S. Veterans Administration hospital in Steuben County sparked a federal investigation.

The overdose patients were questioned by investigators, who say the patients' fellow resident at the facility's substance abuse treatment program, Matthew Helmer, had allegedly provided the drugs.

The U.S. Attorney's Office has charged Helmer, 34, from Hyde Park, with a felony count of possession with intent to distribute a controlled substance in connection with the fentanyl case, according to documents filed Oct. 6 in federal court for the Western District of New York.

Helmer has been granted conditional release, pending further court proceedings. According to court documents, prosecutors allege he acted as a "runner" to purchase fentanyl for a group of veterans at the VA Medical Center in Bath.

The Bath medical center is mostly an outpatient facility, with a capacity of 440 beds, and it provides services to an estimated 12,000 veterans.

Fentanyl is a hospital-grade synthetic opioid that is cheaper on the street and many times more potent than heroin. Legally, it can be used to treat acute pain for cancer patients but the street version is often hidden in counterfeit pills or mixed with heroin without the buyer's knowledge, according to the U.S. Drug Enforcement Administration

Federal prosecutors in Western New York have made multiple arrests recently in connection with illegal trafficking of fentanyl. Some investigations sprung from overdoses, while other cases revealed connections to previous overdoses.

How a deadly fentanyl overdose in Elmira built into federal charges against two men
The non-fatal overdoses in Bath occurred Feb. 4; one of them happened around 1:45 p.m. that day, court records said.

Emergency medical personnel administered Narcan on the patient, who regained consciousness and told officials he had injected himself with fentanyl.

From an interview with one of the overdose patients at the Bath VA facility, according to court records, investigators estimated he had injected himself with about 12 bags of fentanyl in a 24-hour period between Feb. 3 and Feb. 4.

On Feb. 5, a Bath VA police sergeant questioned Helmer about the suspected drug activity and Helmer became so combative that he had to be placed in handcuffs, according to court records.

That same day, a federal investigator questioned Helmer about the overdoses at the facility.

"Helmer said that he knew that (the patients) ...overdosed and were currently in the hospital," reported U.S. Department of Veterans Affairs Special Agent Christopher Barlow in court documents.

"Helmer said that he had no idea where either of them had acquired drugs or who would have brought them onto VA property," Barlow also reported. "Helmer said all he really knew about was veterans selling cigarettes to each other."

When questioned about drug paraphernalia found in his room, Helmer told police he used syringes to inject heroin, but he though he had discarded the items before arriving at the facility for treatment three to four weeks earlier.

According to court documents, Helmer described heroin as his "drug of choice."

Witnesses at the VA told investigators Helmer had provided them with fentanyl, according to court records, but the source of the drugs remained undisclosed.

Drug paraphernalia was recovered at some patients' rooms in the facility, records said. In one room, a fentanyl wrapper and a used syringe were among the items found.

Investigators said Helmer was allegedly obtaining fentanyl from the Buffalo and Syracuse areas.

Helmer denied in statements to police that he had ever left the VA facility. But court records said investigators traced his travels and learned his 2003 Infinity Q45 sedan had taken Thruway exists on Feb. 1, passing through toll plazas.

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2.8 - The News-Review: Investigators to visit VA, conduct interviews (27 October, Carisa Cegavske, 160k online visitors/mo; Roseburg, OR)

A team of investigators from the Veterans Affairs Office of the Medical Inspector will visit the Roseburg Veterans Affairs Medical Center and the Roseburg VA's Eugene clinic next week.

The VA agreed to send the investigators following pressure from U.S. Rep. Peter DeFazio, D-Springfield. DeFazio testified before Congress two weeks ago that whistle-blowers continue to face retaliation at the VA.

According to a spokeswoman for DeFazio, the investigators will be looking into a range of issues, including medical care, personnel issues and retaliation. The investigators want to talk to any staff members who have concerns, and have told DeFazio they will listen objectively and maintain the anonymity of those who meet with them.

For any staff members who don't feel comfortable going through official channels at the VA, DeFazio's office will facilitate a way for people to speak to investigators while protecting their identity. Contact DeFazio's Eugene office at 541-465-6732, or call toll free, 800-944-9603.

The Roseburg VA was in the news two weeks ago, after DeFazio made the VA's firing of Eugene surgeon Scott Russi the centerpiece of testimony in favor of the Dr. Chris Kirkpatrick Whistleblower Protection Act of 2017. Nationwide, the VA has the largest percentage — 35 percent — of such complaints of any federal agency. DeFazio has said he believes the culture of the VA needs to change at the management level.

The act outlines mandatory punishments for supervisors who retaliate against whistle-blowers. On the first offense, they are to be suspended for at least three days. On the second, they're fired.

The Roseburg VA has said it fully supports the whistle-blower act.

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2.9 - FEDWeek: Bill Would Protect Vets From Scammers (27 October, 51k online visitors/mo; Glen Allen, VA)

Veterans who are elderly or on the lower end of the income spectrum would have greater protection from unscrupulous persons or businesses, under a proposed law now pending before the House. Under H.R. 3122, the Department of Veterans Affairs (VA) would be required to

reach out to state and other federal agencies to craft a plan to protect these veterans from scammers.

Specifically, the legislation focuses upon enhancement of VA's existing Aid and Attendance (A&A) benefit, under which veterans who get in-home care or are in assisted living can receive financial help and counseling. The bill would take aim at scammers who have been targeting veterans who receive the counseling. According to the measure's sponsor, Rep. Matt Cartwright, D-Pa., some of these veterans have been targeted by persons who charged them fees to obtain these benefits. In some cases, the predators have been able to take control of these veterans' assets and move them into irrevocable trusts or annuities. Veterans who are taken in by this activity, in some instances, stand at risk to lose their eligibility to Medicaid or other federal programs.
"Scam artists are turning the well-deserved A&A benefit into a financial nightmare for those who can least afford it. There needs to be greater safeguards for our veterans," said Cartwright.

The bill cleared the House Veterans' Affairs Committee on Oct. 18.

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3. Access to Healthcare

3.1 - Omaha World-Herald: Secret waitlist delayed care for 87 veterans at VA hospital in Omaha, led to departure of 2 employees (28 October, Steve Liewer and Joseph Morton, 2.1M online visitors/mo; Omaha, NE)

An unauthorized waiting list for psychotherapy appointments at Omaha's VA hospital delayed care for 87 veterans this year and led to the departures of two employees, Department of Veterans Affairs officials said Friday.

Letters addressed to Iowa Sens. Joni Ernst and Chuck Grassley and Nebraska Sen. Ben Sasse — all Republicans — blamed the unauthorized list on "training deficiencies" involving the hospital's medical support assistants, who were said to be improperly managing the VA's electronic waiting list following rules changes in 2016.

"The management of these psychotherapy referrals during the spring 2017 time frame was handled poorly and did not meet the standards of our VA Health Care System," said an unsigned response to questions posed by Sasse.

Separate letters from VA Secretary David Shulkin to the three senators said the affected veterans did receive other types of treatment while their names were on the list, including substance-abuse treatment, inpatient treatment and counseling through primary care or Veteran's Center clinics.

It did not say whether any of the veterans were told about the delays.

The VA's response to Sasse also said that although no employees were fired, one employee who was involved retired and another resigned. And it said no bonuses were paid based upon performance data implicated in the investigation of the secret lists.

AMERICAN OVERSIGHT

It also said that an investigation is continuing into whether more lower-ranking employees in the VA's Nebraska-Western Iowa Health Care System were responsible. That should be completed by the end of the month.

"Appropriate disciplinary action will be taken if warranted," Shulkin said in his letters.

The unauthorized list came to light following a story published Oct. 15 in The World-Herald, based on redacted documents obtained using the Freedom of Information Act. VA officials declined to answer clarifying questions posed by the newspaper. But the three senators cited that story in letters the following week demanding answers from Shulkin.

The unauthorized waiting list echoed a nationwide scandal in 2014 at the VA Medical Center in Phoenix, which showed that veterans there were dying while waiting months for medical care on lists that were kept secret.

The secret list dodged requirements issued by the VA in July 2016 setting strict rules for establishing and maintaining waiting lists, according to an Aug. 11 memo from the system's compliance officer to Nebraska-Western Iowa System Director Don Burman. The compliance officer's audit included two whistleblower complaints made about lists for appointments at the VA's mental health psychotherapy clinic in Omaha.

In a statement to The World-Herald, Rep. Don Bacon, R-Neb., praised the VA.

"Caring for those 'who bore the battle' is one of our most important commitments, and I know this sentiment is shared by the staff at our VA," Bacon said.

"While proper scheduling procedures were not followed at the Mental Health Clinic, the leadership at our VA found the problem, fixed it, and ensured the same errors were not occurring at other areas of the hospital. I commend the vigilance and quick response of Director Burman and his staff. Our VA receives high marks by those who receive care and we all are dedicated to ensuring this continues."

Sasse was more critical, saying in a press release that the entire VA needs to explain the concrete steps it will take to prevent a repeat.

"Without the work of local journalists making Freedom of Information Act requests this audit probably would have stayed in the dark, and that speaks volumes about the need for a top-to-bottom culture of transparency and accountability inside this federal bureaucracy," Sasse said. "This response is just the start and we need to work to make sure that our veterans receive the excellent and timely care they deserve."

In his letter to Sasse, Shulkin praised significant decreases in the average amount of time it takes for "urgent specialist referrals" for veterans seeking mental health care. In Nebraska and western Iowa, he said, that wait has gone from 23.3 days in 2014 to 1.8 days now. He credited a triage system and the addition of same-day mental health services at all clinics for veterans with the greatest need.

Any veteran who can't get an appointment within 30 days is eligible to receive care from a private-sector health care provider through the Veterans Choice program, created by Congress in response to the wait-list scandal.

“Our highest priority in VA for access has been to ensure we meet the urgent health care needs of the Veterans whom we service in a timely manner,” Shulkin said.

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3.2 - KPCC-FM (AUDIO): VA still has years to go to finish housing effort in West LA (27 October, Libby Denkmann, 1.1M online visitors/mo; Pasadena, CA)

Paul Ivy jokes that although he never went to combat, serving in the Army taught him plenty.

"I learned how to do a whole lot of things," he said. "I especially learned how to pay attention."

On Friday, Ivy picked up a blanket, some clothes and some lightly used black sneakers provided by nonprofits and volunteers at the 3rd annual "Homeless to Housed Veteran Stand Down" event on the West Los Angeles VA campus.

Ivy was one of hundreds who lined up at the event. "I live right under the 405 bridge over there on Wilshire," he said. "It’s noisy over there but it’s also covered for when it starts raining."

The U.S. Department of Veterans Affairs has begun responding to a legal challenge that it wasn't fully serving veterans like Ivy at its West L.A. campus. Hundreds of homeless veterans trying to access dental care, counseling, and housing vouchers at the Stand Down put the scope of the problem, and how far the VA has to go, into sharp relief.

"We see this campus as being a huge piece to ending veteran homelessness in Los Angeles," said Heidi Marston, the administrative director for community engagement and reintegration services at the West Los Angeles VA Medical Center.

In 2011, a group of disabled and homeless Los Angeles veterans sued VA Secretary Eric Shinseki and the VA Greater Los Angeles Healthcare System, alleging years of neglect and misuse at the West L.A. campus.

Part of the lawsuit targeted leases the VA had engaged in with businesses and organizations that had nothing to do with helping veterans, like a laundry facility for a Marriott hotel, bus parking and a television studio’s set storage. UCLA and the private Brentwood school also had athletic facilities on the campus. A judge declared eleven leases void in 2013.

Then-VA Secretary Robert McDonald reached a settlement with the plaintiffs in 2015. In January of last year, a partnership between the VA and a nonprofit group, Vets Advocacy, released a draft Master Plan to revitalize the campus. That blueprint included 1,200 units of permanent supportive housing, 700 short-term transitional units and a village for women veterans and their children.

Congress approved leasing authority late last year, allowing the VA to collaborate with nonprofits to build more housing and provide services on campus.

To date, the VA has opened 54 units of permanent supportive housing, in the refurbished Building 209, and announced plans for 100 more, once the remodeling of Buildings 205 and 208 is complete.

Marston said the Master Plan is undergoing environmental review, slated to go to public comment in late 2018.

"Once that's completed, things can really start kicking off," she said. "But we have to make sure we've evaluated everything from light to traffic to air quality. We want to do it right the first time, so we don't see delays on the back end."

In June 2017, Vets Advocacy released a report card blasting the VA for what it characterized as slow progress in implementing the West L.A. Master Plan and terminating bad leases.

"Building 209 was an effort that predated the Master Plan," said Jesse Creed, Executive Director of the group. "In our view, those were projects that were always going to happen. The question is whether the VA is seriously committed to not just 154 units, but 1,200 units of homeless housing."

Creed said his organization has opened up negotiations around partnering with L.A. County to utilize Measure H funding for veterans services on the VA campus.

Under the current Master Plan timeline, Creed estimated the first 500 new units of housing will come into service in late 2020.

"We'd like for it to happen more quickly," he said. "We've been concerned that the timeline has changed."

The need for homeless veteran housing and services is greater in Los Angeles than anywhere else in the country. L.A. County's 2017 homeless count found over 4,800 veterans sleeping outside or in emergency shelters. That's a 57 percent jump from last year, and represents by far the largest homeless veteran population the the U.S.

The increase comes in the wake of a federal push to solve the problem of unsheltered vets. In 2009, the Obama Administration announced an effort to end veteran homelessness in the United States within five years.

Local officials all over the country joined the effort, including L.A. Mayor Eric Garcetti, who set a goal of housing every veteran in the city by 2016.

Last year, the U.S. Department of Housing and Urban Development and the VA announced a 47 percent nationwide decline in the number of homeless vets since 2010. States with smaller homeless veteran populations - like Virginia, Connecticut, and Delaware - claimed to have effectively ended veteran homelessness.

In Southern California, Garcetti was forced to walk back his pledge, blaming a surge in newly homeless veterans. Hundreds of local veterans found their vouchers provided through a joint HUD-VA program weren't sufficient to cover sky-high Southern California housing costs.

While outgoing Veterans Affairs Secretary McDonald said earlier this year the VA remained focused on reaching the target of zero homeless veterans, the new secretary, David Shulkin, said in June the department was moving away from that target.

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3.3 - KWWL-TV (VIDEO): Second homeless veterans' home project underway (27 October, MacLeod Hageman, 440k online visitors/mo; Waterloo, IA)

A new project to help veterans get back on their feet is gaining momentum.

What was once a neighborhood of a few abandoned homes is slowly but surely starting to get new life in Waterloo.

Fortunately, it's all for a good cause too.

Board by board, room by room, the home at 414 East Ninth Street will soon be transitional housing for at least four veterans in need.

Americans for Independent Living Founder and Director Tim Combs said the community's support has been tremendous.

"It's overwhelming. It's hard to put into words. The gentlemen living in our first house, a couple of them have jobs now by working and earning an income. Now, it's just working with them at that point to be out on their own," Combs said.

As soon as volunteers got done working on this house to help veterans in need, they started revamping the house next door.

They hope to have this project done by the end of November.

"There's some need for some money right now. We had a pretty good fund last year when we did the first house, and this one here now is just (pay) as we go," Combs said.

Combs said three veterans live in the first house, the second house will hold four veterans, and a third home across the street will be fixed for female veterans.

"We don't hope to have any female veterans come up who are homeless and need a place to go, but we'll have somewhere specific for them," Combs said.

Right now, their biggest concern seems to be paying for these projects, and if you'd like to help, you can click here.

The third home doesn't need any major renovations just yet, and as soon as it's cleaned, they'll be ready to move veterans inside.

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3.4 - Reading Eagle: Veterans Affairs secretary asks for input on solving the opioid crisis (27 October, Ford Turner, 437k online visitors/mo; Reading, PA)

The U.S. Department of Veterans Affairs has developed a formal system for treating chronic pain among veterans that steers away from opioid painkillers and may be a model for the public at large.

That was part of the message delivered on Friday by VA Secretary Dr. David J. Shulkin during a visit to the VA Medical Center in Chester County.

His appearance came one day after President Trump declared the opioid crisis a national public health emergency. Shulkin said the president instructed cabinet members to fan out across the country to talk about the crisis.

“We have to figure out how we together can do something meaningful,” Shulkin told a roundtable discussion group.

Among those seated near him were Pennsylvania politicians, VA doctors, police and Lori Craig, a veteran who told the group she became addicted to opioids after a car crash.

A friend offered her a substance that Craig used without knowing what it was. She later learned it was heroin.

She eventually lost her job, her home and custody of her children. The Coatesville VA Medial Center, she said, helped her get control of her life.

Another veteran, John Kruzel, said he first used OxyContin, a prescription painkiller, to deal with chronic pain. He became addicted, started crushing the pills and snorting the powder.

“It just led me down this rabbit hole,” Kruzel said. “I ended up using everything.”

Coatesville VA staff, he said, embraced him like a family member.

The VA, Shulkin said, has an advantage over the system that treats drug addiction among the general public: It does not have to worry about insurance company reimbursements running out after 10, 20 or 30 days.

“This continuity of care just doesn't exist” for the general population, Shulkin said.

But the VA's approach to dealing with pain could provide a model for the public health system, Shulkin said.

Cognitive behavioral therapy, tai chi, yoga and acupuncture are among the approaches that have been used to treat pain at Coatesville, according to Dr. Frank Mirarchi, a primary care psychologist at the center.

While some veterans may not view them as being as practical as opioid pills, they tend to have longer-lasting benefits.

“All of these modalities have been useful,” he said.

State Sen. Andrew Dinniman, a Chester County Democrat, suggested that Coatesville VA officials meet with counterparts in nearby communities to share successful approaches to the crisis. Carla Sivek, director of the center, agreed there could be “cross pollination.”

VA staffers described widespread availability on their campus of naloxone, a medicine used to reverse the effects of opioid overdoses. Lt. Aaron Heft of the medical center's police service said officers have revived several overdose victims with naloxone.

Kruzel, the veteran, said his brother — also a veteran, having served on submarines — suffered from cancer. Kruzel wondered if the VA had become involved with medical marijuana.

At the federal level, Shulkin said, “It is not legal and we are not even allowed to do research on it.”

However, Shulkin said, the VA is watching states like Pennsylvania, where a medical marijuana program is under development.

“I am very interested in learning from those programs,” he said.

Shulkin noted that some federal leaders have broached the idea of privatizing medical services for veterans.

He said, “Places like Coatesville are the reason why that isn't a good idea.”

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3.5 - Press of Atlantic City: VA searching for new location for Cape May County veterans clinic (27 October, Jack Tomczuk, 319k online visitors/mo; Pleasantville, NJ)

Officials from the U.S. Department of Veterans Affairs have taken the first step in finding a new facility to house the agency’s Cape May County outpatient clinic.

County veterans have long pushed for better health care options locally, and veterans and the VA agree it’s time for an upgrade. The clinic is currently run out of a double-wide trailer on the Coast Guard base in Cape May.

"Our veterans have told us that a more modern facility with an expansion of services is long overdue in Cape May County,” Vince Kane, director of the Wilmington VA Medical Center, which oversees the clinic, said in a statement.

“The Coast Guard have been fantastic hosts, but new space is needed to provide for expansion and modernization of health care services to better coordinate and meet the needs of veterans in southern New Jersey,” Kane said.

Rep. Frank LoBiondo, R-2nd, announced a new clinic was coming during a meeting earlier this month, but a “Sources Sought” notice issued by the VA Monday provides additional details about the facility.

The document says the VA is looking to lease a space no larger than 7,200 square feet with on-site parking for at least 50 vehicles. It also limited the search to an area in the Cape May Court House section of Middle Township.

“The ideal location will be close to public transportation, have plenty of parking and have space where veterans can utilize the clinic as a community resource,” the department said in a statement Thursday.

In recent months, the VA has held feedback sessions, and input from veterans and community members was used to help craft the notice, according to the department. Another feedback session is scheduled for noon Nov. 5 at the American Legion Post in Wildwood.

County resident Maureen Harden-Lozier, who served as a captain in the U.S. Navy Nurse Corps, said veteran advocacy organizations she belongs to were pleased to see the VA moving forward with the project.

“If it’s in Cape May Court House, then that’s centrally located for the county,” said Harden-Lozier, commander of American Legion Post #198 in Cape May Court House.

Not all veterans were optimistic about the plan.

Bill Davenport, who heads the Wildwood chapter of Vietnam Veterans of America, questioned the need for a standalone clinic. He would rather see the VA be integrated more with local health care providers like Cape Regional Health System and AtlantiCare.

“I’m skeptical of the system,” Davenport said. “A lot of people share my opinion.”

The VA recently announced a partnership with AtlantiCare for participation in the Veterans Choice Program. Cape Regional, Shore Medical Center and Inspira Health Network are also part of the program.

However, some veterans say the choice program is complicated. Issues that have been brought up in the past included veterans not getting choice approval, long wait times for paperwork to go through and gaps in communication.

VA officials will be accepting applications in response to the notice for the clinic space until 3 p.m. Nov. 9. The department did not say when it expects to open the new clinic.

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3.6 - KJZZ-FM (AUDIO): Department Of Veterans Affairs Urges Prioritizing New Drugs For PTSD (27 October, Steve Goldstein, 168k online visitors/mo; Tempe, AZ)

Reported cases of post-traumatic stress disorder are increasing, and trends indicate that growth will continue as more military men and women return from overseas service. But treatment help doesn’t appear to be coming quickly.

So far in 2017, six dermatology drugs have been approved by the Food and Drug Administration, but no drug has been approved for treatment of PTSD since 2001. At this point, two drugs — Paxil and Zoloft — have been given FDA approval for PTSD.

The Department of Veterans Affairs created a PTSD Psychopharmacology Working Group, which has issued an urgent plea for the development and approval of new drugs for PTSD as part of a national mental health priority.

Here to talk about it is Dr. John Krystal, director of the Clinical Neuroscience Division at the VA National Center for PTSD.

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3.7 - KMA Land: Shen V-A clinic hosts Wellness Fair Saturday (27 October, Mike Peterson, 138k online visitors/mo; Shenandoah, IA)

KMAland veterans are encouraged to attend a special event focusing on health.

Shenandoah's V-A Clinic in the Orchard Corner's Shopping Center hosts a Wellness Fair Saturday from 9 a.m. to noon. Joyce Portz is a nurse with the Shenandoah clinic. Portz tells KMA News all veterans--whether enrolled in the V-A or not--can attend the wellness fair to learn about the V-A Nebraska-Western Iowa Health Care System's health care services, eligibility and other resources available to them.

Portz says officials with the V-A's Omaha office will be there to enroll eligible veterans into the system. She says free health screenings and services will also be available at the event.

"We have a dietician in the clinic, so she's going to be there that morning," said Portz. "We also have a mental health provider/social worker, so she's going to be there. From Omaha, we're going to have some nurses come down and help us with the clinic. We have a veteran's advocate coming down from Omaha. Rod Riley--our veteran's service officer in Page County--he'll be there."

More information on the wellness fair is available by calling V-A's Shenandoah clinic at 712-246-0092. Joyce Portz was a recent guest on KMA's "Dean and Friends" program.

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3.8 - Valdosta Daily Times: Clinic 'pinks out' for Breast Cancer Awareness (27 October, 73k online visitors/mo; Valdosta, GA)

Valdosta VA Clinic recently "pinked out" for Breast Cancer Awareness Month.

The clinic shared the following information regarding breast cancer:

Breast cancer is the most common cancer affecting women. Breast cancer can occur at any age, but the risk goes up as people get older. If a person has a family history of breast cancer, the risk of getting breast cancer increases.

•Common signs and symptoms of breast cancer:

•A breast lump or lump under arm

•Red, irritated, painful and swelling breast

•Increase in size or shape of breast

•Dimpling of skin of breast

•Color change of breast

•Nipple discharge that is not breast milk

•Inverted nipple

•Breast feel harder, tender and warm

However with regular screening mammograms detecting breast cancer early, the risk of dying has decreased. The American Cancer Society recommends Woman aged 40 to 54 should get mammograms yearly and those 55 and older should get mammograms every 2 years or can continue yearly screening.

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3.9 - WMDT-TV: New VA clinic opens in Georgetown (27 October, Dani Bozzini, 63k online visitors/mo; Salisbury, MD)

More than 100 people gathered in Georgetown for the grand opening of the new Veteran Administrations outpatient clinic.

Officials say it's a big win for our local veterans and something they've been waiting on for quite some time.

Before this there was a great need for the larger, updated clinic due to the large amount of senior veterans in the area.

The new clinic has 10 primary care exam rooms, eight behavioral health consultation rooms, and three dedicated telehealth rooms.

It's a facility the nurses and staff say allows them to do their job the best they can.

"This is truly a calling for us when we say we are here for the veterans. We're not joking that truly is why we are here, some days it,s a hard job but everyday it is a rewarding job," says Meg-Marie Ryan, nurse manager for the outpatient clinic.

The new facility also has two medical specialties, two clinical procedure rooms, and two dedicated women's health rooms.

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3.10 - New Hampshire Business Review: Giving NH vets better oral health care (27 October, Tom Raffio, 49k online visitors/mo; Manchester, NH)

In the last few months, I became aware that most oral health and dental services for Veterans at the Manchester VA Medical Center have been eliminated. While the reasons are complicated, and there are some exceptions, many veterans who rely on care from the VA were left on their own to find treatment. One way to make our veterans feel appreciated is by making sure they receive the dental care they need.

If businesses, nonprofits and private citizens make this a priority, and work collaboratively, more veterans will improve their oral health, and, because of the well-documented linkages to overall health, the quality of their lives.

With this in mind, I dove into the issue and reached out to some of our terrific member dentists, a good number of whom are veterans themselves. Led by Dr. Mitch Couret of Manchester, a small group of dentists started seeing and treating veterans who needed care, in some cases rather urgently. It’s gratifying to see partners working together to help our military heroes.

It's not my intention to place blame on the compassionate staff at the VA Medical Center, who do their best with limited resources to work through a system that too often gets bogged down. Northeast Delta Dental can be more agile in working to ensure that more veterans are treated, both through our business initiatives and our community giving. For example, we provide financial support to the Easterseals NH Oral Health Center in Manchester.

On Friday, Nov. 10, the Easterseals NH Oral Health Center, at 555 Auburn St., will host a Veterans' Appreciation Day from 8 a.m. to 5 p.m.

Dr. Shannon Farrell of the Oral Health Center, told me that her dad, a veteran who had received two Purple Hearts, passed away recently. Offering free dental treatment both honors her dad and thanks other veterans. Free emergency dental care is available, and free cleanings will be offered as time allows. Appointments are necessary. Call 603-621-3586 to schedule treatment.

As a business, one of the ways we help veterans with their oral health is through the availability of the Veterans Affairs Dental Insurance Program (VADIP), a national dental insurance program for veterans enrolled in VA health care. This program is designed to offer veterans the best value and service available very affordably. Contact me, or someone on our team, to learn more about VADIP.

Please contact me directly if you want to learn more and become more involved in providing oral health services to veterans.

Tom Raffio is president and CEO of Northeast Delta Dental in Concord.

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3.11 - Wisconsin State Journal: $2.3 million settlement reached in death of former Marine at Tomah VA (27 October, Ed Treleven, 18k online visitors/mo; Madison, WI)

The federal government has reached a $2.3 million settlement with the family of a former Marine who died from a drug overdose in 2014 at the Tomah Veterans Affairs Medical Center, which would bring to a close the family's wrongful death lawsuit against the government.

The settlement, set out in court papers filed Friday in U.S. District Court in Madison, would provide about $1.65 million upfront to the widow and daughter of Jason Simcakoski, of Stevens Point, who was 35 when he died on Aug. 30, 2014, at the Short Stay Mental Health Recovery Unit in the Tomah VA's Community Living Center.

Some of that money, up to $586,000, would pay attorney fees and expenses.

The remaining $659,100 would be set up in annuities for Simcakoski's widow, Heather Simcakoski, and their daughter, Anaya.

Because the settlement involves a minor, it must be approved by U.S. District Judge James Peterson. A hearing on the settlement will be held Wednesday, when Peterson is expected to hear from a guardian ad litem appointed for Anaya Simcakoski about the reasonableness of the settlement, and how it is to be managed for the girl.

The family sued the government in August 2016, nearly a year after filing a claim against the VA that went unanswered. The lawsuit states that the VA had told the family that it intended to take full responsibility for Simcakoski's death.

The settlement agreement states that the settlement "should not be construed as an admission of liability or fault on the part of the United States, its agents, servants or employees, and it is specifically denied that they are liable to the plaintiffs."

Instead, the settlement is a compromise of disputed claims, the document states, done to avoid the expenses and risks of further litigation.

Simcakoski's death led to the firing of the Tomah VA's chief of staff, Dr. David Houlihan. Earlier this month, the former head of the medical center, Mario DeSanctis, was allowed to resign, with a $163,000 settlement, after negotiations that followed his firing in 2015.

The Tomah VA came under fire in 2015 after an Inspector General's report, released after Simcakoski's death, found that opioid painkillers were being overprescribed by doctors at the medical center, earning it the nickname "Candy Land."

Simcakoski, who was honorably discharged from the Marines in 2002, had been treated at VA facilities from 2006 to 2014 for a variety of conditions, and was admitted to the Tomah VA's Acute Psychiatric Unit on Aug. 10, 2014, then transferred to the Short Stay unit.

He was prescribed drugs there to treat his pain, including Suboxone. The morning of Aug. 30, 2014, he was so sedated he could barely speak, his family said, and later that afternoon was found unresponsive. He died after life-saving attempts were made, although they were not started for about 10 minutes after he was found.

The Monroe County Medical Examiner's Office said Simcakoski died from mixed drug toxicity. A review by the VA Office of Inspector General found that doctors who prescribed opioid drugs to Simcakoski failed to talk with him about the risks of the treatment, and noted delays in the start of CPR to Simcakoski and the lack of medication at the Tomah VA to reverse drug overdoses.

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3.12 - KODI-AM: VETERANS CHOICE PROGRAM IS FAILING OUR SOLDIERS (27 October; Cody, WY)

Veterans aren't getting the assistance that they need through the Veterans Choice Program – and Wyoming Senator Mike Enzi is calling for a review of, and improvements to, the program.

During a speech on the Senate floor yesterday, Enzi noted that he has not only heard concerns from veterans in need of care, but also from providers who have been unable to get reimbursed for medical services. According to Enzi, this means some doctors and facilities have ended their participation in VA Choice because it is taking too long to get reimbursed or they are unable to get reimbursed at all.

ENZI VETERANS CHOICE

Enzi said he is working with the Senate Veterans' Affairs Committee to make sure that any new version of community care for our veterans takes into account the unique challenges that rural and frontier health care networks face.

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4. Women Veterans

4.1 - Las Vegas Optic: Women veterans dental program open in Las Vegas (26 October, 32k online visitors/mo; Las Vegas, NV)

The statewide New Mexico Women Veterans Smile Program is available for women veterans in Las Vegas. The program, begun by civilian volunteers and funded by the NM Beverage Association, has served more than 15 women veterans.

Dental Association Foundation Executive Director Linda Paul said the program is looking for more women veterans from around the state. The Veterans Administration does not provide dental services to veterans unless they are 100 percent disabled or wounded in service.

Some women veterans had not been to a dentist for years.

Many dentists from around the state agreed to provide the services, including in Las Vegas. This care is donated by generous dentists in their own offices.

Each patient receives a once in a lifetime benefit of a complete treatment plan that average $3,200 per case in donated care. The patient is not charged for this care.

Funding is provided by the New Mexico Beverage Association.

To apply, please go to www.nmdentalfoundation.org, click on donated dental services, print the completed application form and mail to Donated Dental Services, PO Box 16854, Albuquerque, N.M., 87191. If you need help with the application, call Judy Quintana at 505-306-3756.

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5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

7.1 - EconoTimes: Memphis VAMC Seeks Laundry and Linen Services Provider (27 October, 158k online visitors/mo)

The Memphis Veterans Administration (VA) Medical Center and three outpatient clinics -- two in Memphis one in Jackson, Tennessee -- require a contractor to provide laundry and linen services, according to a sources sought notice the agency released on Friday, October 27.

These services, according to the notice, include furnishing the physical laundry plant (at an off-site location), all providing all labor, supervision, management, management support, supplies, communized linen and textile items, ancillary equipment, vehicles, and materials necessary.

The notice also spells out in more detail what the contractor who receives the contract can expect. These services will include:

- Processing all soiled linens, uniforms, patient clothing, mops, etc.
- Finish and deliver the linens, uniforms, patient clothing, mops, etc. to the Medical Center and the affiliated Outpatient Clinics
- Conduct scheduled visits to each facility for linen utilization reviews, inventories, establishing and revising linen quotas, and providing in-service and an on-line linen ordering system (electronically
- Provide workmanship in accordance with practices/guidelines established by the National Association of Institutional Linen Management (NAILM), International Fabricare Institute (IFI), Textile Rental Services Association (TRSA), and accepted industry standards
- Perform all work under sanitary conditions as specified by the Joint Commission of Accreditation of Healthcare Organizations (JCAHO)
- Maintain positive air pressure in the clean section relative to a negative air pressure in the soiled section via physical separation, through the presence of a barrier wall and the use of pass-through equipment
- Incorporate, in the Laundry Plant layout/design, a design for asepsis, whereby clean linen neither comes into contact with soiled linens nor shares the same physical space, thus avoiding cross-contamination and/or reintroduction of bacteria once processed
- Allow government representatives access to inspect plants in which the work is done shall be open to inspection of sanitary conditions by Government representatives
- Assign an on-site manager at their laundry processing plant who shall be physically present during prescribed work hours and be certified by Association for Linen Management
- Have in place a Quality Control program to assure that the requirements of the contract are provided as specified

According to the VA, the estimated total pounds of standard and non-standard items is 1.3 million pounds per year of clean linen.

The VA intends to award the contract to a certified small business contractor. The Small Business Size Standard is $32.5 million, and the North American Industry Classification System (NAICS) Code associated with the acquisition is 812331 Linen Supply.

According to the notice, the VA is contemplating awarding this requirement as a base year with four option years, and anticipates the contract starting on January 1, 2018.

Businesses interested in bidding on and receiving contracts from the government must be registered with the System for Award Management (SAM) database and have as part of the Registration all current Representations and Certifications.

US Federal Contractor Registration, the world's largest third-party government registration firm, and a firm that not only helps companies survive but also thrive, completes the required Registrations on behalf of its clients. It also makes available information about opportunities like this, as well as training on how to locate, research, and respond to opportunities.

We also make available for our clients and for contracting officers our proprietary Advanced Federal Procurement Data Search (AFPDS). Our Advanced Federal Procurement Data Search (AFPDS) gives you in one place instant bid notifications, bid proposal prospecting, and information about government procurement officers. We make this search tool available to clients, as part of our commitment to helping each and every USFCR client succeed and thrive as a government contractor.

For contracting officers, the AFPDS gives them in one place access to a database of available contractors and also a place to post information about opportunities. Contracting officers get free access to AFPDS. We also provide interested contracting officers a list of contractors who may be able to provide a service and/or product that they need.

For more information, to get started with a SAM registration, to learn more about how US Federal Contractor Registration can help your business succeed, to find out how we can help you complete the processes necessary to become certified as one or more types of small business(es), earning HUBZone certification from the SBA, and/or to speak with our federal training specialists about how to craft a memorable proposal, call 877-252-2700, ext. 1.

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7.2 - FCW.com: Cerner looks to government for growth (27 October, Adam Mazmanian, 189k online visitors/mo; Vienna, VA)

Electronic health record provider Cerner is looking to capitalize on a streak of successes in the government market. On an Oct. 26 earnings call, President Zane Burke said that the company was "in the early stages of government business contributing to our growth."

Cerner's government presence has been increasing since winning a $4.3 billion contract to replace a group of separate, siloed legacy systems across the Department of Defense. On Oct. 23, the Military Health System announced that the Cerner solution, called MHS Genesis (with Leidos as the prime contractor and integrator), went live at Madigan Army Medical Center in Washington state.

In June, Department of Veterans Affairs Secretary David Shulkin announced the sole-source selection of Cerner to replace its Vista health records system, citing interoperability with the new DOD system as a driving reason behind not putting the contract out for competition. Recently a federal judge threw out a legal challenge to the planned deal, setting a stage for an award.

The infrastructure at VA around the Vista replacement is also starting to take shape. In late September, VA awarded Booz Allen a task order worth a maximum of $750 million to provide program management, administrative and technical support to the program office charged with managing the Vista replacement and the Cerner integration.

On the earnings call, Burke said that Cerner was poised to pursue other government electronic health record opportunities at the Bureau of Prisons, the Coast Guard and the Indian Health Service as well as with state-level Medicaid programs.

The Indian Health Service is currently a user of the Vista system. The Coast Guard is in the midst of procuring a new system after a failed effort to implement Epic, the leading commercial health software provider. The Bureau of Prisons conducted market research for a replacement health record system in 2014 but apparently never followed up with a solicitation.

"That market has become wide open," said Roger Baker, formerly CIO at VA and a consultant with Cerner on the Vista replacement. "I would look at the National Institutes of Health and some other places with potential. Cerner's in a great position for those deals," Baker said.

A report in Politico's Morning eHealth indicated that a VA-Cerner deal could be coming in the first half of November. It's not clear how much the initial contract will cover, but current estimates peg the value of the deal at $18 billion. FCW has been told in the past that the total cost could exceed $16 billion. Burke said on the earnings call that he was expecting a contract by the end of 2017.

That sounds like it dwarfs the DOD spend, but the $4.3 billion for MHS Genesis is just a down payment. Baker said that the DOD contract could wind up costing the Pentagon north of $10 billion, when collateral spending and additions to that contract that have been awarded or are in the pipeline.

On the investor call, Cerner executives wouldn't say what they expect their profit margins to be on the government business. Burke did, however, address concerns that the VA implementation would be the first time Cerner has been a prime contractor in a large government deal.

"While we haven't necessarily been a federal prime contractor, we've been the prime contractor on many, many large implementations. And so, from that perspective, this is not something that's out of the ordinary for us to think about managing and having expertise around managing very large implementations with a number of third parties," Burke said.

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8. Other

8.1 - Rapid City Journal: VA plans Vietnam vet event (27 October, 313k online visitors/mo; Rapid City, SD)

The Department of Veterans Affairs Black Hills Health Care System will honor the service, sacrifice and enduring achievements of Vietnam veterans during a Vietnam War Commemoration 50th Anniversary event.

Ceremonies will be at noon Wednesday at TREA, 1981 Centre St., in Rapid City. The event will commemorate Vietnam War veterans and each Vietnam veteran will receive a Vietnam veteran lapel pin during a pinning ceremony, according to a release. Remarks will be presented as well.

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8.2 - The Reporter: Sacramento Valley National Cemetery gets new director (27 October, Kimberly K. Fu, 67k online visitors/mo; Vacaville, CA)

For the second time this year, Sacramento Valley National Cemetery in Dixon has a new director.

James L. Mitchum has been on duty for about a week, officials said Friday.

He replaces Michael Henshaw, who was named in January and retired two months ago, officials said.

Mitchum graduated from the National Cemetery Association's Cemetery Director Intern Program in 2015.

He most recently was the director of South Florida National Cemetery in Lake Worth, Fla. Prior to that, he served as assistant director of Tahoma National Cemetery in Kent, Wash.

From 2010 to 2014, Mitchum was a civilian human resources specialist at Army headquarters, United States Army Europe, Wiesbaden, Germany. He provided policy interpretation and services to all major Army units in Europe.

From 2008 to 2010, he worked for United States Africa Command in Stuttgart, Germany. He served as the command's first Military and Civilian Awards Action Officer and was promoted to administrative officer to supervise a joint staff representing all U.S. military branches, civilians and contractors.

Mitchum also worked as a computer operations team leader for both the British-American Tobacco Company and Pfizer Pharmaceutical in the United Kingdom.

He served for 25 years in the Army. He served in support of Operation Restore Hope/Continue Hope and deployed to Mogadishu, Somalia in 1993 as the area director for the Military Affiliated Radio System. He retired from active duty as a master sergeant in 2008.

He also maintained membership in the Army Reserve from 1995 to 1999.

He earned an associate degree in Management Studies from the University of Maryland and a Bachelor of Science in Liberal Studies from Excelsior College in New York.

For more information about Sacramento Valley National Cemetery, call 693-2460 or visit www.cem.va.gov/cems/nchp/sacramento.

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Subject: [EXTERNAL] 25 October Veterans Affairs Media Summary and News Clips
Date: Wed Oct 25 2017 04:13:13 CDT
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171025_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

25 October 2017

1. Top Stories

1.1 - Fox Business (VIDEO): Veteran suicide rates continue to climb (23 October, 10.8M online visitors/mo; New York, NY)
Veterans Affairs Secretary David Shulkin on the increased suicide rate among veterans and the opioid epidemic.

Hyperlink to Above

1.2 - Fox Business (VIDEO): VA has improved since Trump took office: David Shulkin (23 October, 10.8M online visitors/mo; New York, NY)
Veterans Affairs Secretary David Shulkin on how the Veteran Affairs Department has changed since President Trump took office.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - Daily Herald: Talk to explain aging brain to veterans in Naperville (23 October, Marie Wilson, 1.5M online visitors/mo; Arlington Heights, IL)
The effects of aging on the body are obvious, but the process of getting older can be just as transformative, if not more so, on the mind. A free program for veterans and their caregivers Thursday in Naperville aims to explain the cognitive changes that come with normal aging and the concerning shifts that can signal something is wrong.

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2.2 - WAGA-TV: VA workers in Atlanta rally to fill vacant positions (24 October, 1.2 online visitors/mo; Atlanta, GA)
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2.3 - The Journal Gazette: Banks' proposal would assess performance of VA crisis hotline (24 October, Brian Francisco, 797k online visitors/mo; Fort Wayne, IN)
U.S. Rep. Jim Banks proposed legislation Tuesday that would require the Department of Veterans Affairs to measure the effectiveness of its crisis hotline. "We must ensure that our veterans know that they are not alone after the phone call," Banks, R-3rd, said at a hearing of the House Veterans' Affairs Committee, of which he is a member.

Hyperlink to Above

2.4 - WEAU-TV (VIDEO): Wisconsin GI Bill expands benefit eligibility (24 October, Brooke Schwieters, 276k online visitors/mo; Eau Claire, WI)
Under a recent change by the Wisconsin Department of Veterans Affairs, more veterans' loved ones will be eligible for education benefits. In the past, Wisconsin GI Bill benefits for spouses

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and children were limited based on Wisconsin residency, but with a recent expansion of the bill, local colleges will be able to serve more veterans and their family's educational needs.

Hyperlink to Above

2.5 - Concord Monitor: Controversial co-chairman ousted from VA task force (24 October, Ethan DeWitt, 164k online visitors/mo; Concord, NH)
A top official on a key Veterans Affairs task force was removed from his position Tuesday, after mounting complaints alleging a history of negligent oversight of the VA facility in Manchester. Michael Mayo-Smith, network director of the New England VA system, was removed as co-chairman of the VA New Hampshire Vision 2025 Task Force and is no longer a sitting member, a Veterans Affairs spokesman said Tuesday.

Hyperlink to Above

2.6 - The Enterprise: VA finalizes plan to demote Brockton man for Facebook post (24 October, Marc Larocque, 20k online visitors/mo; Brockton, MA)
The Brockton man who was embroiled in controversy for a social media comment, directed at Patriots players kneeling during the national anthem, was officially demoted on Monday from his leadership position at the VA Providence Regional Benefit Office. Stephen Pina of Brockton, who was the manager of the regional veterans benefits center in downtown Providence, made an online remark underneath a Boston 25 news Facebook post showing a picture of kneeling members of the New England Patriots on Sept. 24. His comments directed toward the kneeling players, who were predominantly African-American, were later widely panned as either racist or racially insensitive.

Hyperlink to Above

2.7 - SOFREP.com: Another level of waste and oversight at the Department of Veterans Affairs (24 October, Nick Coffman)
The words waste and oversight have become synonymous with the Department of Veterans Affairs (VA), particularly in recent years. In spite of the irrefutable evidence that pins the reported ownership and reckless mismanagement of billions of American taxpayer dollars on senior leaders within the VA, the organization shows no sign of changing course. Each ousted departmental leader seems to be replaced with one just as incompetent.

Hyperlink to Above

3. Access to Healthcare

3.1 - ABC News (AP): VA touts private health care for vets but cost issues linger (24 October, Hope Yen, 24M online visitors/mo)
Veterans Affairs Secretary David Shulkin touted an overhaul plan Tuesday to give veterans even wider access to outside doctors than under its troubled Choice health care program, stressing ties with the private sector even while acknowledging key questions of rising cost and sharing of medical records were still unresolved.

Hyperlink to Above

3.2 - U.S. News & World Report (AP): Missouri WWII Vet Gets Benefits for Mustard Gas Claim (24 October, 24M online visitors/mo)
A World War II veteran who says he was exposed to mustard gas experiments at a former southwest Missouri military camp has been awarded federal benefits. Missouri U.S. Sen. Claire McCaskill announced on Monday that the Department of Veterans Affairs is granting Arla Harrell monthly benefits. He's also getting back-benefits from the time his family first applied for aid in 1991.

Hyperlink to Above

3.3 - PBS NewsHour: How a wounded combat veteran and his wife struggled to make a family (24 October, William Brangham, 5.5M online visitors/mo; Arlington, VA)

Jason and Rachel Hallett were eighth-grade sweethearts in Colorado, but their early romance didn't last. Her parents didn't approve, and so the teens went their separate ways. But nearly a decade later, Rachel heard from Jason again on Facebook. "He sends me this friend request a couple years after I had kinda given up," she says. "And when I saw what had happened, I just started crying."

Hyperlink to Above

3.4 - Stars & Stripes: House considers major changes to VA health care (24 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
Department of Veterans Affairs Secretary David Shulkin argued Tuesday that a House plan for veterans' health care was too restrictive and wouldn't offer enough veterans the choice of private-sector care. House lawmakers and VA officials hashed out details Tuesday of two proposals outlining major changes to the VA's community care programs. Both would effectively end the Veterans Choice Program that was created in 2014 following the VA wait-time scandal to extend VA care into the private sector. The plans do away with a rule that allows veterans to seek private sector care when they are forced to wait more than 30 days for an appointment or live more than 40 miles driving distance from a VA facility.

Hyperlink to Above

3.5 - Law360: Md. VA Facility's Opioid Treatment Lacking, Report Says (24 October, Emma Cueto, 1.5M online visitors/mo; New York, NY)
A Baltimore Department of Veterans Affairs hospital needs to improve oversight and quality control for one of its opioid dependence treatment programs, according to a report from the VA's Office of the Inspector General.

Hyperlink to Above

3.6 - American Legion: Legion commends VA's draft proposal of CARE Act (19 October, 1.3M online visitors/mo)
In an effort to improve veterans' experiences with and access to health care, the U.S. Department of Veterans Affairs (VA) announced on Oct. 16 that it has released the draft proposal of its Veterans Coordinated Access and Rewarding Experiences (CARE) Act to Congress. According to the VA news release, the bill aims to clarify and simplify eligibility requirements, set the framework for VA to continue to build a high-performing network, streamline clinical and administrative processes, implement new care coordination support for veterans, and merge and modernize community care programs.

Hyperlink to Above

3.7 - WFED-AM: Funding for a new veterans choice program remains the big, unresolved question for VA (24 October, Nicole Ogrysko, 854k online visitors/mo; Washington, DC)
Debate over the future of the Veterans Choice Program began in earnest Tuesday, as the Veterans Affairs Secretary David Shulkin and House VA Committee Chairman Phil Roe (R-Tenn.) presented their respective proposals to make community care programs permanent. Shulkin's proposal, called the Veterans Coordinated Access and Rewarding Experiences (CARE) Act, would streamline VA's seven disparate community care programs into one. It would eliminate the 40-mile/30-day requirement that veterans must currently meet to be eligible to receive care from a private sector provider.

Hyperlink to Above

3.8 - Becker's Hospital Review: VA finalizes site for replacement $925M hospital, ending years of debate (24 October, Alia Paavola, 441k online visitors/mo; Glencoe, IL)
The U.S. Department of Veterans Affairs selected a new site for its approximately $925 million replacement hospital in Louisville, Ky., according to the Insider Louisville. On Friday, VA Secretary David Shulkin, MD, signed off on the location — 35 acres on the east side of Louisville — ending more than a decade of reviews and debate over the controversial site.

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3.9 - Independent Record: Veterans call program to get health care with civilian doctors 'a disaster,' broken (24 October, Holly K. Michels, 276k online visitors/mo; Helena, MT)
Veterans from around the state expressed frustration over the Veterans Choice program, meant to increase access to health care, during a listening session in Helena on Monday night. Nearly 50 veterans came to American Legion Post No. 2 to talk about their experiences with Veterans Affairs Department health care. The town hall is one of about a dozen the Legion will hold around the country this year to gather feedback to share with state congressional delegations and VA officials.

Hyperlink to Above

3.10 - Construction Dive: VA plans $925M hospital in Louisville, KY (24 October, Laurie Cowin, 60k online visitors/mo; Washington, DC)
Dive Brief: The Department of Veterans Affairs has chosen a 35-acre site east of downtown Louisville, KY, for a new $925 million, 104-bed hospital. The VA anticipates design will be complete in 2018, but a construction timeline has yet to be finalized, the Bowling Green Daily News reported. In response to resident concerns about increased traffic congestion, the VA has said it is vying for transportation upgrades, such as widening roads around the development. The hospital serves 35 counties in Kentucky, in addition to residents in southern Indiana. The finished project, which still must secure Congress' approval to fund its construction, will replace the Robley Rex VA Medical Center, which opened in the 1950s.

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3.11 - KUFM-FM (AUDIO): Veterans Give VA Healthcare Mixed Reviews During Helena Meeting (24 October, Corin Cates-Carny, 41k online visitors/mo; Missoula, MT)

Inside American Legion Post #2 in Helena Monday night, more than 40 veterans took turns sharing stories of using the Veteran Affairs healthcare system, highlighting chronic issues, with the occasional kudos for specialized veteran care. The town hall kicks off a week of closed door meetings between American Legion members and Montana VA leaders to hear updates on the agency and discuss improvements for veteran treatment.

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4. Women Veterans

4.1 - Task and Purpose: It's Time To Address The Staggering Rate Of Suicide Among Servicewomen And Female Vets (24 October, Kate Hendricks Thomas and Kyleanne Hunter, 629k online visitors/mo)
We were both almost statistics; numbers on a page that people use evoke emotions devoid of context. To us, like so many other veterans, suicide isn't a statistic. It's part of our daily lives. Despite appearing "successful," or even "normal" on the outside, there is an almost nagging preoccupation with not belonging. And while we know this reality — both from living it ourselves and being connected in veterans advocacy — when we read the state-by-state breakdown released by the Department of Veterans Affairs in September highlighting suicide statistics, the fact that veteran rates sit 22% higher than civilians is still jarring. And while all deaths are tragic, what drew our eyes immediately — and prompted more than a few pensive moments — was the explosive growth in the suicide numbers for military women.

Hyperlink to Above

5. Appeals Modernization

5.1 - Task and Purpose: Vets May Now Be Able To Get Higher Disability Ratings For Service-Connected Injuries (24 October, Adam Linehan, 629k online visitors/mo)
The U.S. Court of Appeals for Veterans Claims issued a decision last month that could make it easier for veterans with injuries to the back, neck, and joints to obtain higher disability ratings, even in cases where veterans are already receiving disability benefits for such injuries. The recent case, called Sharp v. Shulkin, reviewed the Department of Veterans Affairs' current system for assessing the origin and extent of a veteran's disability and clarified the responsibilities of Compensation and Pension examiners and the Board of Veterans Appeals when it comes to giving an opinion on pain flare-ups caused by musculoskeletal disabilities. The court ultimately ruled that the system was inadequate, because not all C&P examiners consider flare-ups and pain when determining what disability rating a veteran should receive.

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6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

7.1 - Law360: CliniComp Looks To Revive Protest Of VA Health Records Deal (24 October, Daniel Wilson, 1.5M online visitors/mo; New York, NY)

Electronic health records provider CliniComp on Monday appealed a Court of Federal Claims judge's decision to dismiss its challenge to the U.S. Department of Veterans Affairs awarding a massive contract to rival Cerner, a deal CliniComp claims had been improperly awarded without a competitive bidding process.

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7.2 - Healthcare IT News: Cerner EHR project for VA will take 7 to 8 years, Shulkin says (24 October, Jessica Davis, 438k online visitors/mo; Portland, ME)
It will take 18 months for the U.S. Department of Veterans Affairs to launch the new Cerner electronic health record and another seven to eight years to transition the whole legacy EHR system once the contract with Cerner is finalized, VA Secretary David Shulkin, MD, told the House Committee on Veterans' Affairs on Tuesday.

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8. Other

8.1 - Courthouse News: World War II Vet Inks Settlement on Long-Awaited Benefits (24 October, Britain Eakin, 191k online visitors/mo)
Some 70 years after Celestino Almeda helped the United States liberate the Philippines from Japanese occupation, bureaucratic red tape has kept the World War II veteran fighting for recognition of his service. Almeda's long tour finally ended Monday with a settlement on the $15,000 veterans benefit promised by the U.S. Department of Veterans Affairs.

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8.2 - KTUL-TV (VIDEO): Daughters of the American Revolution working to restore Muskogee WWI statue (24 October, Tyler Butler, 195k online visitors/mo; Tulsa, OK)
Since 1925, the "Doughboy" monument has towered over the Muskogee Veterans hospital. In 1983, a picture shows the statue still standing tall, although it looks like the rifle is slightly bent. 2017, the rifle is still bent, the statue standing tall. Some of the luster has been worn away from this valiant soldier, but even still, he's stood the test of time. "The Muskogee Doughboy is in really good shape. Because it's so high up, vandals haven't really gotten to it. And he's in front of a veteran's hospital and they've kept and eye on him.," said Vandelia Graham, chapter regent of the Rev. John Robinson chapter of the Daughters of the American Revolution.

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8.3 - Patch: Morganville Woman Stole $2.8 Million From VA (24 October, Carly Baldwin; Marlboro, NJ)
A Morganville woman who owned a computer training center was sentenced Monday to 24 months in prison for stealing $2.8 million from a program designed to help veterans find employment, Acting U.S. Attorney William E. Fitzpatrick announced. Elizabeth Honig, 52, of Morganville, New Jersey, previously pleaded guilty before U.S. District Judge Peter Sheridan to an information charging her with one count of theft of government funds. Judge Sheridan imposed the sentence today in Trenton federal court. According to documents filed in this case and statements made in court:

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1. Top Stories

1.1 - Fox Business (VIDEO): Veteran suicide rates continue to climb (23 October, 10.8M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin on the increased suicide rate among veterans and the opioid epidemic.

Back to Top

1.2 - Fox Business (VIDEO): VA has improved since Trump took office: David Shulkin (23 October, 10.8M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin on how the Veteran Affairs Department has changed since President Trump took office.

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2. Veteran and Employee Experience

2.1 - Daily Herald: Talk to explain aging brain to veterans in Naperville (23 October, Marie Wilson, 1.5M online visitors/mo; Arlington Heights, IL)

The effects of aging on the body are obvious, but the process of getting older can be just as transformative, if not more so, on the mind.

A free program for veterans and their caregivers Thursday in Naperville aims to explain the cognitive changes that come with normal aging and the concerning shifts that can signal something is wrong.

Doctors from the neuropsychology program at Edward Hines Jr. VA Hospital say they will clear up misconceptions about aging and the brain during the free presentation from 10 a.m. to noon at Judd Kendall VFW Post 3873, 908 W. Jackson Ave.

"They explain it in a way that the average person can understand it," said Mike Barbour, service officer for the Naperville VFW and American Legion. "It's not a bunch of medical jargon."

To start, Dr. Amanda Urban, a neuropsychologist and program manager of the neuropsychology program at Hines, said she explains dementia is not a normal part of growing older.

Some of its symptoms can be caused by underlying conditions, such as high blood pressure, high cholesterol, diabetes, poor sleep, diet, fitness or cardiovascular health. But getting dementia is never a given, and many risk factors are treatable, Urban said.

She and neuropsychology fellows Dr. Monica Stika and Dr. Rachael Ellison will share tips for older adults to maintain their brain health and stay independent. Among them is using "compensatory strategies" to pick up where memory leaves off, such as making lists, setting alarms or using smartphone calendars.

"Using these strategies can empower people to work around cognitive difficulties," Urban said.

Barbour said he attended a presentation of "Understanding the Aging Brain" about a year ago, and he's pleased more than 70 veterans and their caregivers have signed up to attend this time. To register for the free session, call Urban at (708) 202-2682.

"A lot of our veterans are getting to be at the age where you know you forget things. They're thinking, 'Do I have Alzheimer's? Do I have dementia? What is it?'" Barbour said. "What they do here is try to explain what the aging process is: as you age, what will take place? They do a very good job of it. They tend to allay the fears of the veterans and their caregivers."

Urban said the presentation always concludes with a question-and-answer session for veterans to bring up specific concerns. She said she's often asked whether military-related conditions, such as post-traumatic stress or a traumatic brain injury, can increase dementia risk.

"Much like the rest of the population, veterans have many of the common risk factors for dementia," she said. "I tell all veterans and patients there is no one test to determine if you have dementia."

Instead she recommends people visit their primary care doctor if they have concerns.

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2.2 - WAGA-TV: VA workers in Atlanta rally to fill vacant positions (24 October, 1.2 online visitors/mo; Atlanta, GA)

Employees at the Atlanta VA are demanding action on behalf of the patients they treat.

They held a rally Tuesday afternoon at the VA Atlanta Medical Center.

Organizers said low staffing levels are putting patients' safety at risk.

The workers are also demanding that the Department of Veterans' Affairs fills all vacancies immediately.

The employees said veterans deserve the highest quality of care, but can't get that if there is not enough medical staff available.

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2.3 - The Journal Gazette: Banks' proposal would assess performance of VA crisis hotline (24 October, Brian Francisco, 797k online visitors/mo; Fort Wayne, IN)

U.S. Rep. Jim Banks proposed legislation Tuesday that would require the Department of Veterans Affairs to measure the effectiveness of its crisis hotline.

"We must ensure that our veterans know that they are not alone after the phone call," Banks, R-3rd, said at a hearing of the House Veterans' Affairs Committee, of which he is a member.

Banks said the Veterans Crisis Line has received more than 2.3 million calls and 55,000 texts since VA implemented it in 2007. Those calls generated more than 376,000 referrals to VA

suicide prevention coordinators and more than 61,000 dispatches of emergency services, Banks said during the committee's webcast of the hearing.

But VA, he said, lacks a system to gauge "the efficacy of the VCL in preventing future suicide attempts after the initial one is prevented, or in how well it is integrated into the entirety of VA's mental health care services."

Banks' draft legislation would require the agency to collect and analyze data on the role of the crisis line as a conduit to sustained mental health treatment for veterans; whether the line is known to veterans not using VA health care services; whether mental health treatment reduces use of the VCL; and whether there is a link between suicides and the number of times a veteran calls the crisis line. The proposal also would have the agency track whether veterans being treated for physical ailments are also finding care for mental health needs.

Banks, a member of the Navy Reserve, said Tuesday his legislation would have VA examine data from 2014 through 2018. The proposal would stress patient privacy and anonymity during data collection and assessment.

Veterans account for 18 percent of the nation's 40,000 yearly suicides even though they make up just 8 percent of the population, Banks told other members of the committee. He said post-traumatic stress disorder is "a large contributing factor" in veteran suicides.

"Our veterans were vigilant in fighting for our freedoms; we must be vigilant in addressing their needs," said Banks, whose northeast Indiana district includes a VA medical center in Fort Wayne.

The Veterans Crisis Line number is 1-800-273-8255, press 1. The text number is 838255.

Later at Tuesday's hearing, VA Secretary Dr. David Shulkin said during testimony, "Look, our top clinical priority is suicide."

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2.4 - WEAU-TV (VIDEO): Wisconsin GI Bill expands benefit eligibility (24 October, Brooke Schwieters, 276k online visitors/mo; Eau Claire, WI)

Under a recent change by the Wisconsin Department of Veterans Affairs, more veterans' loved ones will be eligible for education benefits.

In the past, Wisconsin GI Bill benefits for spouses and children were limited based on Wisconsin residency, but with a recent expansion of the bill, local colleges will be able to serve more veterans and their family's educational needs.

"For service-connected disabled veterans, a great tool that they can use to help their family become educated is to take advantage of the GI Bill," says Tim Moore Eau Claire County Veterans Services Director.

Legislation set in 2005, the Wisconsin GI Bill awards full college tuition to eligible veterans and their dependents; benefits families only saw if the veteran was a resident of Wisconsin when they entered active service.

But with a recent expansion of the bill, that residency restriction is no longer.

“It's going to open up this benefit for many many more people, because that restriction of having that residency requirement really cut the numbers down,” says Moore. “I think this is really going to enhance what we have to offer veterans here in Wisconsin.”

Chippewa Valley Technical College currently has about 150 students who are receiving veterans' benefits.

In an email, Margo Keys, the Vice President of Student Services says, "The changes to the Wisconsin GI Bill broadens access to education for more veterans, their spouses and dependents and CVTC looks forward to serving their educational needs in the future. The changes honor the service of our veterans and ultimately help serve the employment needs of the area.”

Under the new expansion, for a dependent to qualify for the benefits, the veteran must have served on active duty under honorable conditions, at least a 30 percent service-connected disability rating, have lived in Wisconsin for at least five consecutive years immediately before the start of the semester, and the eligible student must have lived in Wisconsin for at least 5 years before enrollment.

“This is just one step, there's a lot of things that the current administration of Wisconsin department of Veterans Affairs is just really taking a national lead to help out our veterans and their families,” says Moore.

Eau Claire County Veteran Services says applications are currently available. Moore recommends stopping by your local county veteran service office to apply for the expanded eligibility.

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2.5 - Concord Monitor: Controversial co-chairman ousted from VA task force (24 October, Ethan DeWitt, 164k online visitors/mo; Concord, NH)

A top official on a key Veterans Affairs task force was removed from his position Tuesday, after mounting complaints alleging a history of negligent oversight of the VA facility in Manchester.

Michael Mayo-Smith, network director of the New England VA system, was removed as co-chairman of the VA New Hampshire Vision 2025 Task Force and is no longer a sitting member, a Veterans Affairs spokesman said Tuesday.

Mayo-Smith was dismissed by the Executive in Charge of the Veterans Health Administration, Dr. Carolyn Clancy, in a decision made Tuesday, the spokesman, Curt Cashour, said.

Mayo-Smith’s place at the head of a body charged with improving New Hampshire’s VA system after blistering scandals was long criticized by whistleblowers and veterans advocates, who said his leadership position would create a conflict of interest.

In a statement, Clancy made reference to those concerns.

“Dr. Mayo-Smith served the panel well in its initial formation, but as the regional VA medical director, it’s important to have the panel remain independent of his views as it makes recommendations to the Veterans Health Administration on the future of VA health care in New Hampshire,” Clancy said.

Replacing Mayo-Smith as co-chair is Dr. Jennifer Lee, the present Deputy Under Secretary for Health for Policy and Services at the VA, according to Cashour. David Kenney, chairman of the New Hampshire State Veterans Advisory Committee, will remain a co-chair, Cashour said.

Mayo-Smith could not be reached for comment. The VA declined to immediately make Lee available for interview.

The shake-up came after weeks of opposition to Mayo-Smith’s role, and months after an explosive Boston Globe investigation revealed deep-seated problems with the management and operation of Manchester’s VA center.

Among the issues alleged by a group of 11 medical staff at the hospital were unsanitary conditions of surgical instruments, long wait times for treatment and fly-infested operating rooms – facilitated by poor leadership.

Hospital Director Danielle Ocker and Chief of Staff James Schlosser were both removed in the days following the report, but Mayo-Smith remained a target of scorn among veterans advocates.

In an interview Tuesday, Stewart Levenson, the former medical director of the Manchester center and a whistleblower for the Globe story, said Mayo-Smith had failed to act on concerns raised for years before the Globe story was published.

Some complaints were made over emails to Mayo-Smith; others were passed on through Levenson’s direct supervisor, he said. Levenson also raised the issues in person during informal meetings, he added.

When Mayo-Smith was announced as the co-chair of the task force, Levenson and other whistleblowers quickly voiced opposition.

Shulkin initially stood by the choice, with Cashour telling the Union Leader in August that the VA head had “full confidence” in Mayo-Smith’s position as head of the task force.

But the criticism continued to grow, coming to a head at a Sept. 18 field hearing attended by Rep. Annie Kuster and Sen. Maggie Hassan, both Democrats. Many of the speakers called for Mayo-Smith’s ouster, arguing that they wouldn’t be able to trust any findings from a task force with him at the helm.

As frustrations mounted, members of New Hampshire’s congressional delegation also added pressure.

A week after the Sept. 17 field hearing, Kuster called Shulkin and raised her own concern with Mayo-Smith’s role, according to Nick Brown, a spokesman. Kuster suggested Lee as a potential replacement, Brown said.

Sen. Maggie Hassan also spoke with Shulkin directly in recent weeks, pressing him for "a change in leadership," according to a Hassan spokesperson. The senator's office has received calls from veterans representatives asking for Mayo-Smith's removal, the spokesperson added.

Speaking Tuesday, Levenson praised the move as a step in the right direction for the task force.

"When I met with Dr. Shulkin months ago, I pointed out that these lapses in care quality were planted firmly at the feet of Dr. Mayo-Smith," he said. "Hopefully this is taken to heart now."

And Levenson, a Republican candidate for N.H.'s 2nd Congressional District – a seat currently held by Kuster – went further, calling for Mayo-Smith's firing from his present post.

"Hopefully (this move) is a prelude to him being held accountable for his poor leadership at the helm of the New England network," he said.

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2.6 - The Enterprise: VA finalizes plan to demote Brockton man for Facebook post (24 October, Marc Larocque, 20k online visitors/mo; Brockton, MA)

The Brockton man who was embroiled in controversy for a social media comment, directed at Patriots players kneeling during the national anthem, was officially demoted on Monday from his leadership position at the VA Providence Regional Benefit Office.

Stephen Pina of Brockton, who was the manager of the regional veterans benefits center in downtown Providence, made an online remark underneath a Boston 25 news Facebook post showing a picture of kneeling members of the New England Patriots on Sept. 24. His comments directed toward the kneeling players, who were predominantly African-American, were later widely panned as either racist or racially insensitive.

"Turds, your dumbass isn't paid to think about politics....dance monkey dance," Pina wrote in the message.

On Monday, an official at the Department of Veterans Affairs confirmed that Pina would be demoted, after previously proposing the disciplinary action.

"VA does not condone or tolerate such unacceptable and offensive comments from any of our employees," said Curt Cashour, the Washington-based press secretary for the U.S. Department of Veterans Affairs, in a statement to The Enterprise on Monday. "That's why we proposed demoting this employee and removing him from his management/supervisory role. Today, VA issued its final decision in the matter."

Cashour said Pina is being demoted two grades from General Service, schedule 14(GS-14), to GS-12, and the federal agency is removing him from his management/supervisory position. That will mean a cut in Pina's pay. The decision will take effect on Saturday, the press secretary said.

The GS-14 status earned Pina a $120,170 salary from the federal agency, according to public records.

In the aftermath of the controversy surrounding Pina's "monkey" comment, his words were condemned as racist by Brockton officials and organizations like the Brockton Area Branch

NAACP and Mayor Bill Carpenter. The mayor called on Pina to resign from his appointed five-year term as a volunteer member of the Brockton Parks Recreation Commission.

Pina was also called to resign from a coaching role in the city's Pop Warner football league, the Brockton Junior Boxers. The youth football league told The Enterprise that he resigned from that position as well.

Pina called The Enterprise and said that he didn't intend for the comment to be perceived as racist, and he had no expectation that it would be.

"It was not meant to be a racist comment, and if it was taken as such that's regrettable," Pina said. "At heart, it wasn't intentional. ... It wasn't meant to be that way."

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2.7 - SOFREP.com: Another level of waste and oversight at the Department of Veterans Affairs (24 October, Nick Coffman)

The words waste and oversight have become synonymous with the Department of Veterans Affairs (VA), particularly in recent years. In spite of the irrefutable evidence that pins the reported ownership and reckless mismanagement of billions of American taxpayer dollars on senior leaders within the VA, the organization shows no sign of changing course. Each ousted departmental leader seems to be replaced with one just as incompetent.

A current VA employee, who wished to remain anonymous for fear of backlash by the VA, contacted SOFREP with evidence of a new way the department is wasting resources in various medical centers across the country. Eyewitness accounts at the medical center locations where the employee has worked shows that unopened, uncontaminated, and unexpired food and beverage containers are being thrown out in bulk. At one VA location, employees are required to actually open the unopened containers and dump them out into trash cans, while another site only requires that the containers be thrown away without being opened first.

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3. Access to Healthcare

3.1 - ABC News (AP): VA touts private health care for vets but cost issues linger (24 October, Hope Yen, 24M online visitors/mo)

Veterans Affairs Secretary David Shulkin touted an overhaul plan Tuesday to give veterans even wider access to outside doctors than under its troubled Choice health care program, stressing ties with the private sector even while acknowledging key questions of rising cost and sharing of medical records were still unresolved.

Testifying at a House hearing, Shulkin provided new details on the VA's plan to permanently replace the Veterans Choice program. Acknowledging the program would run out of money sooner than expected, he urged Congress to act by year's end to provide stopgap funding and loosen restrictions to ensure timely, quality treatment for veterans when unavailable at VA medical centers.

Veterans should get "more choice in the say of their care," Shulkin told the House Veterans Affairs Committee. "Nobody should feel trapped in the VA system."

Still, faced with repeated questioning from lawmakers, Shulkin conceded that an upgraded VA information technology system needed to reduce delays and ensure a smooth sharing of medical records with outside doctors was still seven to eight years away and that the White House budget office also had yet to approve the costs of its proposal. Major veterans' organizations generally oppose paying for Choice by reducing veterans' disability benefits or with cuts to core VA health programs.

"This program will require offsets," Shulkin said.

His remarks underscored significant change underway at the VA, drawing both praise and consternation after a 2014 wait-time scandal at the Phoenix VA medical center and big campaign promises from President Donald Trump to expand "choice" for veterans.

"Veterans' health care should not be subjected to offsets or pay-fors, and the full burden of providing care for service-disabled veterans needs to be borne by the federal government," said Roscoe Butler, a deputy director for The American Legion, the nation's largest veterans group. He called the initial proposals a "great start" that needed adjustments to protect against erosion of VA medical centers.

Dubbed Veterans CARE, the VA proposal would eliminate Choice's current restrictions that veterans can go outside the VA network only in cases where they had to wait more than 30 days for an appointment or drive more than 40 miles to a facility.

Veterans would get outside referrals based on "clinical need," consulting with VA health providers about their medical problem. The health provider and patient would then jointly decide whether it was best to receive care within the VA or with a private doctor. A veteran could take into account the length of time waiting for a VA appointment, poor performance at the local VA hospital based on department ratings, or if the VA can't provide the service.

Veterans also would be able to access walk-in clinics, such as MinuteClinics, to treat minor illnesses or injury — subject to some new copayments.

The House Veterans Affairs Committee led by Rep. Phil Roe, R-Tenn., is crafting a separate proposal aimed at providing an integrated network of private and VA care. Generally, fewer restrictions for veterans to access private care would mean higher costs to VA.

"We still need to figure out how to pay for all these improvements — which will be no easy or pleasant feat for any of us," Roe said.

During the 2016 campaign, Trump repeatedly pledged to fix the VA by bringing accountability and expanding access to private doctors, criticizing the department as the "most corrupt." In July, he promised to triple the number of veterans "seeing the doctor of their choice."

More than 30 percent of VA appointments are made in the private sector.

Some groups are already drawing political battle lines, with the left-leaning VoteVets and the American Federation of Government Employees warning of privatization and Concerned

Veterans for America, backed by the billionaire conservative Koch brothers, urging that veterans get almost unlimited freedom to see private doctors.

On Tuesday, major organizations including Disabled American Veterans and Veterans of Foreign Wars stressed continued investment in the VA.

The American Legion also urged lawmakers to require a detailed financial accounting each year from VA on Choice, citing the department's past problems in budget planning. Last month, the Associated Press reported that VA had acknowledged money for its Choice program could run out of money sooner than expected despite receiving $2.1 billion in emergency funding in August. Citing the AP report, Sen. John McCain, R-Ariz., introduced bipartisan legislation that would require fuller VA justifications and third-party audit reviews when money falls short.

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3.2 - U.S. News & World Report (AP): Missouri WWII Vet Gets Benefits for Mustard Gas Claim (24 October, 24M online visitors/mo)

A World War II veteran who says he was exposed to mustard gas experiments at a former southwest Missouri military camp has been awarded federal benefits.

Missouri U.S. Sen. Claire McCaskill announced on Monday that the Department of Veterans Affairs is granting Arla Harrell monthly benefits. He's also getting back-benefits from the time his family first applied for aid in 1991.

McCaskill's office says the military tested mustard gas and the blister agent lewisite on about 60,000 veterans, including Harrell. But Harrell had been repeatedly denied disability benefits.

He won benefits after President Donald Trump in August signed legislation requiring the government to reconsider disability benefits denied to those who claim the testing caused health problems.

McCaskill had sponsored that legislation, which later passed as part of another veterans bill.

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3.3 - PBS NewsHour: How a wounded combat veteran and his wife struggled to make a family (24 October, William Brangham, 5.5M online visitors/mo; Arlington, VA)

Jason and Rachel Hallett were eighth-grade sweethearts in Colorado, but their early romance didn’t last. Her parents didn’t approve, and so the teens went their separate ways.

But nearly a decade later, Rachel heard from Jason again on Facebook. “He sends me this friend request a couple years after I had kinda given up,” she says. “And when I saw what had happened, I just started crying.”

What Rachel saw were photos of what a homemade bomb laid by the Taliban had to done to Jason. After 9/11, he’d enlisted in the Marine Corps and, while on patrol in Afghanistan, he stepped on an explosive that destroyed both his legs, most of his right arm, and part of his left hand.

Jason's Facebook request led to phone calls and then to a hospital visit. Their relationship took off. When they were apart, they would video chat late into the night, sometimes falling asleep with the line still open. They'd wake up the next morning and pick up where they'd left off. Soon they were married.

I met Rachel and Jason two years ago when NewsHour producer Quinn Bowman and I were reporting a story about how the U.S. Department of Veterans Affairs wouldn't cover in-vitro fertilization (IVF) for wounded veterans. (Back in the 1990s, Congress had passed a bill that blocked the VA from paying for these services. There were concerns over the costs, which are estimated to be roughly $500 million over five years to cover the approximately 1,800 veterans who might require IVF. Pressure was also reportedly exerted on Congress by anti-abortion groups who disapprove of IVF.)

At the time, Jason and Rachel wanted very much to start a family, but because shrapnel from the explosion remained lodged in his testicles, costly IVF was their only way to get pregnant. The young couple said they could probably afford one IVF attempt, but would need to take out loans if the first try failed.

As we reported in 2015, Senator Patty Murray (D-WA) had introduced a bill to allow the V.A. to cover IVF for wounded veterans, but it never got a full vote in the Senate.

"To me, when someone goes off to fight a war for us, a man or a woman, we have an obligation to make them whole again, as whole as we can," Murray said.

At the time, Jason expressed frustration with Congress' inability to solve this problem. "I don't regret joining the Marine Corps, but the simple fact is that they told us that we'd be taken care of us if we got injured," says Jason. "I guarantee that if it was a Congressman's kid… they would be doing everything they can to make it happen."

Soon after our story aired, a young photographer named Kirsten Leah Bitzer began photographing the Halletts. Two years ago, Bitzer was a photography student looking for a long-term project when she happened to meet Jason and Rachel. The young couple agreed to let Bitzer follow them through the intimate, complicated in-vitro process, as well as Jason's ongoing care at the V.A. As you can see in her series (and in the video below), Bitzer documented the whole emotionally exhausting process, but also showed its triumphant outcome: the birth of their twins, Jason Jr. and Marina.

One additional update: Senator Murray's bill still hasn't come up for a vote, but last December, Congress did authorize the V.A. to pay for IVF services for wounded veterans. That authorization has to be renewed every two years, and Senator Murray continues to push for a more permanent solution.

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3.4 - Stars & Stripes: House considers major changes to VA health care (24 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

Department of Veterans Affairs Secretary David Shulkin argued Tuesday that a House plan for veterans' health care was too restrictive and wouldn't offer enough veterans the choice of private-sector care.

House lawmakers and VA officials hashed out details Tuesday of two proposals outlining major changes to the VA's community care programs. Both would effectively end the Veterans Choice Program that was created in 2014 following the VA wait-time scandal to extend VA care into the private sector. The plans do away with a rule that allows veterans to seek private sector care when they are forced to wait more than 30 days for an appointment or live more than 40 miles driving distance from a VA facility.

But critics of the House proposal, including Shulkin, said it wouldn't allow enough veterans to go to private-sector doctors. With some exceptions, the House bill would require veterans to stay within the VA system unless the VA determines it couldn't provide them with a health care team.

"We are concerned that this approach is narrow and relies on administrative, rather than clinical, criteria," Shulkin said.

Instead, Shulkin's plan leaves the decision to veterans and their VA doctors. He presented his plan to the House Committee on Veterans' Affairs and described it as a simplification of the current Choice program, which has been widely criticized as complex and bureaucratic. It's titled the Veterans Coordinated Access & Rewarding Experiences Act, or CARE.

"What we're signaling in this is to start doing what we should've been doing more, which is giving the veteran more choice in the say of their care," Shulkin said. "We want the provider and the patient making the best decision for the patient."

Rep. Phil Roe, R-Tenn., chairman of the House committee, lauded the hearing as an "incredibly important meeting that's going to shape the future of the VA."

VA CARE plan

Shulkin was a holdover from former President Barack Obama's administration and helped lead implementation of the Choice program as the VA's undersecretary of health. He has promised since his first public address as secretary in February that he would end the 30-day, 40-mile rule and allow veterans to have greater autonomy in their health care decisions.

His long-awaited CARE plan would permit veterans to go into the private sector for medical care if the VA doesn't offer what they need or can't provide care in a "clinically acceptable time period." Veterans would also be able to seek private-sector care when the VA secretary decides a facility isn't meeting quality or access standards. Those specific standards were not outlined in the plan.

Veterans who think the VA wrongly denied access to private-sector doctors could appeal those decisions.

The proposal would have the VA enter into "Veteran Care Agreements" with private medical providers that the agency would reimburse at rates equal to or less than what Medicare pays. The plan calls for consolidating the VA's multiple community care accounts into one, increasing the use of telemedicine and improving veterans' access to non-VA walk-in clinics for minor illnesses and injuries.

CARE also attempts to address ongoing recruitment and retention challenges within the agency.

According to the latest VA data, there were 34,000 open positions as of June. Shulkin said Tuesday that the VA hired 900 mental health professionals in the past year but another 945 left the agency.

CARE gives the VA secretary more hiring authority. It allows for 1,500 more medical education residency positions in the VA and would create a reimbursement program for nurses, physicians and dentists pursuing continuing education, for up to $1,000 per employee each year. It also repeals limitations on the VA from handing out more than $360 million in employee performance awards each year.

“The VA CARE bill is more than purchasing care,” Shulkin said. “Much of the bill would strengthen and improve VA care.”

The House bill would allow veterans to seek private-sector medical care if the VA determines it couldn’t provide them a health care team. Veterans would be able to get treatment through a network of private-sector providers that would be established in each VA region.

As with CARE, the House proposal orders the VA to enter into Veteran Care Agreements and pay private providers at Medicare rates. The rates could be negotiated higher in “highly rural areas,” where there’s little access to medical care, the bill states.

Many of the details of those agreements – and the criteria that determines which veterans are eligible to go into the private sector – are decisions the proposal mostly leaves to the discretion of the VA secretary.

When deciding whether a veteran can go into the private sector, the VA would be asked to consider if they face an “excessive burden” in accessing a VA facility. The legislation states that could mean a veteran lives too far from a facility, or there are poor road conditions, hazardous weather or the veteran is unable to travel because of a medical condition. The proposal leaves the criteria open-ended and the VA secretary could determine other factors that make it permissible for a veteran to seek private-sector care.

Each year, after a veteran chooses a private-sector doctor, the VA would be required to review the situation and switch them to a VA provider, if possible.

Money for private-sector health care would come from a new medical community care account – a consolidation of multiple, existing community care accounts. The bill states one year after its enactment, the Choice program would end and any remaining money would go into the account.

Shulkin’s plan would end the Choice program on Sept. 30, 2018, and he’s seeking $4 billion to fund the program until then. In August, Congress approved $2.1 billion in emergency funding for the program to keep it going until February 2018. The VA has recently projected the money will only last until the end of the year. A Choice overhaul needs to be approved by December, Shulkin said.

Funding fight

Neither proposal presented Tuesday included cost estimates.

Shulkin was adamant the new process would require cuts to other areas of VA spending. But he argued CARE would be cheaper than Choice in the long term because it would streamline complex processes that create large administrative expenses.

To pay for Choice, Shulkin proposed rounding down cost-of-living adjustments to all veterans who receive disability compensation from 2018 through 2027. The practice was standard until 2013.

The plan also calls for cutting federal funding given to veterans who attend flight training programs. At a House hearing earlier this month, representatives from the VA, American Legion and Student Veterans of America accused some flight schools of charging disproportionate amounts of money to students who use the GI Bill to pay for their educations. At the time, congressmen were considering legislation to impose a spending cap on flight schools.

Other cost-saving measures put into CARE would further extend pension reductions for Medicaid-eligible veterans in nursing facilities and extend fees on VA-guaranteed home loans.

The American Legion, Disabled American Veterans and Veterans of Foreign Wars spoke out strongly Tuesday against rounding down cost-of-living adjustments. The measure would cost each veteran an average of $12 annually.

“The Legion is appalled that either Congress or the administration would recommend that veterans disability checks be debited, even one dime, to cover the costs of other veterans benefits,” said Legion member Roscoe Butler. “Veterans’ health care should not be subjected to offsets or pay-fors.”

Rep. Tim Walz, D-Minn., the ranking Democrat on the House committee, also opposed the round-downs. He said Tuesday’s discussion might have been premature without cost estimates.

“I think most of us agree on principle that getting vets timely access to health care as near to home as possible – that’s what we should do,” Walz said. “You can’t have the concept and not talk about the money.”

Parts of the VA plan are still under review by the Office of Management and Budget, Shulkin said. Roe’s proposal won’t be reviewed by the Congressional Budget Office or receive a CBO score with cost projections until the bill is officially introduced.

“My bill is a work in progress,” Roe said. “We still need to figure out how to pay for these improvements, which will be no easy or pleasant feat for any of us.”

Stakeholders weigh in

In recent days, the progressive advocacy group VoteVets, the Veterans Healthcare Action Campaign and the American Federation of Government Employees – a union representing about 230,000 VA workers – have accused President Donald Trump’s administration of using Choice reform as a cover for privatizing the department.

Addressing concerns of privatization, Shulkin and Roe reiterated they are not attempting to privatize the VA. Shulkin said his focus is to “strengthen the VA, but at the same time ensure veterans aren’t waiting.”

“This effort is in no way, shape or form intended to create a pipeline to privatize the VA,” Roe said of his bill. “Under the draft bill, the VA retains the right of first refusal. If VA medical facilities can provide care, it will be provided in that facility. But when the VA can’t do that, my bill would ensure veterans aren’t left out to dry.”

Major veterans service organizations didn’t have those same concerns about privatization but some of them – including Paralyzed Veterans of America and AMVETS -- argued the VA’s CARE plan lacks details that could lead to veterans’ health care sliding too far into the private sector.

“Allowing large numbers of veterans into the private sector while not fixing long-term recruitment, hiring and retention of necessary staff, which would in essence solve many access-to-care issues, is a very slow and painful way to bleed the VA health care system dry of funds while lining the pockets of the private sector,” AMVETS policy adviser Amy Webb said in a written statement.

While those groups criticized the VA plan for being too open-ended, other, conservative groups said the House proposal didn’t go far enough.

The conservative Concerned Veterans for America is calling on lawmakers to create a bill allowing veterans to choose a private-sector doctor, even if there’s one available for them at the VA. CVA also wants Congress to create an appeals process for veterans who think they were wrongly restricted from accessing private providers, as in Shulkin’s CARE plan.

“Keeping the VA, and not the veteran, at the center of the VA health care system will perpetuate the issues that prevent many veterans from accessing the care they need,” CVA Policy Director Dan Caldwell said in a written statement.

The group wants the legislation tied to another committee proposal -- the Asset and Infrastructure Review Act -- which would create a commission to review VA facilities and choose which ones to close and where to modernize. During a hearing on the proposal earlier this month, major veterans service organizations acknowledged the necessity of an effort to “right-size” the VA, but they opposed the commission-style process, comparing it to the Defense Department’s unpopular Base Realignment and Closure program.

Some veterans groups were successful earlier this year at killing VA funding legislation in the House that would’ve incorporated a BRAC-style process for the department. Roe conceded a BRAC program for VA would be difficult to approve in Congress.

CVA was part of a coalition of conservative groups, some of them with ties to the Koch brothers’ political network, that sent a letter to lawmakers Monday asking them to create a system in which all veterans could choose a primary-care doctor inside or outside of the VA. Only that type of system would fall in line with Trump’s promise of increased choice for veterans, the groups wrote. Groups that endorsed the letter include Americans for Prosperity, Tea Party Nation and Heritage Action for America, a sister organization to the conservative think-tank Heritage Foundation.

Most groups that weighed in Tuesday acknowledged the two proposals represented a first step. Roe said the committee would take the feedback and make changes.

It was uncertain Tuesday when legislation would be officially introduced.

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3.5 - Law360: Md. VA Facility's Opioid Treatment Lacking, Report Says (24 October, Emma Cueto, 1.5M online visitors/mo; New York, NY)

A Baltimore Department of Veterans Affairs hospital needs to improve oversight and quality control for one of its opioid dependence treatment programs, according to a report from the VA's Office of the Inspector General.

The report, released Oct. 19, found that the Opioid Agonist Treatment Program at the Baltimore VA Medical Center did not ensure patients consistently received necessary treatment planning, monthly counseling or annual cardio tests, though the researchers said there was no evidence the problems caused any patient deaths.

"We substantiated that the OATP...

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3.6 - American Legion: Legion commends VA's draft proposal of CARE Act (19 October, 1.3M online visitors/mo)

In an effort to improve veterans' experiences with and access to health care, the U.S. Department of Veterans Affairs (VA) announced on Oct. 16 that it has released the draft proposal of its Veterans Coordinated Access and Rewarding Experiences (CARE) Act to Congress.

According to the VA news release, the bill aims to clarify and simplify eligibility requirements, set the framework for VA to continue to build a high-performing network, streamline clinical and administrative processes, implement new care coordination support for veterans, and merge and modernize community care programs.

"The American Legion applauds the secretary of the Department of Veterans Affairs for his efforts to improve health care for veterans by streamlining out-of-system community treatment options while strengthening care at VA facilities nationwide," said National Commander Denise Rohan.

The CARE Act would replace the current 30-day/40-mile system, under the Choice Program, with patient/provider-centric decision making. The new criteria would

• Place veterans and their physicians at the center of the decision process on how and where to get the best care available;

• Ensure VA is improving medical facilities and staffing levels to meet veterans' needs in areas where VA care is substandard; and

• Offer options for veterans to use a network of walk-in clinics for minor illnesses and injuries.

"The Choice program, implemented in the wake of the 2014 wait-time scandal, was never intended to be a permanent program," said Rohan. "For many months, The American Legion

has advised the VA on ways to provide better, more timely care to veterans based on the feedback of our 2 million members around the world."

In addition, the bill includes proposals for new workforce tools to assist maintaining and strengthening VA's world-class medical staff, a number of business process enhancements to improve financial management of the Community Care Program, and provisions that would strengthen VA's ability to partner with other federal agencies and streamline VA's real property management authorities.

VA Secretary David Shulkin said the administration wants veterans to work with their physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community.

"This bill does just that, while strengthening VA services at the same time," he said.

When it comes to delivering improved health-care options and outcomes for veterans nationwide, Rohan said the Legion looks forward to working with Shulkin and his team to make the VA more efficient, transparent and effective.

"Medicine and the delivery of medical services in America is evolving, and we expect the VA to evolve as well," said Louis Celli, director of the Legion's National Veterans Affairs and Rehabilitation Division. "Delivering 21st century health care to American veterans needs to be our No. 1 priority, and this CARE plan starts to take steps in that direction. The American Legion will continue to work with the department and lawmakers to ensure VA remains at the heart of veterans' care as it evolves to meet those demands."

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3.7 - WFED-AM: Funding for a new veterans choice program remains the big, unresolved question for VA (24 October, Nicole Ogrysko, 854k online visitors/mo; Washington, DC)

Debate over the future of the Veterans Choice Program began in earnest Tuesday, as the Veterans Affairs Secretary David Shulkin and House VA Committee Chairman Phil Roe (R-Tenn.) presented their respective proposals to make community care programs permanent.

Shulkin's proposal, called the Veterans Coordinated Access and Rewarding Experiences (CARE) Act, would streamline VA's seven disparate community care programs into one. It would eliminate the 40-mile/30-day requirement that veterans must currently meet to be eligible to receive care from a private sector provider.

"[It] leaves behind the old days where administrative needs, not the veterans' needs, govern decisions," Shulkin said. "It's about individualized care, community care, well-coordinated health care designed for a positive experience. The VA will take back customer service and treat veterans as valuable customers. Veterans CARE ensure veterans get the right care, at the right time with the right provider."

The conversations that the department and House lawmakers held in public Tuesday have, in the past, been controversial ones. Some organizations, including the American Federation of Government Employees, see the elimination of VA's current eligibility requirements for private sector care as a gateway to privatize core functions of the department.

AFGE has strongly argued in recent weeks that the Veterans CARE Act and similar proposals would “voucherize” VA in favor of private care.

But Shulkin and lawmakers again made the case that their proposals do nothing of the sort.

“I believe it is important to state yet again that this effort is in no way, shape or form intended to create a pipeline to privatize the VA healthcare system,” Roe said. “I want to be completely clear about that.”

In fact, few lawmakers Tuesday seemed fearful that the department’s plan and the House VA proposal too strongly favored private sector care, and they seemed satisfied that VA’s recommendation in particular included enough provisions that would enhance the department’s current capacity.

“This is about building a VA that veterans choose for their care,” Shulkin said. “We want veterans to choose VA.”

If anything, members had more unresolved questions about how much the new Choice program will cost and how the administration will pay for it.

Both Roe and committee Ranking Member Tim Walz (D-Minn.) said they were concerned with funding for the program, and few proposals offered substantial funding streams to pay for the program.

Shulkin said he’s still discussing the budgetary details of his proposal with the Office of Management and Budget. But the VA proposal would cost “billions of dollars less” over 10 years than continuing the current Choice program, Shulkin said.

“Mostly it’s going to be the decreased administrative costs,” he said. “The administrative costs associated with the Choice program and its complexity have been extremely high; 13 percent of all money goes toward administrative costs. That’s not consistent with what the private sector would do. We want to save on administrative costs and invest that into both the VA system and more care that veterans can receive in the community.”

Congress is under a tight timeline to make a decision about the Choice program’s future. VA said it has $1.4 billion left in the existing Choice fund and expects it will run out by the end of the calendar year.

Transferring the Choice program from mandatory funding to discretionary funding is one option that some veterans service organizations said might resolve the perpetual need to find emergency resources for Choice.

“We don’t want to continuously have the crises that we keep having with having to find money to fund them again,” said Kayda Keleher, associate director of the national legislative service for the Veterans of Foreign Wars. “It’s rather exhausting. Also, we’re concerned that over time, there would be a gradual erosion of VA health care systems if we’re continuously having to find money to put into mandatory spending for VA and community care providers.”

But beyond funding concerns, committee members seemed relatively receptive to other provisions in the VA plan, which are designed to help the department better recruit and retain top health professionals.

For example, VA's proposal suggests eliminating existing caps on employee bonuses and performance awards. The Veterans Access, Choice and Accountability Act of 2014, which hastily stood up the Choice program and introduced new "accountability" measures for VA employees and senior executives, put limits on bonuses and awards three years ago.

VA also wants to add about 1,500 new slots for medical residencies, which Shulkin strongly advocated for and believes the department could competitively fill with young talent. Residents would be required to work for a period of time at the department after completing a VA residency.

The department is also interested in resuming responsibility of some of the administrative functions it had previously outsourced to third-party contractors under the 2014 Choice Act.

"VA needs to take back customer service," Shulkin said. "No successful company does that and survives. We learned that the relationships developed with our veterans over the years [are] very important to maintain."

To maintain relationships with its veterans, VA said it wants to schedule both in-house and private sector appointments and communicate and coordinate care for veterans. It'll also take back the responsibility of paying most bills, which VA believes will get easier under one, unified stream of funding for veterans healthcare.

In addition, the department wants the authority to share medical facilities with other federal agencies, including the Defense Department.

"We now have discussions going on all over the country about where the Department of Defense has excess capacity and where we have veterans that need care and services, and vice versa," Shulkin said. "We are working to figure out what makes sense for veterans, active servicemembers and the taxpayers in coming up with a number of different plans and facilities. We're asking for some mobility even in this legislation to avoid having to exchange bills. We're probably spending more on administrative costs than we are on taking care of veterans in this case. We want to try to decrease some of the barriers and regulations to doing more of this work together."

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3.8 - Becker's Hospital Review: VA finalizes site for replacement $925M hospital, ending years of debate (24 October, Alia Paavola, 441k online visitors/mo; Glencoe, IL)

The U.S. Department of Veterans Affairs selected a new site for its approximately $925 million replacement hospital in Louisville, Ky., according to the Insider Louisville.

On Friday, VA Secretary David Shulkin, MD, signed off on the location — 35 acres on the east side of Louisville — ending more than a decade of reviews and debate over the controversial site.

The federal government purchased the vacant land east of Louisville for the project five years ago, but fierce opposition stalled the project. Neighbors raised concerns over traffic congestion, while some city lawmakers and elected officials argued that alternative sites would better serve veterans.

Although Louisville Mayor Greg Fischer wrote a letter to the VA voicing his concerns over the agency's preferred site in 2016, he is now saying it is time to move forward with the selected site, according to the report.

"The project has been going on for over 10 years," Mr. Fischer told the Insider Louisville. "The veterans, the VA need a new location."

Now that the location is finalized, the new 104-bed, $925 million project, will enter the design phase. A construction timeline has yet to be released. The new hospital will replace the outdated Louisville-based Robley Rex VA Medical Center, which opened in 1950.

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3.9 - Independent Record: Veterans call program to get health care with civilian doctors 'a disaster,' broken (24 October, Holly K. Michels, 276k online visitors/mo; Helena, MT)

Veterans from around the state expressed frustration over the Veterans Choice program, meant to increase access to health care, during a listening session in Helena on Monday night.

Nearly 50 veterans came to American Legion Post No. 2 to talk about their experiences with Veterans Affairs Department health care. The town hall is one of about a dozen the Legion will hold around the country this year to gather feedback to share with state congressional delegations and VA officials.

“That Choice is broke, broke, broke,” said veteran Tom Johnson, who said he was employed by the VA for more than three decades. “The VA has gone downhill drastically in the last eight years.”

Johnson, like many others who spoke, had conflicting views about Fort Harrison, the VA's medical center in Helena. Johnson said while he has nothing but accolades and applause for most of the care he’s received, he also has concerns about the direction the VA is going.

Johnson said he spends time at the VA at least once a month, drinking coffee with the staff and visiting with patients.

“Overall, for the most part those patients have nothing but praise for the hospital out there, the medical care they’re receiving. But on the downside, trying to get in for appointments, scheduling, administration stuff … it isn’t working.”

Karen Semple said her husband, who is 100 percent disabled, had a serious accident recently and went to the VA, where several of his doctors were veterans.

“It made all the difference in the world how he was treated,” she said. “That is a fantastic connection you can’t always get in the civilian world.”

She said she was frustrated with the Choice program because it makes it less likely veterans will have fellow veterans as their doctors.

“That’s what bothers me about this Choice stuff and getting funnelled to civilian doctors,” she said. “This is really important to us to not get funnelled to the civilian world where people do not understand your mentality because you are a veteran. They’re civilians. They’re clueless.”

Don Paul said the Choice program has been a “disaster.” After having some problems with his throat, he was told he needed to see an ear, nose and throat doctor. He went through a maddening process to schedule an appointment and get an authorization, which at one point was canceled because his appointment was not scheduled quickly enough.

He was then told there was not a specialist in the program locally and he would need to travel to Salt Lake City, only to later meet one in his own neighborhood who said he participated in the Choice program.

“I ended up calling it the last Choice instead of the first Choice,” he said.

Kelly Ackerman, a service officer with the Legion, said the Choice program has not worked as effectively in Montana as more populated areas.

The Choice program was passed by Congress in 2014 in an effort to reduce wait times for veterans at VA facilities. Its goal was to allow veterans who live more than 40 miles away from the nearest VA clinic or who are unable to get appointments in a reasonable time frame to get treatment at a non-VA facility.

“It didn’t work in a rural state,” Ackerman said.

She told those gathered that Montana is a pilot site for an alternative to Choice, a program called Care. It stands for Coordinated Access, Rewarding Experience. Ackerman said the program puts scheduling, something many who spoke Monday were frustrated with, back in the hands of the VA.

Other frustrations veterans discussed included hassles with getting emergency care paid for at non-VA facilities.

James Heffernan, who told the crowd he’s 80-some years old, went to a hospital out of state last May when he was experiencing chest pains and has struggled to get his claims processed.

He held several letters as he spoke, all with conflicting information from the VA about billing.

“It was convoluted, frustrating and confusing all the way around,” Heffernan said.

Ackerman said network authorizations can get get really messy, a statement that got head nods from many in the crowd.

Steve Combes, from Kalispell, had a slew of appointments with the VA in town, including two on the day of the meeting. He said he recently had to wait 92 days to be reimbursed for his mileage to appointments.

“It didn’t hurt me at all, but there are many veterans who have friends, neighbors, who have people that drive them over (from) Ekalaka, Plentywood and so forth. Why does it take so long?”

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3.10 - Construction Dive: VA plans $925M hospital in Louisville, KY (24 October, Laurie Cowin, 60k online visitors/mo; Washington, DC)

Dive Brief:

The Department of Veterans Affairs has chosen a 35-acre site east of downtown Louisville, KY, for a new $925 million, 104-bed hospital. The VA anticipates design will be complete in 2018, but a construction timeline has yet to be finalized, the Bowling Green Daily News reported.
In response to resident concerns about increased traffic congestion, the VA has said it is vying for transportation upgrades, such as widening roads around the development.
The hospital serves 35 counties in Kentucky, in addition to residents in southern Indiana. The finished project, which still must secure Congress' approval to fund its construction, will replace the Robley Rex VA Medical Center, which opened in the 1950s.

Dive Insight:

With 170 medical centers and 1,063 outpatient sites, the VA is the largest integrated healthcare provider in the U.S. And although the number of living veterans is declining, the number of veterans using VA healthcare is increasing, thanks to less stringent eligibility requirements and more young veterans relying on the VA as their sole healthcare provider.

The VA, however, faces an aging infrastructure that struggles to keep pace with the number of veterans in the system. In September 2015, U.S. Medicine reported that more than half of VA facilities were older than 60 years old. More still, the report found that some facilities had operating rooms so outdated that modern technology and equipment couldn't fit inside.

Like the proposed Kentucky hospital, which has now been talked about for three presidencies, the process to build a new VA facility can be arduous. An Aurora, CO, VA hospital started planning in 2011 and today still is not complete, despite projections saying it would be finished in 2014. Not only will it not be finished before January, but the hospital will cost nearly $1.7 billion — nearly three times its original estimated price tag of $604 million.

Sometimes the process goes well, though, as is the case with the Butler, PA, Health Care Center. It received congressional approval in November 2009 and last month opened its doors six months ahead of schedule. The 168,000-square-foot, two-story facility is LEED Silver certified and replaces a 1938 structure originally built as a tuberculosis sanitarium.

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3.11 - KUFM-FM (AUDIO): Veterans Give VA Healthcare Mixed Reviews During Helena Meeting (24 October, Corin Cates-Carny, 41k online visitors/mo; Missoula, MT)

Inside American Legion Post #2 in Helena Monday night, more than 40 veterans took turns sharing stories of using the Veteran Affairs healthcare system, highlighting chronic issues, with the occasional kudos for specialized veteran care.

The town hall kicks off a week of closed door meetings between American Legion members and Montana VA leaders to hear updates on the agency and discuss improvements for veteran treatment.

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"The VA healthcare system is truly a system worth saving," says Kelly Ackerman, a veterans service officer with the American Legion of Montana.

The Legion launched their "System Worth Saving" campaign in 2006. Leaders have hosted town halls all over the country trying to identify gaps in care and services, direct best practices and learn more about the overall performance of the VA nationwide.

"We need to hear what your concerns are," Ackerman says. "We also want to hear what is working well, if you have a praise to give the VA, we want to hear that too. This isn't just to hear complaints. From these visits, a report is created which is presented to the administration, Congress, VA leadership, and fellow legionnaires, and eventually to the president of the united states."

The town hall Monday night lasted a little under two hours.

A flyer for the "System Worth Saving" town hall meeting on VA healthcare in Helena.

"The VA — I'm very blunt — has gone downhill drastically in the last, I would say, eight years," says Tom Johnson, commander of the VFW post in East Helena.

Although he's critical of how the VA is running, he says it's too good of a thing to lose. He says he worries that it's focusing too much on outpatient care and talk of possible privatization of veteran health care services.

Johnson says at least once a month he visits with patients getting treatment at Fort Harrison, just to see how they're doing.

"And overall, for the most part, those patients have nothing but praise for the hospital out there, for the medical care they're receiving. But on the downside, trying to get in for appointments, scheduling, administrative stuff — and this is a big concern of mine — primary care physicians."

This was a common theme throughout the evening. Once veterans receive care, it's often great, but the hoops they have jump through to get in for treatment can be overwhelming and even turn some vets off from wanting to go to the VA for help.

About a year ago Dr. Kathy Berger became the third permanent director of the Montana VA in three years. Montana's congressional delegation has expressed frustration at turnover and persistent vacancies.

Last Friday, Berger said her agency is working on cutting down on wait times, and she expects to fill all the current primary care staff vacancies by the end of the year.

But Ray Read, a Helena veteran, told the town hall Monday that he isn't confident in the VA's promise.

"Ha, no way. I think I could probably make a great bet on that one," he said.

Read also said an app created by the VA to help schedule appointments isn't very user-friendly for some of the older veterans.

This was a common theme throughout the evening. Once veterans receive care, it's often great, but the hoops they have jump through to get in for treatment can be overwhelming and even turn some vets off from wanting to go to the VA for help.
Several vets complained about the Veteran's Choice program. It was launched in 2014 to reduce wait times and help rural vets get care closer to home at private clinics.

John Jackson says when he recently needed his hearing checked after his service working in artillery, he eventually got help but the process was unacceptable.

"I did not keep a log of what I went through to get an appointment. I wish I would have kept a log, because I can't remember how many phone calls I made, how many times I sat on the phone for almost an hour waiting for somebody to answer. But I am tenacious about how to work the system, and not every veteran has that desire or has that drive to do that. It should be instantaneous and 100 percent care for that veteran, especially some of the elderly veterans who might have a little more of a challenge to understand the intricacies of how the system works," Jackson says.

While many vets like the idea of being able to get care from non-VA providers close to where they live, several said there's no substitute for the kind of care the VA itself can provide; knowing they'll understand you as veteran.

Karen Semple is a veteran in Helena who recently took her husband to the VA emergency room. He is a 100 percent disabled vet. The physician on duty was also a veteran.

"It made all the difference in the world for how he was treated. That is a fantastic connection you can't always get in the civilian world. This is really important to us to not get funneled into the civilian world where people don't understand your mentality because you're a veteran," Semple said.

As each veteran stood up to tell their story, the veterans sitting around them, usually wearing a cap to mark their years service, nodded in agreement or shook their heads in shared frustration.

National American Legion representatives say what they heard from Montana veterans is very similar to the concerns they're hearing elsewhere around the country.

The head of the Montana VA, Dr. Kathy Berger sat in the front row of the town hall Monday night, with two of her staff taking notes beside her.

The state VA director and her staff will continue to meet with American Legion members throughout the week to discuss options for improving veteran healthcare.

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4. Women Veterans

4.1 - Task and Purpose: It's Time To Address The Staggering Rate Of Suicide Among Servicewomen And Female Vets (24 October, Kate Hendricks Thomas and Kyleanne Hunter, 629k online visitors/mo)

We were both almost statistics; numbers on a page that people use evoke emotions devoid of context.

To us, like so many other veterans, suicide isn't a statistic. It's part of our daily lives. Despite appearing "successful," or even "normal" on the outside, there is an almost nagging preoccupation with not belonging. And while we know this reality — both from living it ourselves and being connected in veterans advocacy — when we read the state-by-state breakdown released by the Department of Veterans Affairs in September highlighting suicide statistics, the fact that veteran rates sit 22% higher than civilians is still jarring. And while all deaths are tragic, what drew our eyes immediately — and prompted more than a few pensive moments — was the explosive growth in the suicide numbers for military women.

Female veterans have a 250% higher risk than civilian women for suicide, according to VA data, and women who do not use VA services have seen a 98% increase in rates. For two female veterans who work with data for a living, the realization of how close we became to becoming part of this dataset is sobering.

It is well-documented that veterans, especially female veterans, suffer from a lack of belonging and connection. During active duty, this manifests as a question of whether women feel like they have viable support resources inside and outside their units. As servicewomen transition into the civilian world, these cohesion and support questions remain. Too many feel that care systems (both nonprofit and government) are just not built for women, and even more report that when they leave the military, they lose one very important protective factor: social support.

Take, for example, NPR's 2013 interview with servicewomen who shared how complicated it can be to serve in combat, then return to a community that doesn't understand, or believe, that women can or should do such things. As the reporter observed:

"Our producer on this series, she noticed that these women seemed to be more anxious to get back to being women, which they sometimes define as being a mom, or a wife. But there's this paradox. Women are out there breaking down barriers, doing more than they ever have in the military. But they say to be women, they have to wait until they get out of the military."

Reintegration issues become compounded after indoctrination into a culture that teaches servicewomen never to show weakness; tears are never viewed kindly in the active-duty component.

With the benefit of a little age and a lot of hindsight, we look back at our time on active duty and our transition from it as a time of tremendous risk and isolation. In our new lives as social-science researchers, we work with data that indicate association between reported support deficits for military women and invisibility. The suicide risk for military women is growing, which tells us that there are too many who still feel like we did, wearing the mask of invulnerability and strength. We're not reaching them effectively, and that's where the work lies.

The VA's new report made the problem visible, but only by connecting and reaching out at multiple levels can we begin to reach the women before they find themselves on the brink of becoming a statistic; we need to identify that new pilot who needs to hear about intimate-partner-violence resources, or the former captain not sure who she is any longer if she's not an active-duty Marine.

It will take an ecological approach to change things for today's servicewomen. Government agencies, nonprofits, communities of faith, academic institutions, and companies all have a role to play.

Women in the military is still a new and emerging area of research and most of its focus has been limited to a few main areas, such as access to medical care and military sexual trauma. Several important areas of research still need to be explored: the gendered nature of the way in which reintegration and social adjustment takes place, and where are intervention points for resilience; partner relationships during service and reintegration; parenting and relationships with children during and after service; dual-career lifestyles also require more research and understanding, among many others. Focusing on the social-support system for women will require new emphasis on the formal and informal structures that the military offers related to caregiving and family life. This research can also help to direct funding and policy change to interventions before service members think of becoming a statistic.

It's time to start asking the right questions, funding inclusive research, and focusing on how we move beyond the stark suicide numbers to make change for servicewomen today and tomorrow.

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5. Appeals Modernization

5.1 - Task and Purpose: Vets May Now Be Able To Get Higher Disability Ratings For Service-Connected Injuries (24 October, Adam Linehan, 629k online visitors/mo)

The U.S. Court of Appeals for Veterans Claims issued a decision last month that could make it easier for veterans with injuries to the back, neck, and joints to obtain higher disability ratings, even in cases where veterans are already receiving disability benefits for such injuries.

The recent case, called Sharp v. Shulkin, reviewed the Department of Veterans Affairs' current system for assessing the origin and extent of a veteran's disability and clarified the responsibilities of Compensation and Pension examiners and the Board of Veterans Appeals when it comes to giving an opinion on pain flare-ups caused by musculoskeletal disabilities. The court ultimately ruled that the system was inadequate, because not all C&P examiners consider flare-ups and pain when determining what disability rating a veteran should receive.

Bobby P. Sharp, an Army Korean War veteran who suffers from numerous musculoskeletal injuries, argued that VA medical examinations he received were inadequate because the examiner failed to "ascertain adequate information — i.e., frequency, duration, characteristics, severity, or functional loss — regarding his flares by alternative means," according to court documents. Sharp contended that the 10% disability rating he received for his injuries was therefore insufficient because his "September 2015 evaluation was inadequate for evaluation purposes and the Board's finding to the contrary was clearly erroneous." In September 2017, the claims court agreed.

The court's decision means that the VA must now enact measures to ensure that C&P examiners do not overlook flare-ups and pain when assessing a disabled veteran. The VA must attempt to schedule a C&P examination when the veteran is experiencing a flare-up, but if it can't the practitioner is still expected to offer a professional opinion on how the veteran could be "functionally limited during a flare-up," notes Military1.

In theory, this will give examiners a more comprehensive understanding of the injury in question. If this isn't feasible, the examiner must prove they've collected as much information and evidence as possible before saying to the board that they can't offer a medical opinion "without resorting to speculation." Further, the appeals board bears the burden of ensuring the examiner has done their due diligence or find an examiner experienced enough to offer a more informed medical opinion.

So, if a C&P examiner doesn't witness the flare-up, how can they form a non-speculative opinion about it? As Military 1 reported, the court decided that veterans themselves can submit evidence for consideration, such as their own description of the flare-ups and pain they experience, or "buddy statements" — written statements from people who know the veteran and can testify to the extent of their suffering.

All of which will make it a lot easier for veterans to secure higher disability ratings for injuries they sustained in the military. Meanwhile, the Sharp v. Shulkin case, which ruled that Sharp was entitled to another C&P assessment consistent with the new guidelines set by the court provides a precedent for other veterans who want to challenge their disability ratings. If you think this applies to your case, then we recommend you reach out to a veteran service officer to help you navigate the appeals process.

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6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

7.1 - Law360: CliniComp Looks To Revive Protest Of VA Health Records Deal (24 October, Daniel Wilson, 1.5M online visitors/mo; New York, NY)

Electronic health records provider CliniComp on Monday appealed a Court of Federal Claims judge's decision to dismiss its challenge to the U.S. Department of Veterans Affairs awarding a massive contract to rival Cerner, a deal CliniComp claims had been improperly awarded without a competitive bidding process.

CliniComp International Inc. has turned to the Federal Circuit in an attempt to revive its challenge to the electronic health records contract awarded to Cerner Corp., according to a brief filing made with the claims court Monday.

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7.2 - Healthcare IT News: Cerner EHR project for VA will take 7 to 8 years, Shulkin says (24 October, Jessica Davis, 438k online visitors/mo; Portland, ME)

It will take 18 months for the U.S. Department of Veterans Affairs to launch the new Cerner electronic health record and another seven to eight years to transition the whole legacy EHR system once the contract with Cerner is finalized, VA Secretary David Shulkin, MD, told the House Committee on Veterans' Affairs on Tuesday.

But some on the committee weren't convinced of the timeline.

"This isn't a scientific analysis, but I have yet to see a VA budget for time or cost [not] exceeded," said Rep. Beto O'Rourke, D-Texas. "It usually goes beyond the budgeted time, beyond the budgeted costs."

Shulkin's response? "This is a new VA, congressman."

Just last week, the VA sent out a request for information to determine how best to achieve interoperability with community providers, as the agency is looking to expand its choice program to ensure all veterans are able to receive timely and quality care, Shulkin said.

In addition, the VA has given "Congress a 30-day notification of our intent to negotiate a contract that would give us the true interoperability with the Department of the Defense," said Shulkin.

"This is a total package, where that's what we seek: real and full interoperability for veterans."

The contract with Cerner is expected to be finalized and announced by next month. The cost of the project has yet to be released. The DoD just went live with the final pilot site for its own Cerner EHR project at the Madigan Air Force Base this week.

On Friday, the U.S. Court of Federal Claims dismissed the lawsuit made by CliniComp against the government, which claimed the no-bid contract awarded to Cerner by the VA was "arbitrary" and "lacks a reasonable basis."

The California-based EHR developer filed suit in August, and the case was dismissed based on jurisdiction. The judge's opinion remains under seal.

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8. Other

8.1 - Courthouse News: World War II Vet Inks Settlement on Long-Awaited Benefits (24 October, Britain Eakin, 191k online visitors/mo)

Some 70 years after Celestino Almeda helped the United States liberate the Philippines from Japanese occupation, bureaucratic red tape has kept the World War II veteran fighting for recognition of his service.

Almeda's long tour finally ended Monday with a settlement on the $15,000 veterans benefit promised by the U.S. Department of Veterans Affairs.

"Some laws are legal and moral," said Almeda, speaking in August at his home in Gaithersburg, Md. "Some practices are moral but not legal. There are those that are legal but are immoral. As in my case. I was denied benefit because of the Rescission Act of 1946."

Though the U.S. recognized Philippine independence after the dust from WWII had settled, the Rescission Act signed by President Harry S. Truman denied citizenship and military benefits to the more than 260,000 Filipino soldiers who had served alongside U.S. forces in the struggle.

The issue lingered until 2009 when Congress passed the American Recovery and Reinvestment Act, allowing eligible veterans to claim a one-time lump sum benefit from the Filipino Veterans Equity Compensation Fund.

As a U.S. citizen since 1996, the law entitled Almeda to a $15,000 payment. Noncitizen Filipino soldiers were eligible for $9,000.

Almeda submitted his application for the benefit on Feb. 18, 2009 – the day after President Barack Obama signed the bill into law. The VA declared Almeda ineligible, however, because his name does not appear on a roster that was created as WWII came to an end.

Seth Watkins, an attorney for Almeda with the firm Watkins Law & Advocacy, notes that the revised reconstructed guerrilla roster, otherwise known as the Missouri list, was assembled at a chaotic time.

“Not everybody’s name made it onto that list,” Watkins said during an August interview at his centenarian client’s home.

In fighting the case, Almeda held up decades-old documents to substantiate his service.

Kept in a carefully organized binder at home, Almeda called those documents with their brown, tattered edges his only “bullet” in his nearly nine-year fight with the VA.

“That’s all of my armament so that I could keep fighting,” he said in August.

For Almeda, memories of the war’s carnage are still easily recalled. He described seeing corpses heaped on top of one another, sometimes piled into a single coffin. They used some powder, he said – perhaps lime – to remove the stench of dead bodies.

Such macabre sights have brought little shade, however, to Almeda’s outlook.

“You cannot see the brighter side of life if you have not seen the darkest side of life,” he said. “I’m very thankful with the freedom that we are having now.”

Still sharp and spirited as he heads toward his 101st birthday in June, Almeda called his years-long struggle to get veteran benefits one of principle and respect, not money.

“I want to meet my creator with a light heart, that my service are recognized. That’s all,” he said. “I’m after the dignity of recognizing my service.”

VA records say the agency has processed 42,755 applications for the benefit. It approved 18, 977 – about 45 percent of them – awarding roughly $226 million to eligible veterans.

Today more than $56 million remains in the Filipino Veterans Equity Compensation Fund.

Attorney Watkins said in an email Monday that the settlement precludes a binding legal precedent that would extend to others like his client, something he had hoped a victorious appeal might do.

He nonetheless expressed optimism.

“This truly is a personal victory for Mr. Almeda and perhaps amounts to a breakthrough in legal efforts to vindicate Filipinos who have been denied recognition of their important service during World War II,” Watkins said.

VA press secretary Curt Cashour characterized the $15,000 settlement with Almeda as “acknowledgement of his service which contributed to the war effort during World War II.”

Watkins noted Monday that he is still prepared to continue his challenge to the eligibility criteria for the benefit in a separate case. The VA, he said, has ignored the plain text of the 2009 law by relying only on the Missouri list to determine eligibility, which he said leaves many veterans who served – like Almeda – out of luck.

According to the law, eligible veterans include those who served “before July 1, 1946, in the organized military forces of the Government of the Commonwealth of the Philippines, while such forces were in the service of the Armed Forces of the United States pursuant to the military order of the President dated July 26, 1941.”

That includes service among organized guerrilla forces that were recognized by the U.S.

Among the records Almeda preserved in his binder at home is an affidavit for Philippine Army personnel dated April 2, 1946, and signed by First Lt. John B. Staples. It lists all of Almeda’s service, and shows his service in a recognized guerilla force and in the U.S. Army Forces in the Far East, which Watkins says qualifies Almeda for the benefit.

Watkins said the VA labeled the affidavit a Philippine document, not a U.S. Army service document.

“That is completely false,” Watkins said. “It’s a United States Army document. It was signed by a United States Army officer. It was designed by the United States Army.”

Watkins and Almeda had hoped on appeal to prove that the VA acted arbitrarily by relying on a veteran’s inclusion on the Missouri list, despite affidavits that document a veteran’s service.

Although the law says who is eligible, it doesn’t specify what documentation is required to prove eligibility.

Watkins said Congress gave the VA broad authority to decide that, but that the VA shifted responsibility of verifying a veteran’s service to the Army, which in turn kicked the can over to the National Archives, which requires a veteran’s name to appear on the Missouri list.

Representatives for the government offered little insight as to whether the VA complies with the law in requiring a veteran’s name to appear on the Missouri list complies, and why the VA tied eligibility for the benefit to that document instead of others showing eligible military service in the Philippines during WWII.

“VA is legally bound by determinations of the appropriate U.S. military service department as to whether there was qualifying service,” a representative for the VA said in an email. “For claims requiring verification of Philippine service in WWII, this is the National Personnel Records Center, which acts as the custodian of the U.S. Army’s collection of Philippine Army and Guerrilla records.”

The VA deferred to the National Records Center at the National Archives, which in turn deferred to the Department of the Army. Public affairs officer Hank Minitrez said in an email that he "cannot comment on individual cases."

At his home in August, Almeda flipped through another binder, several inches thick, documenting his nearly nine-year struggle to get the VA benefit.

"All we were arguing about is $15,000," Almeda said, sitting in a recliner with the files. "The work involved in issuing these statements of paper is more than $15,000. So where is the mathematics there."

(Photo by Eric Lachica with the American Coalition for Filipino Veterans Inc.) (Photo by Eric Lachica with the American Coalition for Filipino Veterans Inc.) (Photo by Eric Lachica with the American Coalition for Filipino Veterans Inc.)
Watkins said at the time that the VA would like the issue to disappear.

"All of the people who are left who are claiming these benefits, they're very elderly," the attorney said. "Many of them are, they're not surviving long enough to fight the fight."

Watkins noted that the law gave veterans one year to apply for the benefit, and that very few of those who were denied have appealed. After so many years, Watkins said the VA would likely be embarrassed if they could prove the agency had misapplied the law.

"But, they should do the right thing," he said. "So if they got it wrong, they should fix it, and they should fix it for anybody who's still alive who has this documentary evidence."

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8.2 - KTUL-TV (VIDEO): Daughters of the American Revolution working to restore Muskogee WWI statue (24 October, Tyler Butler, 195k online visitors/mo; Tulsa, OK)

Since 1925, the "Doughboy" monument has towered over the Muskogee Veterans hospital. In 1983, a picture shows the statue still standing tall, although it looks like the rifle is slightly bent. 2017, the rifle is still bent, the statue standing tall. Some of the luster has been worn away from this valiant soldier, but even still, he's stood the test of time.

"The Muskogee Doughboy is in really good shape. Because it's so high up, vandals haven't really gotten to it. And he's in front of a veteran's hospital and they've kept and eye on him.," said Vandelia Graham, chapter regent of the Rev. John Robinson chapter of the Daughters of the American Revolution.

Vandelia has walked by the statue of the soldier countless times delivering donations to the hospital. With the buildup of patina coupled with his height, she didn't notice him until recently, and she doesn't want others to make that same mistake.

"I think that we really should honor the sacrifices of those who went before us, and one way we can do that is maintain that memorial, One way we can do that is to maintain that memorial and hopefully, when it's cleaned and repaired, more people will look up when they walk past," she said.

The statue honors the American soldiers in the Great War, referred to as doughboys, but specifically the native american soldiers and heroes. Vandelia successfully applied for a $2000 grant that will go towards restoration.

"She has been working tirelessly getting this grant through and she was approved for it, so we're very excited. We're starting already to plan for the dedication of this next Veterans Day, November the 11th," said Nita McLellan with the Jack C. Montgomery VA Medical Center.

By the time the $17,000 dollar project is complete, the statue will be looking brand new, hopefully with another 90 maintenance free years. A small price to pay to honor the more than 100,000 American doughboys who fought and died for us in World War 1. Donations can be made by contacting the restoration team at this link.

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8.3 - Patch: Morganville Woman Stole $2.8 Million From VA (24 October, Carly Baldwin; Marlboro, NJ)

A Morganville woman who owned a computer training center was sentenced Monday to 24 months in prison for stealing $2.8 million from a program designed to help veterans find employment, Acting U.S. Attorney William E. Fitzpatrick announced.

Elizabeth Honig, 52, of Morganville, New Jersey, previously pleaded guilty before U.S. District Judge Peter Sheridan to an information charging her with one count of theft of government funds. Judge Sheridan imposed the sentence today in Trenton federal court. According to documents filed in this case and statements made in court:

Honig owns Computer Insight Learning Center (CILC), a computer training school based in Eatontown. She helped 182 veterans enroll to receive federal funding under a program – funded by the Department of Veterans Affairs (VA) and the Department of Labor – designed to help older, unemployed veterans receive training and find employment in high demand occupations. The vast majority of these veterans were either not eligible or not actually attending the training.

Honig's program was approved by the VA to provide education and training to military veterans, including veterans who received tuition assistance under the Veteran's Retraining Assistance Program (VRAP), which offered up to 12 months of benefits for older, unemployed veterans between the ages of 35 and 60. This program provided training assistance to unemployed veterans for programs designed to lead to a high-demand occupation.

Honig admitted she logged on to the applications system more than 100 times and certified that she was the actual veteran who was applying for benefits. She supplied false information about employment status to qualify to attend her school and receive funding from the VA. Honig then certified to the VA that the veterans enrolled in her Business Software Applications Program – approved by the VA as a 14-week course costing approximately $4,000 – were attending for up to one year. Honig also certified that the veterans were attending full-time, in-class, knowing that 62 of those veterans lived out of the state. CILC is not eligible to be approved to provide online education.

Honig allowed veterans to attend less than the required hours, to stop attending prior to completion, or, in many cases, never attend at all. Honig failed to report the non-attendance to VA, which is required by law after 30 days of non-attendance, as long as the veterans continued

to pay her a monthly fee. This caused the VA to continue payments to veterans who were not entitled to the funds. Honig's monthly fee of approximately $750 also resulted in overpayments by veterans far in excess of the VA approved $4,000 course tuition.

In addition to the prison term, Judge Sheridan sentenced Honig to three years of supervised release. Under terms of the plea agreement, Honig consented to a forfeiture judgment of $1,274,154 and agreed to pay restitution of $2,831,455.

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Veterans Affairs Media Summary and News Clips

25 October 2017

1. Top Stories

1.1 - Fox Business (VIDEO): Veteran suicide rates continue to climb (23 October, 10.8M online visitors/mo; New York, NY)
Veterans Affairs Secretary David Shulkin on the increased suicide rate among veterans and the opioid epidemic.

Hyperlink to Above

1.2 - Fox Business (VIDEO): VA has improved since Trump took office: David Shulkin (23 October, 10.8M online visitors/mo; New York, NY)
Veterans Affairs Secretary David Shulkin on how the Veteran Affairs Department has changed since President Trump took office.

Hyperlink to Above

2. Veteran and Employee Experience

2.1 - Daily Herald: Talk to explain aging brain to veterans in Naperville (23 October, Marie Wilson, 1.5M online visitors/mo; Arlington Heights, IL)
The effects of aging on the body are obvious, but the process of getting older can be just as transformative, if not more so, on the mind. A free program for veterans and their caregivers Thursday in Naperville aims to explain the cognitive changes that come with normal aging and the concerning shifts that can signal something is wrong.

Hyperlink to Above

2.2 - WAGA-TV: VA workers in Atlanta rally to fill vacant positions (24 October, 1.2 online visitors/mo; Atlanta, GA)
Employees at the Atlanta VA are demanding action on behalf of the patients they treat. They held a rally Tuesday afternoon at the VA Atlanta Medical Center. Organizers said low staffing levels are putting patients' safety at risk.

Hyperlink to Above

2.3 - The Journal Gazette: Banks' proposal would assess performance of VA crisis hotline (24 October, Brian Francisco, 797k online visitors/mo; Fort Wayne, IN)
U.S. Rep. Jim Banks proposed legislation Tuesday that would require the Department of Veterans Affairs to measure the effectiveness of its crisis hotline. "We must ensure that our veterans know that they are not alone after the phone call," Banks, R-3rd, said at a hearing of the House Veterans' Affairs Committee, of which he is a member.

Hyperlink to Above

2.4 - WEAU-TV (VIDEO): Wisconsin GI Bill expands benefit eligibility (24 October, Brooke Schwieters, 276k online visitors/mo; Eau Claire, WI)
Under a recent change by the Wisconsin Department of Veterans Affairs, more veterans' loved ones will be eligible for education benefits. In the past, Wisconsin GI Bill benefits for spouses

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and children were limited based on Wisconsin residency, but with a recent expansion of the bill, local colleges will be able to serve more veterans and their family's educational needs.

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2.5 - Concord Monitor: Controversial co-chairman ousted from VA task force (24 October, Ethan DeWitt, 164k online visitors/mo; Concord, NH)
A top official on a key Veterans Affairs task force was removed from his position Tuesday, after mounting complaints alleging a history of negligent oversight of the VA facility in Manchester. Michael Mayo-Smith, network director of the New England VA system, was removed as co-chairman of the VA New Hampshire Vision 2025 Task Force and is no longer a sitting member, a Veterans Affairs spokesman said Tuesday.

Hyperlink to Above

2.6 - The Enterprise: VA finalizes plan to demote Brockton man for Facebook post (24 October, Marc Larocque, 20k online visitors/mo; Brockton, MA)
The Brockton man who was embroiled in controversy for a social media comment, directed at Patriots players kneeling during the national anthem, was officially demoted on Monday from his leadership position at the VA Providence Regional Benefit Office. Stephen Pina of Brockton, who was the manager of the regional veterans benefits center in downtown Providence, made an online remark underneath a Boston 25 news Facebook post showing a picture of kneeling members of the New England Patriots on Sept. 24. His comments directed toward the kneeling players, who were predominantly African-American, were later widely panned as either racist or racially insensitive.

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2.7 - SOFREP.com: Another level of waste and oversight at the Department of Veterans Affairs (24 October, Nick Coffman)
The words waste and oversight have become synonymous with the Department of Veterans Affairs (VA), particularly in recent years. In spite of the irrefutable evidence that pins the reported ownership and reckless mismanagement of billions of American taxpayer dollars on senior leaders within the VA, the organization shows no sign of changing course. Each ousted departmental leader seems to be replaced with one just as incompetent.

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3. Access to Healthcare

3.1 - ABC News (AP): VA touts private health care for vets but cost issues linger (24 October, Hope Yen, 24M online visitors/mo)
Veterans Affairs Secretary David Shulkin touted an overhaul plan Tuesday to give veterans even wider access to outside doctors than under its troubled Choice health care program, stressing ties with the private sector even while acknowledging key questions of rising cost and sharing of medical records were still unresolved.

Hyperlink to Above

3.2 - U.S. News & World Report (AP): Missouri WWII Vet Gets Benefits for Mustard Gas Claim (24 October, 24M online visitors/mo)
A World War II veteran who says he was exposed to mustard gas experiments at a former southwest Missouri military camp has been awarded federal benefits. Missouri U.S. Sen. Claire McCaskill announced on Monday that the Department of Veterans Affairs is granting Arla Harrell monthly benefits. He's also getting back-benefits from the time his family first applied for aid in 1991.

Hyperlink to Above

3.3 - PBS NewsHour: How a wounded combat veteran and his wife struggled to make a family (24 October, William Brangham, 5.5M online visitors/mo; Arlington, VA)

Jason and Rachel Hallett were eighth-grade sweethearts in Colorado, but their early romance didn't last. Her parents didn't approve, and so the teens went their separate ways. But nearly a decade later, Rachel heard from Jason again on Facebook. "He sends me this friend request a couple years after I had kinda given up," she says. "And when I saw what had happened, I just started crying."

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3.4 - Stars & Stripes: House considers major changes to VA health care (24 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
Department of Veterans Affairs Secretary David Shulkin argued Tuesday that a House plan for veterans' health care was too restrictive and wouldn't offer enough veterans the choice of private-sector care. House lawmakers and VA officials hashed out details Tuesday of two proposals outlining major changes to the VA's community care programs. Both would effectively end the Veterans Choice Program that was created in 2014 following the VA wait-time scandal to extend VA care into the private sector. The plans do away with a rule that allows veterans to seek private sector care when they are forced to wait more than 30 days for an appointment or live more than 40 miles driving distance from a VA facility.

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3.5 - Law360: Md. VA Facility's Opioid Treatment Lacking, Report Says (24 October, Emma Cueto, 1.5M online visitors/mo; New York, NY)
A Baltimore Department of Veterans Affairs hospital needs to improve oversight and quality control for one of its opioid dependence treatment programs, according to a report from the VA's Office of the Inspector General.

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3.6 - American Legion: Legion commends VA's draft proposal of CARE Act (19 October, 1.3M online visitors/mo)
In an effort to improve veterans' experiences with and access to health care, the U.S. Department of Veterans Affairs (VA) announced on Oct. 16 that it has released the draft proposal of its Veterans Coordinated Access and Rewarding Experiences (CARE) Act to Congress. According to the VA news release, the bill aims to clarify and simplify eligibility requirements, set the framework for VA to continue to build a high-performing network, streamline clinical and administrative processes, implement new care coordination support for veterans, and merge and modernize community care programs.

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3.7 - WFED-AM: Funding for a new veterans choice program remains the big, unresolved question for VA (24 October, Nicole Ogrysko, 854k online visitors/mo; Washington, DC)
Debate over the future of the Veterans Choice Program began in earnest Tuesday, as the Veterans Affairs Secretary David Shulkin and House VA Committee Chairman Phil Roe (R-Tenn.) presented their respective proposals to make community care programs permanent. Shulkin's proposal, called the Veterans Coordinated Access and Rewarding Experiences (CARE) Act, would streamline VA's seven disparate community care programs into one. It would eliminate the 40-mile/30-day requirement that veterans must currently meet to be eligible to receive care from a private sector provider.

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3.8 - Becker's Hospital Review: VA finalizes site for replacement $925M hospital, ending years of debate (24 October, Alia Paavola, 441k online visitors/mo; Glencoe, IL)
The U.S. Department of Veterans Affairs selected a new site for its approximately $925 million replacement hospital in Louisville, Ky., according to the Insider Louisville. On Friday, VA Secretary David Shulkin, MD, signed off on the location — 35 acres on the east side of Louisville — ending more than a decade of reviews and debate over the controversial site.

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3.9 - Independent Record: Veterans call program to get health care with civilian doctors 'a disaster,' broken (24 October, Holly K. Michels, 276k online visitors/mo; Helena, MT)
Veterans from around the state expressed frustration over the Veterans Choice program, meant to increase access to health care, during a listening session in Helena on Monday night. Nearly 50 veterans came to American Legion Post No. 2 to talk about their experiences with Veterans Affairs Department health care. The town hall is one of about a dozen the Legion will hold around the country this year to gather feedback to share with state congressional delegations and VA officials.

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3.10 - Construction Dive: VA plans $925M hospital in Louisville, KY (24 October, Laurie Cowin, 60k online visitors/mo; Washington, DC)
Dive Brief: The Department of Veterans Affairs has chosen a 35-acre site east of downtown Louisville, KY, for a new $925 million, 104-bed hospital. The VA anticipates design will be complete in 2018, but a construction timeline has yet to be finalized, the Bowling Green Daily News reported. In response to resident concerns about increased traffic congestion, the VA has said it is vying for transportation upgrades, such as widening roads around the development. The hospital serves 35 counties in Kentucky, in addition to residents in southern Indiana. The finished project, which still must secure Congress' approval to fund its construction, will replace the Robley Rex VA Medical Center, which opened in the 1950s.

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3.11 - KUFM-FM (AUDIO): Veterans Give VA Healthcare Mixed Reviews During Helena Meeting (24 October, Corin Cates-Carny, 41k online visitors/mo; Missoula, MT)

Inside American Legion Post #2 in Helena Monday night, more than 40 veterans took turns sharing stories of using the Veteran Affairs healthcare system, highlighting chronic issues, with the occasional kudos for specialized veteran care. The town hall kicks off a week of closed door meetings between American Legion members and Montana VA leaders to hear updates on the agency and discuss improvements for veteran treatment.

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4. Women Veterans

4.1 - Task and Purpose: It's Time To Address The Staggering Rate Of Suicide Among Servicewomen And Female Vets (24 October, Kate Hendricks Thomas and Kyleanne Hunter, 629k online visitors/mo)
We were both almost statistics; numbers on a page that people use evoke emotions devoid of context. To us, like so many other veterans, suicide isn't a statistic. It's part of our daily lives. Despite appearing "successful," or even "normal" on the outside, there is an almost nagging preoccupation with not belonging. And while we know this reality — both from living it ourselves and being connected in veterans advocacy — when we read the state-by-state breakdown released by the Department of Veterans Affairs in September highlighting suicide statistics, the fact that veteran rates sit 22% higher than civilians is still jarring. And while all deaths are tragic, what drew our eyes immediately — and prompted more than a few pensive moments — was the explosive growth in the suicide numbers for military women.

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5. Appeals Modernization

5.1 - Task and Purpose: Vets May Now Be Able To Get Higher Disability Ratings For Service-Connected Injuries (24 October, Adam Linehan, 629k online visitors/mo)
The U.S. Court of Appeals for Veterans Claims issued a decision last month that could make it easier for veterans with injuries to the back, neck, and joints to obtain higher disability ratings, even in cases where veterans are already receiving disability benefits for such injuries. The recent case, called Sharp v. Shulkin, reviewed the Department of Veterans Affairs' current system for assessing the origin and extent of a veteran's disability and clarified the responsibilities of Compensation and Pension examiners and the Board of Veterans Appeals when it comes to giving an opinion on pain flare-ups caused by musculoskeletal disabilities. The court ultimately ruled that the system was inadequate, because not all C&P examiners consider flare-ups and pain when determining what disability rating a veteran should receive.

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6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

7.1 - Law360: CliniComp Looks To Revive Protest Of VA Health Records Deal (24 October, Daniel Wilson, 1.5M online visitors/mo; New York, NY)

Electronic health records provider CliniComp on Monday appealed a Court of Federal Claims judge's decision to dismiss its challenge to the U.S. Department of Veterans Affairs awarding a massive contract to rival Cerner, a deal CliniComp claims had been improperly awarded without a competitive bidding process.

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7.2 - Healthcare IT News: Cerner EHR project for VA will take 7 to 8 years, Shulkin says (24 October, Jessica Davis, 438k online visitors/mo; Portland, ME)
It will take 18 months for the U.S. Department of Veterans Affairs to launch the new Cerner electronic health record and another seven to eight years to transition the whole legacy EHR system once the contract with Cerner is finalized, VA Secretary David Shulkin, MD, told the House Committee on Veterans' Affairs on Tuesday.

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8. Other

8.1 - Courthouse News: World War II Vet Inks Settlement on Long-Awaited Benefits (24 October, Britain Eakin, 191k online visitors/mo)
Some 70 years after Celestino Almeda helped the United States liberate the Philippines from Japanese occupation, bureaucratic red tape has kept the World War II veteran fighting for recognition of his service. Almeda's long tour finally ended Monday with a settlement on the $15,000 veterans benefit promised by the U.S. Department of Veterans Affairs.

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8.2 - KTUL-TV (VIDEO): Daughters of the American Revolution working to restore Muskogee WWI statue (24 October, Tyler Butler, 195k online visitors/mo; Tulsa, OK)
Since 1925, the "Doughboy" monument has towered over the Muskogee Veterans hospital. In 1983, a picture shows the statue still standing tall, although it looks like the rifle is slightly bent. 2017, the rifle is still bent, the statue standing tall. Some of the luster has been worn away from this valiant soldier, but even still, he's stood the test of time. "The Muskogee Doughboy is in really good shape. Because it's so high up, vandals haven't really gotten to it. And he's in front of a veteran's hospital and they've kept and eye on him.," said Vandelia Graham, chapter regent of the Rev. John Robinson chapter of the Daughters of the American Revolution.

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8.3 - Patch: Morganville Woman Stole $2.8 Million From VA (24 October, Carly Baldwin; Marlboro, NJ)
A Morganville woman who owned a computer training center was sentenced Monday to 24 months in prison for stealing $2.8 million from a program designed to help veterans find employment, Acting U.S. Attorney William E. Fitzpatrick announced. Elizabeth Honig, 52, of Morganville, New Jersey, previously pleaded guilty before U.S. District Judge Peter Sheridan to an information charging her with one count of theft of government funds. Judge Sheridan imposed the sentence today in Trenton federal court. According to documents filed in this case and statements made in court:

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1. Top Stories

1.1 - Fox Business (VIDEO): Veteran suicide rates continue to climb (23 October, 10.8M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin on the increased suicide rate among veterans and the opioid epidemic.

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1.2 - Fox Business (VIDEO): VA has improved since Trump took office: David Shulkin (23 October, 10.8M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin on how the Veteran Affairs Department has changed since President Trump took office.

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2. Veteran and Employee Experience

2.1 - Daily Herald: Talk to explain aging brain to veterans in Naperville (23 October, Marie Wilson, 1.5M online visitors/mo; Arlington Heights, IL)

The effects of aging on the body are obvious, but the process of getting older can be just as transformative, if not more so, on the mind.

A free program for veterans and their caregivers Thursday in Naperville aims to explain the cognitive changes that come with normal aging and the concerning shifts that can signal something is wrong.

Doctors from the neuropsychology program at Edward Hines Jr. VA Hospital say they will clear up misconceptions about aging and the brain during the free presentation from 10 a.m. to noon at Judd Kendall VFW Post 3873, 908 W. Jackson Ave.

"They explain it in a way that the average person can understand it," said Mike Barbour, service officer for the Naperville VFW and American Legion. "It's not a bunch of medical jargon."

To start, Dr. Amanda Urban, a neuropsychologist and program manager of the neuropsychology program at Hines, said she explains dementia is not a normal part of growing older.

Some of its symptoms can be caused by underlying conditions, such as high blood pressure, high cholesterol, diabetes, poor sleep, diet, fitness or cardiovascular health. But getting dementia is never a given, and many risk factors are treatable, Urban said.

She and neuropsychology fellows Dr. Monica Stika and Dr. Rachael Ellison will share tips for older adults to maintain their brain health and stay independent. Among them is using "compensatory strategies" to pick up where memory leaves off, such as making lists, setting alarms or using smartphone calendars.

"Using these strategies can empower people to work around cognitive difficulties," Urban said.

Barbour said he attended a presentation of "Understanding the Aging Brain" about a year ago, and he's pleased more than 70 veterans and their caregivers have signed up to attend this time. To register for the free session, call Urban at (708) 202-2682.

"A lot of our veterans are getting to be at the age where you know you forget things. They're thinking, 'Do I have Alzheimer's? Do I have dementia? What is it?'" Barbour said. "What they do here is try to explain what the aging process is: as you age, what will take place? They do a very good job of it. They tend to allay the fears of the veterans and their caregivers."

Urban said the presentation always concludes with a question-and-answer session for veterans to bring up specific concerns. She said she's often asked whether military-related conditions, such as post-traumatic stress or a traumatic brain injury, can increase dementia risk.

"Much like the rest of the population, veterans have many of the common risk factors for dementia," she said. "I tell all veterans and patients there is no one test to determine if you have dementia."

Instead she recommends people visit their primary care doctor if they have concerns.

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2.2 - WAGA-TV: VA workers in Atlanta rally to fill vacant positions (24 October, 1.2 online visitors/mo; Atlanta, GA)

Employees at the Atlanta VA are demanding action on behalf of the patients they treat.

They held a rally Tuesday afternoon at the VA Atlanta Medical Center.

Organizers said low staffing levels are putting patients' safety at risk.

The workers are also demanding that the Department of Veterans' Affairs fills all vacancies immediately.

The employees said veterans deserve the highest quality of care, but can't get that if there is not enough medical staff available.

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2.3 - The Journal Gazette: Banks' proposal would assess performance of VA crisis hotline (24 October, Brian Francisco, 797k online visitors/mo; Fort Wayne, IN)

U.S. Rep. Jim Banks proposed legislation Tuesday that would require the Department of Veterans Affairs to measure the effectiveness of its crisis hotline.

"We must ensure that our veterans know that they are not alone after the phone call," Banks, R-3rd, said at a hearing of the House Veterans' Affairs Committee, of which he is a member.

Banks said the Veterans Crisis Line has received more than 2.3 million calls and 55,000 texts since VA implemented it in 2007. Those calls generated more than 376,000 referrals to VA

suicide prevention coordinators and more than 61,000 dispatches of emergency services, Banks said during the committee's webcast of the hearing.

But VA, he said, lacks a system to gauge "the efficacy of the VCL in preventing future suicide attempts after the initial one is prevented, or in how well it is integrated into the entirety of VA's mental health care services."

Banks' draft legislation would require the agency to collect and analyze data on the role of the crisis line as a conduit to sustained mental health treatment for veterans; whether the line is known to veterans not using VA health care services; whether mental health treatment reduces use of the VCL; and whether there is a link between suicides and the number of times a veteran calls the crisis line. The proposal also would have the agency track whether veterans being treated for physical ailments are also finding care for mental health needs.

Banks, a member of the Navy Reserve, said Tuesday his legislation would have VA examine data from 2014 through 2018. The proposal would stress patient privacy and anonymity during data collection and assessment.

Veterans account for 18 percent of the nation's 40,000 yearly suicides even though they make up just 8 percent of the population, Banks told other members of the committee. He said post-traumatic stress disorder is "a large contributing factor" in veteran suicides.

"Our veterans were vigilant in fighting for our freedoms; we must be vigilant in addressing their needs," said Banks, whose northeast Indiana district includes a VA medical center in Fort Wayne.

The Veterans Crisis Line number is 1-800-273-8255, press 1. The text number is 838255.

Later at Tuesday's hearing, VA Secretary Dr. David Shulkin said during testimony, "Look, our top clinical priority is suicide."

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2.4 - WEAU-TV (VIDEO): Wisconsin GI Bill expands benefit eligibility (24 October, Brooke Schwieters, 276k online visitors/mo; Eau Claire, WI)

Under a recent change by the Wisconsin Department of Veterans Affairs, more veterans' loved ones will be eligible for education benefits.

In the past, Wisconsin GI Bill benefits for spouses and children were limited based on Wisconsin residency, but with a recent expansion of the bill, local colleges will be able to serve more veterans and their family's educational needs.

"For service-connected disabled veterans, a great tool that they can use to help their family become educated is to take advantage of the GI Bill," says Tim Moore Eau Claire County Veterans Services Director.

Legislation set in 2005, the Wisconsin GI Bill awards full college tuition to eligible veterans and their dependents; benefits families only saw if the veteran was a resident of Wisconsin when they entered active service.

But with a recent expansion of the bill, that residency restriction is no longer.

“It's going to open up this benefit for many many more people, because that restriction of having that residency requirement really cut the numbers down,” says Moore. “I think this is really going to enhance what we have to offer veterans here in Wisconsin.”

Chippewa Valley Technical College currently has about 150 students who are receiving veterans' benefits.

In an email, Margo Keys, the Vice President of Student Services says, "The changes to the Wisconsin GI Bill broadens access to education for more veterans, their spouses and dependents and CVTC looks forward to serving their educational needs in the future. The changes honor the service of our veterans and ultimately help serve the employment needs of the area.”

Under the new expansion, for a dependent to qualify for the benefits, the veteran must have served on active duty under honorable conditions, at least a 30 percent service-connected disability rating, have lived in Wisconsin for at least five consecutive years immediately before the start of the semester, and the eligible student must have lived in Wisconsin for at least 5 years before enrollment.

“This is just one step, there's a lot of things that the current administration of Wisconsin department of Veterans Affairs is just really taking a national lead to help out our veterans and their families,” says Moore.

Eau Claire County Veteran Services says applications are currently available. Moore recommends stopping by your local county veteran service office to apply for the expanded eligibility.

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2.5 - Concord Monitor: Controversial co-chairman ousted from VA task force (24 October, Ethan DeWitt, 164k online visitors/mo; Concord, NH)

A top official on a key Veterans Affairs task force was removed from his position Tuesday, after mounting complaints alleging a history of negligent oversight of the VA facility in Manchester.

Michael Mayo-Smith, network director of the New England VA system, was removed as co-chairman of the VA New Hampshire Vision 2025 Task Force and is no longer a sitting member, a Veterans Affairs spokesman said Tuesday.

Mayo-Smith was dismissed by the Executive in Charge of the Veterans Health Administration, Dr. Carolyn Clancy, in a decision made Tuesday, the spokesman, Curt Cashour, said.

Mayo-Smith’s place at the head of a body charged with improving New Hampshire’s VA system after blistering scandals was long criticized by whistleblowers and veterans advocates, who said his leadership position would create a conflict of interest.

In a statement, Clancy made reference to those concerns.

“Dr. Mayo-Smith served the panel well in its initial formation, but as the regional VA medical director, it’s important to have the panel remain independent of his views as it makes recommendations to the Veterans Health Administration on the future of VA health care in New Hampshire,” Clancy said.

Replacing Mayo-Smith as co-chair is Dr. Jennifer Lee, the present Deputy Under Secretary for Health for Policy and Services at the VA, according to Cashour. David Kenney, chairman of the New Hampshire State Veterans Advisory Committee, will remain a co-chair, Cashour said.

Mayo-Smith could not be reached for comment. The VA declined to immediately make Lee available for interview.

The shake-up came after weeks of opposition to Mayo-Smith’s role, and months after an explosive Boston Globe investigation revealed deep-seated problems with the management and operation of Manchester’s VA center.

Among the issues alleged by a group of 11 medical staff at the hospital were unsanitary conditions of surgical instruments, long wait times for treatment and fly-infested operating rooms – facilitated by poor leadership.

Hospital Director Danielle Ocker and Chief of Staff James Schlosser were both removed in the days following the report, but Mayo-Smith remained a target of scorn among veterans advocates.

In an interview Tuesday, Stewart Levenson, the former medical director of the Manchester center and a whistleblower for the Globe story, said Mayo-Smith had failed to act on concerns raised for years before the Globe story was published.

Some complaints were made over emails to Mayo-Smith; others were passed on through Levenson’s direct supervisor, he said. Levenson also raised the issues in person during informal meetings, he added.

When Mayo-Smith was announced as the co-chair of the task force, Levenson and other whistleblowers quickly voiced opposition.

Shulkin initially stood by the choice, with Cashour telling the Union Leader in August that the VA head had “full confidence” in Mayo-Smith’s position as head of the task force.

But the criticism continued to grow, coming to a head at a Sept. 18 field hearing attended by Rep. Annie Kuster and Sen. Maggie Hassan, both Democrats. Many of the speakers called for Mayo-Smith’s ouster, arguing that they wouldn’t be able to trust any findings from a task force with him at the helm.

As frustrations mounted, members of New Hampshire’s congressional delegation also added pressure.

A week after the Sept. 17 field hearing, Kuster called Shulkin and raised her own concern with Mayo-Smith’s role, according to Nick Brown, a spokesman. Kuster suggested Lee as a potential replacement, Brown said.

Sen. Maggie Hassan also spoke with Shulkin directly in recent weeks, pressing him for "a change in leadership," according to a Hassan spokesperson. The senator's office has received calls from veterans representatives asking for Mayo-Smith's removal, the spokesperson added.

Speaking Tuesday, Levenson praised the move as a step in the right direction for the task force.

"When I met with Dr. Shulkin months ago, I pointed out that these lapses in care quality were planted firmly at the feet of Dr. Mayo-Smith," he said. "Hopefully this is taken to heart now."

And Levenson, a Republican candidate for N.H.'s 2nd Congressional District – a seat currently held by Kuster – went further, calling for Mayo-Smith's firing from his present post.

"Hopefully (this move) is a prelude to him being held accountable for his poor leadership at the helm of the New England network," he said.

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2.6 - The Enterprise: VA finalizes plan to demote Brockton man for Facebook post (24 October, Marc Larocque, 20k online visitors/mo; Brockton, MA)

The Brockton man who was embroiled in controversy for a social media comment, directed at Patriots players kneeling during the national anthem, was officially demoted on Monday from his leadership position at the VA Providence Regional Benefit Office.

Stephen Pina of Brockton, who was the manager of the regional veterans benefits center in downtown Providence, made an online remark underneath a Boston 25 news Facebook post showing a picture of kneeling members of the New England Patriots on Sept. 24. His comments directed toward the kneeling players, who were predominantly African-American, were later widely panned as either racist or racially insensitive.

"Turds, your dumbass isn't paid to think about politics....dance monkey dance," Pina wrote in the message.

On Monday, an official at the Department of Veterans Affairs confirmed that Pina would be demoted, after previously proposing the disciplinary action.

"VA does not condone or tolerate such unacceptable and offensive comments from any of our employees," said Curt Cashour, the Washington-based press secretary for the U.S. Department of Veterans Affairs, in a statement to The Enterprise on Monday. "That's why we proposed demoting this employee and removing him from his management/supervisory role. Today, VA issued its final decision in the matter."

Cashour said Pina is being demoted two grades from General Service, schedule 14(GS-14), to GS-12, and the federal agency is removing him from his management/supervisory position. That will mean a cut in Pina's pay. The decision will take effect on Saturday, the press secretary said.

The GS-14 status earned Pina a $120,170 salary from the federal agency, according to public records.

In the aftermath of the controversy surrounding Pina's "monkey" comment, his words were condemned as racist by Brockton officials and organizations like the Brockton Area Branch

NAACP and Mayor Bill Carpenter. The mayor called on Pina to resign from his appointed five-year term as a volunteer member of the Brockton Parks Recreation Commission.

Pina was also called to resign from a coaching role in the city's Pop Warner football league, the Brockton Junior Boxers. The youth football league told The Enterprise that he resigned from that position as well.

Pina called The Enterprise and said that he didn't intend for the comment to be perceived as racist, and he had no expectation that it would be.

"It was not meant to be a racist comment, and if it was taken as such that's regrettable," Pina said. "At heart, it wasn't intentional. ... It wasn't meant to be that way."

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2.7 - SOFREP.com: Another level of waste and oversight at the Department of Veterans Affairs (24 October, Nick Coffman)

The words waste and oversight have become synonymous with the Department of Veterans Affairs (VA), particularly in recent years. In spite of the irrefutable evidence that pins the reported ownership and reckless mismanagement of billions of American taxpayer dollars on senior leaders within the VA, the organization shows no sign of changing course. Each ousted departmental leader seems to be replaced with one just as incompetent.

A current VA employee, who wished to remain anonymous for fear of backlash by the VA, contacted SOFREP with evidence of a new way the department is wasting resources in various medical centers across the country. Eyewitness accounts at the medical center locations where the employee has worked shows that unopened, uncontaminated, and unexpired food and beverage containers are being thrown out in bulk. At one VA location, employees are required to actually open the unopened containers and dump them out into trash cans, while another site only requires that the containers be thrown away without being opened first.

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3. Access to Healthcare

3.1 - ABC News (AP): VA touts private health care for vets but cost issues linger (24 October, Hope Yen, 24M online visitors/mo)

Veterans Affairs Secretary David Shulkin touted an overhaul plan Tuesday to give veterans even wider access to outside doctors than under its troubled Choice health care program, stressing ties with the private sector even while acknowledging key questions of rising cost and sharing of medical records were still unresolved.

Testifying at a House hearing, Shulkin provided new details on the VA's plan to permanently replace the Veterans Choice program. Acknowledging the program would run out of money sooner than expected, he urged Congress to act by year's end to provide stopgap funding and loosen restrictions to ensure timely, quality treatment for veterans when unavailable at VA medical centers.

Veterans should get "more choice in the say of their care," Shulkin told the House Veterans Affairs Committee. "Nobody should feel trapped in the VA system."

Still, faced with repeated questioning from lawmakers, Shulkin conceded that an upgraded VA information technology system needed to reduce delays and ensure a smooth sharing of medical records with outside doctors was still seven to eight years away and that the White House budget office also had yet to approve the costs of its proposal. Major veterans' organizations generally oppose paying for Choice by reducing veterans' disability benefits or with cuts to core VA health programs.

"This program will require offsets," Shulkin said.

His remarks underscored significant change underway at the VA, drawing both praise and consternation after a 2014 wait-time scandal at the Phoenix VA medical center and big campaign promises from President Donald Trump to expand "choice" for veterans.

"Veterans' health care should not be subjected to offsets or pay-fors, and the full burden of providing care for service-disabled veterans needs to be borne by the federal government," said Roscoe Butler, a deputy director for The American Legion, the nation's largest veterans group. He called the initial proposals a "great start" that needed adjustments to protect against erosion of VA medical centers.

Dubbed Veterans CARE, the VA proposal would eliminate Choice's current restrictions that veterans can go outside the VA network only in cases where they had to wait more than 30 days for an appointment or drive more than 40 miles to a facility.

Veterans would get outside referrals based on "clinical need," consulting with VA health providers about their medical problem. The health provider and patient would then jointly decide whether it was best to receive care within the VA or with a private doctor. A veteran could take into account the length of time waiting for a VA appointment, poor performance at the local VA hospital based on department ratings, or if the VA can't provide the service.

Veterans also would be able to access walk-in clinics, such as MinuteClinics, to treat minor illnesses or injury — subject to some new copayments.

The House Veterans Affairs Committee led by Rep. Phil Roe, R-Tenn., is crafting a separate proposal aimed at providing an integrated network of private and VA care. Generally, fewer restrictions for veterans to access private care would mean higher costs to VA.

"We still need to figure out how to pay for all these improvements — which will be no easy or pleasant feat for any of us," Roe said.

During the 2016 campaign, Trump repeatedly pledged to fix the VA by bringing accountability and expanding access to private doctors, criticizing the department as the "most corrupt." In July, he promised to triple the number of veterans "seeing the doctor of their choice."

More than 30 percent of VA appointments are made in the private sector.

Some groups are already drawing political battle lines, with the left-leaning VoteVets and the American Federation of Government Employees warning of privatization and Concerned

Veterans for America, backed by the billionaire conservative Koch brothers, urging that veterans get almost unlimited freedom to see private doctors.

On Tuesday, major organizations including Disabled American Veterans and Veterans of Foreign Wars stressed continued investment in the VA.

The American Legion also urged lawmakers to require a detailed financial accounting each year from VA on Choice, citing the department's past problems in budget planning. Last month, the Associated Press reported that VA had acknowledged money for its Choice program could run out of money sooner than expected despite receiving $2.1 billion in emergency funding in August. Citing the AP report, Sen. John McCain, R-Ariz., introduced bipartisan legislation that would require fuller VA justifications and third-party audit reviews when money falls short.

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3.2 - U.S. News & World Report (AP): Missouri WWII Vet Gets Benefits for Mustard Gas Claim (24 October, 24M online visitors/mo)

A World War II veteran who says he was exposed to mustard gas experiments at a former southwest Missouri military camp has been awarded federal benefits.

Missouri U.S. Sen. Claire McCaskill announced on Monday that the Department of Veterans Affairs is granting Arla Harrell monthly benefits. He's also getting back-benefits from the time his family first applied for aid in 1991.

McCaskill's office says the military tested mustard gas and the blister agent lewisite on about 60,000 veterans, including Harrell. But Harrell had been repeatedly denied disability benefits.

He won benefits after President Donald Trump in August signed legislation requiring the government to reconsider disability benefits denied to those who claim the testing caused health problems.

McCaskill had sponsored that legislation, which later passed as part of another veterans bill.

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3.3 - PBS NewsHour: How a wounded combat veteran and his wife struggled to make a family (24 October, William Brangham, 5.5M online visitors/mo; Arlington, VA)

Jason and Rachel Hallett were eighth-grade sweethearts in Colorado, but their early romance didn’t last. Her parents didn’t approve, and so the teens went their separate ways.

But nearly a decade later, Rachel heard from Jason again on Facebook. “He sends me this friend request a couple years after I had kinda given up,” she says. “And when I saw what had happened, I just started crying.”

What Rachel saw were photos of what a homemade bomb laid by the Taliban had to done to Jason. After 9/11, he’d enlisted in the Marine Corps and, while on patrol in Afghanistan, he stepped on an explosive that destroyed both his legs, most of his right arm, and part of his left hand.

Jason's Facebook request led to phone calls and then to a hospital visit. Their relationship took off. When they were apart, they would video chat late into the night, sometimes falling asleep with the line still open. They'd wake up the next morning and pick up where they'd left off. Soon they were married.

I met Rachel and Jason two years ago when NewsHour producer Quinn Bowman and I were reporting a story about how the U.S. Department of Veterans Affairs wouldn't cover in-vitro fertilization (IVF) for wounded veterans. (Back in the 1990s, Congress had passed a bill that blocked the VA from paying for these services. There were concerns over the costs, which are estimated to be roughly $500 million over five years to cover the approximately 1,800 veterans who might require IVF. Pressure was also reportedly exerted on Congress by anti-abortion groups who disapprove of IVF.)

At the time, Jason and Rachel wanted very much to start a family, but because shrapnel from the explosion remained lodged in his testicles, costly IVF was their only way to get pregnant. The young couple said they could probably afford one IVF attempt, but would need to take out loans if the first try failed.

As we reported in 2015, Senator Patty Murray (D-WA) had introduced a bill to allow the V.A. to cover IVF for wounded veterans, but it never got a full vote in the Senate.

"To me, when someone goes off to fight a war for us, a man or a woman, we have an obligation to make them whole again, as whole as we can," Murray said.

At the time, Jason expressed frustration with Congress' inability to solve this problem. "I don't regret joining the Marine Corps, but the simple fact is that they told us that we'd be taken care of us if we got injured," says Jason. "I guarantee that if it was a Congressman's kid… they would be doing everything they can to make it happen."

Soon after our story aired, a young photographer named Kirsten Leah Bitzer began photographing the Halletts. Two years ago, Bitzer was a photography student looking for a long-term project when she happened to meet Jason and Rachel. The young couple agreed to let Bitzer follow them through the intimate, complicated in-vitro process, as well as Jason's ongoing care at the V.A. As you can see in her series (and in the video below), Bitzer documented the whole emotionally exhausting process, but also showed its triumphant outcome: the birth of their twins, Jason Jr. and Marina.

One additional update: Senator Murray's bill still hasn't come up for a vote, but last December, Congress did authorize the V.A. to pay for IVF services for wounded veterans. That authorization has to be renewed every two years, and Senator Murray continues to push for a more permanent solution.

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3.4 - Stars & Stripes: House considers major changes to VA health care (24 October, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

Department of Veterans Affairs Secretary David Shulkin argued Tuesday that a House plan for veterans' health care was too restrictive and wouldn't offer enough veterans the choice of private-sector care.

House lawmakers and VA officials hashed out details Tuesday of two proposals outlining major changes to the VA's community care programs. Both would effectively end the Veterans Choice Program that was created in 2014 following the VA wait-time scandal to extend VA care into the private sector. The plans do away with a rule that allows veterans to seek private sector care when they are forced to wait more than 30 days for an appointment or live more than 40 miles driving distance from a VA facility.

But critics of the House proposal, including Shulkin, said it wouldn't allow enough veterans to go to private-sector doctors. With some exceptions, the House bill would require veterans to stay within the VA system unless the VA determines it couldn't provide them with a health care team.

"We are concerned that this approach is narrow and relies on administrative, rather than clinical, criteria," Shulkin said.

Instead, Shulkin's plan leaves the decision to veterans and their VA doctors. He presented his plan to the House Committee on Veterans' Affairs and described it as a simplification of the current Choice program, which has been widely criticized as complex and bureaucratic. It's titled the Veterans Coordinated Access & Rewarding Experiences Act, or CARE.

"What we're signaling in this is to start doing what we should've been doing more, which is giving the veteran more choice in the say of their care," Shulkin said. "We want the provider and the patient making the best decision for the patient."

Rep. Phil Roe, R-Tenn., chairman of the House committee, lauded the hearing as an "incredibly important meeting that's going to shape the future of the VA."

VA CARE plan

Shulkin was a holdover from former President Barack Obama's administration and helped lead implementation of the Choice program as the VA's undersecretary of health. He has promised since his first public address as secretary in February that he would end the 30-day, 40-mile rule and allow veterans to have greater autonomy in their health care decisions.

His long-awaited CARE plan would permit veterans to go into the private sector for medical care if the VA doesn't offer what they need or can't provide care in a "clinically acceptable time period." Veterans would also be able to seek private-sector care when the VA secretary decides a facility isn't meeting quality or access standards. Those specific standards were not outlined in the plan.

Veterans who think the VA wrongly denied access to private-sector doctors could appeal those decisions.

The proposal would have the VA enter into "Veteran Care Agreements" with private medical providers that the agency would reimburse at rates equal to or less than what Medicare pays. The plan calls for consolidating the VA's multiple community care accounts into one, increasing the use of telemedicine and improving veterans' access to non-VA walk-in clinics for minor illnesses and injuries.

CARE also attempts to address ongoing recruitment and retention challenges within the agency.

According to the latest VA data, there were 34,000 open positions as of June. Shulkin said Tuesday that the VA hired 900 mental health professionals in the past year but another 945 left the agency.

CARE gives the VA secretary more hiring authority. It allows for 1,500 more medical education residency positions in the VA and would create a reimbursement program for nurses, physicians and dentists pursuing continuing education, for up to $1,000 per employee each year. It also repeals limitations on the VA from handing out more than $360 million in employee performance awards each year.

“The VA CARE bill is more than purchasing care,” Shulkin said. “Much of the bill would strengthen and improve VA care.”

The House bill would allow veterans to seek private-sector medical care if the VA determines it couldn’t provide them a health care team. Veterans would be able to get treatment through a network of private-sector providers that would be established in each VA region.

As with CARE, the House proposal orders the VA to enter into Veteran Care Agreements and pay private providers at Medicare rates. The rates could be negotiated higher in “highly rural areas,” where there’s little access to medical care, the bill states.

Many of the details of those agreements – and the criteria that determines which veterans are eligible to go into the private sector – are decisions the proposal mostly leaves to the discretion of the VA secretary.

When deciding whether a veteran can go into the private sector, the VA would be asked to consider if they face an “excessive burden” in accessing a VA facility. The legislation states that could mean a veteran lives too far from a facility, or there are poor road conditions, hazardous weather or the veteran is unable to travel because of a medical condition. The proposal leaves the criteria open-ended and the VA secretary could determine other factors that make it permissible for a veteran to seek private-sector care.

Each year, after a veteran chooses a private-sector doctor, the VA would be required to review the situation and switch them to a VA provider, if possible.

Money for private-sector health care would come from a new medical community care account – a consolidation of multiple, existing community care accounts. The bill states one year after its enactment, the Choice program would end and any remaining money would go into the account.

Shulkin’s plan would end the Choice program on Sept. 30, 2018, and he’s seeking $4 billion to fund the program until then. In August, Congress approved $2.1 billion in emergency funding for the program to keep it going until February 2018. The VA has recently projected the money will only last until the end of the year. A Choice overhaul needs to be approved by December, Shulkin said.

Funding fight

Neither proposal presented Tuesday included cost estimates.

Shulkin was adamant the new process would require cuts to other areas of VA spending. But he argued CARE would be cheaper than Choice in the long term because it would streamline complex processes that create large administrative expenses.

To pay for Choice, Shulkin proposed rounding down cost-of-living adjustments to all veterans who receive disability compensation from 2018 through 2027. The practice was standard until 2013.

The plan also calls for cutting federal funding given to veterans who attend flight training programs. At a House hearing earlier this month, representatives from the VA, American Legion and Student Veterans of America accused some flight schools of charging disproportionate amounts of money to students who use the GI Bill to pay for their educations. At the time, congressmen were considering legislation to impose a spending cap on flight schools.

Other cost-saving measures put into CARE would further extend pension reductions for Medicaid-eligible veterans in nursing facilities and extend fees on VA-guaranteed home loans.

The American Legion, Disabled American Veterans and Veterans of Foreign Wars spoke out strongly Tuesday against rounding down cost-of-living adjustments. The measure would cost each veteran an average of $12 annually.

“The Legion is appalled that either Congress or the administration would recommend that veterans disability checks be debited, even one dime, to cover the costs of other veterans benefits,” said Legion member Roscoe Butler. “Veterans’ health care should not be subjected to offsets or pay-fors.”

Rep. Tim Walz, D-Minn., the ranking Democrat on the House committee, also opposed the round-downs. He said Tuesday’s discussion might have been premature without cost estimates.

“I think most of us agree on principle that getting vets timely access to health care as near to home as possible – that’s what we should do,” Walz said. “You can’t have the concept and not talk about the money.”

Parts of the VA plan are still under review by the Office of Management and Budget, Shulkin said. Roe’s proposal won’t be reviewed by the Congressional Budget Office or receive a CBO score with cost projections until the bill is officially introduced.

“My bill is a work in progress,” Roe said. “We still need to figure out how to pay for these improvements, which will be no easy or pleasant feat for any of us.”

Stakeholders weigh in

In recent days, the progressive advocacy group VoteVets, the Veterans Healthcare Action Campaign and the American Federation of Government Employees – a union representing about 230,000 VA workers – have accused President Donald Trump’s administration of using Choice reform as a cover for privatizing the department.

Addressing concerns of privatization, Shulkin and Roe reiterated they are not attempting to privatize the VA. Shulkin said his focus is to “strengthen the VA, but at the same time ensure veterans aren’t waiting.”

“This effort is in no way, shape or form intended to create a pipeline to privatize the VA,” Roe said of his bill. “Under the draft bill, the VA retains the right of first refusal. If VA medical facilities can provide care, it will be provided in that facility. But when the VA can’t do that, my bill would ensure veterans aren’t left out to dry.”

Major veterans service organizations didn’t have those same concerns about privatization but some of them – including Paralyzed Veterans of America and AMVETS -- argued the VA’s CARE plan lacks details that could lead to veterans’ health care sliding too far into the private sector.

“Allowing large numbers of veterans into the private sector while not fixing long-term recruitment, hiring and retention of necessary staff, which would in essence solve many access-to-care issues, is a very slow and painful way to bleed the VA health care system dry of funds while lining the pockets of the private sector,” AMVETS policy adviser Amy Webb said in a written statement.

While those groups criticized the VA plan for being too open-ended, other, conservative groups said the House proposal didn’t go far enough.

The conservative Concerned Veterans for America is calling on lawmakers to create a bill allowing veterans to choose a private-sector doctor, even if there’s one available for them at the VA. CVA also wants Congress to create an appeals process for veterans who think they were wrongly restricted from accessing private providers, as in Shulkin’s CARE plan.

“Keeping the VA, and not the veteran, at the center of the VA health care system will perpetuate the issues that prevent many veterans from accessing the care they need,” CVA Policy Director Dan Caldwell said in a written statement.

The group wants the legislation tied to another committee proposal -- the Asset and Infrastructure Review Act -- which would create a commission to review VA facilities and choose which ones to close and where to modernize. During a hearing on the proposal earlier this month, major veterans service organizations acknowledged the necessity of an effort to “right-size” the VA, but they opposed the commission-style process, comparing it to the Defense Department’s unpopular Base Realignment and Closure program.

Some veterans groups were successful earlier this year at killing VA funding legislation in the House that would’ve incorporated a BRAC-style process for the department. Roe conceded a BRAC program for VA would be difficult to approve in Congress.

CVA was part of a coalition of conservative groups, some of them with ties to the Koch brothers’ political network, that sent a letter to lawmakers Monday asking them to create a system in which all veterans could choose a primary-care doctor inside or outside of the VA. Only that type of system would fall in line with Trump’s promise of increased choice for veterans, the groups wrote. Groups that endorsed the letter include Americans for Prosperity, Tea Party Nation and Heritage Action for America, a sister organization to the conservative think-tank Heritage Foundation.

Most groups that weighed in Tuesday acknowledged the two proposals represented a first step. Roe said the committee would take the feedback and make changes.

It was uncertain Tuesday when legislation would be officially introduced.

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3.5 - Law360: Md. VA Facility's Opioid Treatment Lacking, Report Says (24 October, Emma Cueto, 1.5M online visitors/mo; New York, NY)

A Baltimore Department of Veterans Affairs hospital needs to improve oversight and quality control for one of its opioid dependence treatment programs, according to a report from the VA's Office of the Inspector General.

The report, released Oct. 19, found that the Opioid Agonist Treatment Program at the Baltimore VA Medical Center did not ensure patients consistently received necessary treatment planning, monthly counseling or annual cardio tests, though the researchers said there was no evidence the problems caused any patient deaths.

"We substantiated that the OATP...

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3.6 - American Legion: Legion commends VA's draft proposal of CARE Act (19 October, 1.3M online visitors/mo)

In an effort to improve veterans' experiences with and access to health care, the U.S. Department of Veterans Affairs (VA) announced on Oct. 16 that it has released the draft proposal of its Veterans Coordinated Access and Rewarding Experiences (CARE) Act to Congress.

According to the VA news release, the bill aims to clarify and simplify eligibility requirements, set the framework for VA to continue to build a high-performing network, streamline clinical and administrative processes, implement new care coordination support for veterans, and merge and modernize community care programs.

"The American Legion applauds the secretary of the Department of Veterans Affairs for his efforts to improve health care for veterans by streamlining out-of-system community treatment options while strengthening care at VA facilities nationwide," said National Commander Denise Rohan.

The CARE Act would replace the current 30-day/40-mile system, under the Choice Program, with patient/provider-centric decision making. The new criteria would

• Place veterans and their physicians at the center of the decision process on how and where to get the best care available;

• Ensure VA is improving medical facilities and staffing levels to meet veterans' needs in areas where VA care is substandard; and

• Offer options for veterans to use a network of walk-in clinics for minor illnesses and injuries.

"The Choice program, implemented in the wake of the 2014 wait-time scandal, was never intended to be a permanent program," said Rohan. "For many months, The American Legion

has advised the VA on ways to provide better, more timely care to veterans based on the feedback of our 2 million members around the world."

In addition, the bill includes proposals for new workforce tools to assist maintaining and strengthening VA's world-class medical staff, a number of business process enhancements to improve financial management of the Community Care Program, and provisions that would strengthen VA's ability to partner with other federal agencies and streamline VA's real property management authorities.

VA Secretary David Shulkin said the administration wants veterans to work with their physicians to make informed decisions that are best for their clinical needs, whether in the VA or in the community.

"This bill does just that, while strengthening VA services at the same time," he said.

When it comes to delivering improved health-care options and outcomes for veterans nationwide, Rohan said the Legion looks forward to working with Shulkin and his team to make the VA more efficient, transparent and effective.

"Medicine and the delivery of medical services in America is evolving, and we expect the VA to evolve as well," said Louis Celli, director of the Legion's National Veterans Affairs and Rehabilitation Division. "Delivering 21st century health care to American veterans needs to be our No. 1 priority, and this CARE plan starts to take steps in that direction. The American Legion will continue to work with the department and lawmakers to ensure VA remains at the heart of veterans' care as it evolves to meet those demands."

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3.7 - WFED-AM: Funding for a new veterans choice program remains the big, unresolved question for VA (24 October, Nicole Ogrysko, 854k online visitors/mo; Washington, DC)

Debate over the future of the Veterans Choice Program began in earnest Tuesday, as the Veterans Affairs Secretary David Shulkin and House VA Committee Chairman Phil Roe (R-Tenn.) presented their respective proposals to make community care programs permanent.

Shulkin's proposal, called the Veterans Coordinated Access and Rewarding Experiences (CARE) Act, would streamline VA's seven disparate community care programs into one. It would eliminate the 40-mile/30-day requirement that veterans must currently meet to be eligible to receive care from a private sector provider.

"[It] leaves behind the old days where administrative needs, not the veterans' needs, govern decisions," Shulkin said. "It's about individualized care, community care, well-coordinated health care designed for a positive experience. The VA will take back customer service and treat veterans as valuable customers. Veterans CARE ensure veterans get the right care, at the right time with the right provider."

The conversations that the department and House lawmakers held in public Tuesday have, in the past, been controversial ones. Some organizations, including the American Federation of Government Employees, see the elimination of VA's current eligibility requirements for private sector care as a gateway to privatize core functions of the department.

AFGE has strongly argued in recent weeks that the Veterans CARE Act and similar proposals would “voucherize” VA in favor of private care.

But Shulkin and lawmakers again made the case that their proposals do nothing of the sort.

“I believe it is important to state yet again that this effort is in no way, shape or form intended to create a pipeline to privatize the VA healthcare system,” Roe said. “I want to be completely clear about that.”

In fact, few lawmakers Tuesday seemed fearful that the department’s plan and the House VA proposal too strongly favored private sector care, and they seemed satisfied that VA’s recommendation in particular included enough provisions that would enhance the department’s current capacity.

“This is about building a VA that veterans choose for their care,” Shulkin said. “We want veterans to choose VA.”

If anything, members had more unresolved questions about how much the new Choice program will cost and how the administration will pay for it.

Both Roe and committee Ranking Member Tim Walz (D-Minn.) said they were concerned with funding for the program, and few proposals offered substantial funding streams to pay for the program.

Shulkin said he’s still discussing the budgetary details of his proposal with the Office of Management and Budget. But the VA proposal would cost “billions of dollars less” over 10 years than continuing the current Choice program, Shulkin said.

“Mostly it’s going to be the decreased administrative costs,” he said. “The administrative costs associated with the Choice program and its complexity have been extremely high; 13 percent of all money goes toward administrative costs. That’s not consistent with what the private sector would do. We want to save on administrative costs and invest that into both the VA system and more care that veterans can receive in the community.”

Congress is under a tight timeline to make a decision about the Choice program’s future. VA said it has $1.4 billion left in the existing Choice fund and expects it will run out by the end of the calendar year.

Transferring the Choice program from mandatory funding to discretionary funding is one option that some veterans service organizations said might resolve the perpetual need to find emergency resources for Choice.

“We don’t want to continuously have the crises that we keep having with having to find money to fund them again,” said Kayda Keleher, associate director of the national legislative service for the Veterans of Foreign Wars. “It’s rather exhausting. Also, we’re concerned that over time, there would be a gradual erosion of VA health care systems if we’re continuously having to find money to put into mandatory spending for VA and community care providers.”

But beyond funding concerns, committee members seemed relatively receptive to other provisions in the VA plan, which are designed to help the department better recruit and retain top health professionals.

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For example, VA's proposal suggests eliminating existing caps on employee bonuses and performance awards. The Veterans Access, Choice and Accountability Act of 2014, which hastily stood up the Choice program and introduced new "accountability" measures for VA employees and senior executives, put limits on bonuses and awards three years ago.

VA also wants to add about 1,500 new slots for medical residencies, which Shulkin strongly advocated for and believes the department could competitively fill with young talent. Residents would be required to work for a period of time at the department after completing a VA residency.

The department is also interested in resuming responsibility of some of the administrative functions it had previously outsourced to third-party contractors under the 2014 Choice Act.

"VA needs to take back customer service," Shulkin said. "No successful company does that and survives. We learned that the relationships developed with our veterans over the years [are] very important to maintain."

To maintain relationships with its veterans, VA said it wants to schedule both in-house and private sector appointments and communicate and coordinate care for veterans. It'll also take back the responsibility of paying most bills, which VA believes will get easier under one, unified stream of funding for veterans healthcare.

In addition, the department wants the authority to share medical facilities with other federal agencies, including the Defense Department.

"We now have discussions going on all over the country about where the Department of Defense has excess capacity and where we have veterans that need care and services, and vice versa," Shulkin said. "We are working to figure out what makes sense for veterans, active servicemembers and the taxpayers in coming up with a number of different plans and facilities. We're asking for some mobility even in this legislation to avoid having to exchange bills. We're probably spending more on administrative costs than we are on taking care of veterans in this case. We want to try to decrease some of the barriers and regulations to doing more of this work together."

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3.8 - Becker's Hospital Review: VA finalizes site for replacement $925M hospital, ending years of debate (24 October, Alia Paavola, 441k online visitors/mo; Glencoe, IL)

The U.S. Department of Veterans Affairs selected a new site for its approximately $925 million replacement hospital in Louisville, Ky., according to the Insider Louisville.

On Friday, VA Secretary David Shulkin, MD, signed off on the location — 35 acres on the east side of Louisville — ending more than a decade of reviews and debate over the controversial site.

The federal government purchased the vacant land east of Louisville for the project five years ago, but fierce opposition stalled the project. Neighbors raised concerns over traffic congestion, while some city lawmakers and elected officials argued that alternative sites would better serve veterans.

Although Louisville Mayor Greg Fischer wrote a letter to the VA voicing his concerns over the agency's preferred site in 2016, he is now saying it is time to move forward with the selected site, according to the report.

"The project has been going on for over 10 years," Mr. Fischer told the Insider Louisville. "The veterans, the VA need a new location."

Now that the location is finalized, the new 104-bed, $925 million project, will enter the design phase. A construction timeline has yet to be released. The new hospital will replace the outdated Louisville-based Robley Rex VA Medical Center, which opened in 1950.

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3.9 - Independent Record: Veterans call program to get health care with civilian doctors 'a disaster,' broken (24 October, Holly K. Michels, 276k online visitors/mo; Helena, MT)

Veterans from around the state expressed frustration over the Veterans Choice program, meant to increase access to health care, during a listening session in Helena on Monday night.

Nearly 50 veterans came to American Legion Post No. 2 to talk about their experiences with Veterans Affairs Department health care. The town hall is one of about a dozen the Legion will hold around the country this year to gather feedback to share with state congressional delegations and VA officials.

“That Choice is broke, broke, broke,” said veteran Tom Johnson, who said he was employed by the VA for more than three decades. “The VA has gone downhill drastically in the last eight years.”

Johnson, like many others who spoke, had conflicting views about Fort Harrison, the VA's medical center in Helena. Johnson said while he has nothing but accolades and applause for most of the care he’s received, he also has concerns about the direction the VA is going.

Johnson said he spends time at the VA at least once a month, drinking coffee with the staff and visiting with patients.

“Overall, for the most part those patients have nothing but praise for the hospital out there, the medical care they’re receiving. But on the downside, trying to get in for appointments, scheduling, administration stuff … it isn’t working.”

Karen Semple said her husband, who is 100 percent disabled, had a serious accident recently and went to the VA, where several of his doctors were veterans.

“It made all the difference in the world how he was treated,” she said. “That is a fantastic connection you can’t always get in the civilian world.”

She said she was frustrated with the Choice program because it makes it less likely veterans will have fellow veterans as their doctors.

“That’s what bothers me about this Choice stuff and getting funnelled to civilian doctors,” she said. “This is really important to us to not get funnelled to the civilian world where people do not understand your mentality because you are a veteran. They’re civilians. They’re clueless.”

Don Paul said the Choice program has been a “disaster.” After having some problems with his throat, he was told he needed to see an ear, nose and throat doctor. He went through a maddening process to schedule an appointment and get an authorization, which at one point was canceled because his appointment was not scheduled quickly enough.

He was then told there was not a specialist in the program locally and he would need to travel to Salt Lake City, only to later meet one in his own neighborhood who said he participated in the Choice program.

“I ended up calling it the last Choice instead of the first Choice,” he said.

Kelly Ackerman, a service officer with the Legion, said the Choice program has not worked as effectively in Montana as more populated areas.

The Choice program was passed by Congress in 2014 in an effort to reduce wait times for veterans at VA facilities. Its goal was to allow veterans who live more than 40 miles away from the nearest VA clinic or who are unable to get appointments in a reasonable time frame to get treatment at a non-VA facility.

“It didn’t work in a rural state,” Ackerman said.

She told those gathered that Montana is a pilot site for an alternative to Choice, a program called Care. It stands for Coordinated Access, Rewarding Experience. Ackerman said the program puts scheduling, something many who spoke Monday were frustrated with, back in the hands of the VA.

Other frustrations veterans discussed included hassles with getting emergency care paid for at non-VA facilities.

James Heffernan, who told the crowd he’s 80-some years old, went to a hospital out of state last May when he was experiencing chest pains and has struggled to get his claims processed.

He held several letters as he spoke, all with conflicting information from the VA about billing.

“It was convoluted, frustrating and confusing all the way around,” Heffernan said.

Ackerman said network authorizations can get get really messy, a statement that got head nods from many in the crowd.

Steve Combes, from Kalispell, had a slew of appointments with the VA in town, including two on the day of the meeting. He said he recently had to wait 92 days to be reimbursed for his mileage to appointments.

“It didn’t hurt me at all, but there are many veterans who have friends, neighbors, who have people that drive them over (from) Ekalaka, Plentywood and so forth. Why does it take so long?”

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3.10 - Construction Dive: VA plans $925M hospital in Louisville, KY (24 October, Laurie Cowin, 60k online visitors/mo; Washington, DC)

Dive Brief:

The Department of Veterans Affairs has chosen a 35-acre site east of downtown Louisville, KY, for a new $925 million, 104-bed hospital. The VA anticipates design will be complete in 2018, but a construction timeline has yet to be finalized, the Bowling Green Daily News reported.
In response to resident concerns about increased traffic congestion, the VA has said it is vying for transportation upgrades, such as widening roads around the development.
The hospital serves 35 counties in Kentucky, in addition to residents in southern Indiana. The finished project, which still must secure Congress' approval to fund its construction, will replace the Robley Rex VA Medical Center, which opened in the 1950s.

Dive Insight:

With 170 medical centers and 1,063 outpatient sites, the VA is the largest integrated healthcare provider in the U.S. And although the number of living veterans is declining, the number of veterans using VA healthcare is increasing, thanks to less stringent eligibility requirements and more young veterans relying on the VA as their sole healthcare provider.

The VA, however, faces an aging infrastructure that struggles to keep pace with the number of veterans in the system. In September 2015, U.S. Medicine reported that more than half of VA facilities were older than 60 years old. More still, the report found that some facilities had operating rooms so outdated that modern technology and equipment couldn't fit inside.

Like the proposed Kentucky hospital, which has now been talked about for three presidencies, the process to build a new VA facility can be arduous. An Aurora, CO, VA hospital started planning in 2011 and today still is not complete, despite projections saying it would be finished in 2014. Not only will it not be finished before January, but the hospital will cost nearly $1.7 billion — nearly three times its original estimated price tag of $604 million.

Sometimes the process goes well, though, as is the case with the Butler, PA, Health Care Center. It received congressional approval in November 2009 and last month opened its doors six months ahead of schedule. The 168,000-square-foot, two-story facility is LEED Silver certified and replaces a 1938 structure originally built as a tuberculosis sanitarium.

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3.11 - KUFM-FM (AUDIO): Veterans Give VA Healthcare Mixed Reviews During Helena Meeting (24 October, Corin Cates-Carny, 41k online visitors/mo; Missoula, MT)

Inside American Legion Post #2 in Helena Monday night, more than 40 veterans took turns sharing stories of using the Veteran Affairs healthcare system, highlighting chronic issues, with the occasional kudos for specialized veteran care.

The town hall kicks off a week of closed door meetings between American Legion members and Montana VA leaders to hear updates on the agency and discuss improvements for veteran treatment.

"The VA healthcare system is truly a system worth saving," says Kelly Ackerman, a veterans service officer with the American Legion of Montana.

The Legion launched their "System Worth Saving" campaign in 2006. Leaders have hosted town halls all over the country trying to identify gaps in care and services, direct best practices and learn more about the overall performance of the VA nationwide.

"We need to hear what your concerns are," Ackerman says. "We also want to hear what is working well, if you have a praise to give the VA, we want to hear that too. This isn't just to hear complaints. From these visits, a report is created which is presented to the administration, Congress, VA leadership, and fellow legionnaires, and eventually to the president of the united states."

The town hall Monday night lasted a little under two hours.

A flyer for the "System Worth Saving" town hall meeting on VA healthcare in Helena.

"The VA — I'm very blunt — has gone downhill drastically in the last, I would say, eight years," says Tom Johnson, commander of the VFW post in East Helena.

Although he's critical of how the VA is running, he says it's too good of a thing to lose. He says he worries that it's focusing too much on outpatient care and talk of possible privatization of veteran health care services.

Johnson says at least once a month he visits with patients getting treatment at Fort Harrison, just to see how they're doing.

"And overall, for the most part, those patients have nothing but praise for the hospital out there, for the medical care they're receiving. But on the downside, trying to get in for appointments, scheduling, administrative stuff — and this is a big concern of mine — primary care physicians."

This was a common theme throughout the evening. Once veterans receive care, it's often great, but the hoops they have jump through to get in for treatment can be overwhelming and even turn some vets off from wanting to go to the VA for help.

About a year ago Dr. Kathy Berger became the third permanent director of the Montana VA in three years. Montana's congressional delegation has expressed frustration at turnover and persistent vacancies.

Last Friday, Berger said her agency is working on cutting down on wait times, and she expects to fill all the current primary care staff vacancies by the end of the year.

But Ray Read, a Helena veteran, told the town hall Monday that he isn't confident in the VA's promise.

"Ha, no way. I think I could probably make a great bet on that one," he said.

Read also said an app created by the VA to help schedule appointments isn't very user-friendly for some of the older veterans.

This was a common theme throughout the evening. Once veterans receive care, it's often great, but the hoops they have jump through to get in for treatment can be overwhelming and even turn some vets off from wanting to go to the VA for help.
Several vets complained about the Veteran's Choice program. It was launched in 2014 to reduce wait times and help rural vets get care closer to home at private clinics.

John Jackson says when he recently needed his hearing checked after his service working in artillery, he eventually got help but the process was unacceptable.

"I did not keep a log of what I went through to get an appointment. I wish I would have kept a log, because I can't remember how many phone calls I made, how many times I sat on the phone for almost an hour waiting for somebody to answer. But I am tenacious about how to work the system, and not every veteran has that desire or has that drive to do that. It should be instantaneous and 100 percent care for that veteran, especially some of the elderly veterans who might have a little more of a challenge to understand the intricacies of how the system works," Jackson says.

While many vets like the idea of being able to get care from non-VA providers close to where they live, several said there's no substitute for the kind of care the VA itself can provide; knowing they'll understand you as veteran.

Karen Semple is a veteran in Helena who recently took her husband to the VA emergency room. He is a 100 percent disabled vet. The physician on duty was also a veteran.

"It made all the difference in the world for how he was treated. That is a fantastic connection you can't always get in the civilian world. This is really important to us to not get funneled into the civilian world where people don't understand your mentality because you're a veteran," Semple said.

As each veteran stood up to tell their story, the veterans sitting around them, usually wearing a cap to mark their years service, nodded in agreement or shook their heads in shared frustration.

National American Legion representatives say what they heard from Montana veterans is very similar to the concerns they're hearing elsewhere around the country.

The head of the Montana VA, Dr. Kathy Berger sat in the front row of the town hall Monday night, with two of her staff taking notes beside her.

The state VA director and her staff will continue to meet with American Legion members throughout the week to discuss options for improving veteran healthcare.

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4. Women Veterans

4.1 - Task and Purpose: It's Time To Address The Staggering Rate Of Suicide Among Servicewomen And Female Vets (24 October, Kate Hendricks Thomas and Kyleanne Hunter, 629k online visitors/mo)

We were both almost statistics; numbers on a page that people use evoke emotions devoid of context.

To us, like so many other veterans, suicide isn't a statistic. It's part of our daily lives. Despite appearing "successful," or even "normal" on the outside, there is an almost nagging preoccupation with not belonging. And while we know this reality — both from living it ourselves and being connected in veterans advocacy — when we read the state-by-state breakdown released by the Department of Veterans Affairs in September highlighting suicide statistics, the fact that veteran rates sit 22% higher than civilians is still jarring. And while all deaths are tragic, what drew our eyes immediately — and prompted more than a few pensive moments — was the explosive growth in the suicide numbers for military women.

Female veterans have a 250% higher risk than civilian women for suicide, according to VA data, and women who do not use VA services have seen a 98% increase in rates. For two female veterans who work with data for a living, the realization of how close we became to becoming part of this dataset is sobering.

It is well-documented that veterans, especially female veterans, suffer from a lack of belonging and connection. During active duty, this manifests as a question of whether women feel like they have viable support resources inside and outside their units. As servicewomen transition into the civilian world, these cohesion and support questions remain. Too many feel that care systems (both nonprofit and government) are just not built for women, and even more report that when they leave the military, they lose one very important protective factor: social support.

Take, for example, NPR's 2013 interview with servicewomen who shared how complicated it can be to serve in combat, then return to a community that doesn't understand, or believe, that women can or should do such things. As the reporter observed:

"Our producer on this series, she noticed that these women seemed to be more anxious to get back to being women, which they sometimes define as being a mom, or a wife. But there's this paradox. Women are out there breaking down barriers, doing more than they ever have in the military. But they say to be women, they have to wait until they get out of the military."

Reintegration issues become compounded after indoctrination into a culture that teaches servicewomen never to show weakness; tears are never viewed kindly in the active-duty component.

With the benefit of a little age and a lot of hindsight, we look back at our time on active duty and our transition from it as a time of tremendous risk and isolation. In our new lives as social-science researchers, we work with data that indicate association between reported support deficits for military women and invisibility. The suicide risk for military women is growing, which tells us that there are too many who still feel like we did, wearing the mask of invulnerability and strength. We're not reaching them effectively, and that's where the work lies.

The VA's new report made the problem visible, but only by connecting and reaching out at multiple levels can we begin to reach the women before they find themselves on the brink of becoming a statistic; we need to identify that new pilot who needs to hear about intimate-partner-violence resources, or the former captain not sure who she is any longer if she's not an active-duty Marine.

It will take an ecological approach to change things for today's servicewomen. Government agencies, nonprofits, communities of faith, academic institutions, and companies all have a role to play.

Women in the military is still a new and emerging area of research and most of its focus has been limited to a few main areas, such as access to medical care and military sexual trauma. Several important areas of research still need to be explored: the gendered nature of the way in which reintegration and social adjustment takes place, and where are intervention points for resilience; partner relationships during service and reintegration; parenting and relationships with children during and after service; dual-career lifestyles also require more research and understanding, among many others. Focusing on the social-support system for women will require new emphasis on the formal and informal structures that the military offers related to caregiving and family life. This research can also help to direct funding and policy change to interventions before service members think of becoming a statistic.

It's time to start asking the right questions, funding inclusive research, and focusing on how we move beyond the stark suicide numbers to make change for servicewomen today and tomorrow.

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5. Appeals Modernization

5.1 - Task and Purpose: Vets May Now Be Able To Get Higher Disability Ratings For Service-Connected Injuries (24 October, Adam Linehan, 629k online visitors/mo)

The U.S. Court of Appeals for Veterans Claims issued a decision last month that could make it easier for veterans with injuries to the back, neck, and joints to obtain higher disability ratings, even in cases where veterans are already receiving disability benefits for such injuries.

The recent case, called Sharp v. Shulkin, reviewed the Department of Veterans Affairs' current system for assessing the origin and extent of a veteran's disability and clarified the responsibilities of Compensation and Pension examiners and the Board of Veterans Appeals when it comes to giving an opinion on pain flare-ups caused by musculoskeletal disabilities. The court ultimately ruled that the system was inadequate, because not all C&P examiners consider flare-ups and pain when determining what disability rating a veteran should receive.

Bobby P. Sharp, an Army Korean War veteran who suffers from numerous musculoskeletal injuries, argued that VA medical examinations he received were inadequate because the examiner failed to "ascertain adequate information — i.e., frequency, duration, characteristics, severity, or functional loss — regarding his flares by alternative means," according to court documents. Sharp contended that the 10% disability rating he received for his injuries was therefore insufficient because his "September 2015 evaluation was inadequate for evaluation purposes and the Board's finding to the contrary was clearly erroneous." In September 2017, the claims court agreed.

The court's decision means that the VA must now enact measures to ensure that C&P examiners do not overlook flare-ups and pain when assessing a disabled veteran. The VA must attempt to schedule a C&P examination when the veteran is experiencing a flare-up, but if it

can't the practitioner is still expected to offer a professional opinion on how the veteran could be "functionally limited during a flare-up," notes Military1.

In theory, this will give examiners a more comprehensive understanding of the injury in question. If this isn't feasible, the examiner must prove they've collected as much information and evidence as possible before saying to the board that they can't offer a medical opinion "without resorting to speculation." Further, the appeals board bears the burden of ensuring the examiner has done their due diligence or find an examiner experienced enough to offer a more informed medical opinion.

So, if a C&P examiner doesn't witness the flare-up, how can they form a non-speculative opinion about it? As Military 1 reported, the court decided that veterans themselves can submit evidence for consideration, such as their own description of the flare-ups and pain they experience, or "buddy statements" — written statements from people who know the veteran and can testify to the extent of their suffering.

All of which will make it a lot easier for veterans to secure higher disability ratings for injuries they sustained in the military. Meanwhile, the Sharp v. Shulkin case, which ruled that Sharp was entitled to another C&P assessment consistent with the new guidelines set by the court provides a precedent for other veterans who want to challenge their disability ratings. If you think this applies to your case, then we recommend you reach out to a veteran service officer to help you navigate the appeals process.

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6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization

7.1 - Law360: CliniComp Looks To Revive Protest Of VA Health Records Deal (24 October, Daniel Wilson, 1.5M online visitors/mo; New York, NY)

Electronic health records provider CliniComp on Monday appealed a Court of Federal Claims judge's decision to dismiss its challenge to the U.S. Department of Veterans Affairs awarding a massive contract to rival Cerner, a deal CliniComp claims had been improperly awarded without a competitive bidding process.

CliniComp International Inc. has turned to the Federal Circuit in an attempt to revive its challenge to the electronic health records contract awarded to Cerner Corp., according to a brief filing made with the claims court Monday.

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7.2 - Healthcare IT News: Cerner EHR project for VA will take 7 to 8 years, Shulkin says (24 October, Jessica Davis, 438k online visitors/mo; Portland, ME)

It will take 18 months for the U.S. Department of Veterans Affairs to launch the new Cerner electronic health record and another seven to eight years to transition the whole legacy EHR

system once the contract with Cerner is finalized, VA Secretary David Shulkin, MD, told the House Committee on Veterans' Affairs on Tuesday.

But some on the committee weren't convinced of the timeline.

"This isn't a scientific analysis, but I have yet to see a VA budget for time or cost [not] exceeded," said Rep. Beto O'Rourke, D-Texas. "It usually goes beyond the budgeted time, beyond the budgeted costs."

Shulkin's response? "This is a new VA, congressman."

Just last week, the VA sent out a request for information to determine how best to achieve interoperability with community providers, as the agency is looking to expand its choice program to ensure all veterans are able to receive timely and quality care, Shulkin said.

In addition, the VA has given "Congress a 30-day notification of our intent to negotiate a contract that would give us the true interoperability with the Department of the Defense," said Shulkin.

"This is a total package, where that's what we seek: real and full interoperability for veterans."

The contract with Cerner is expected to be finalized and announced by next month. The cost of the project has yet to be released. The DoD just went live with the final pilot site for its own Cerner EHR project at the Madigan Air Force Base this week.

On Friday, the U.S. Court of Federal Claims dismissed the lawsuit made by CliniComp against the government, which claimed the no-bid contract awarded to Cerner by the VA was "arbitrary" and "lacks a reasonable basis."

The California-based EHR developer filed suit in August, and the case was dismissed based on jurisdiction. The judge's opinion remains under seal.

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8. Other

8.1 - Courthouse News: World War II Vet Inks Settlement on Long-Awaited Benefits (24 October, Britain Eakin, 191k online visitors/mo)

Some 70 years after Celestino Almeda helped the United States liberate the Philippines from Japanese occupation, bureaucratic red tape has kept the World War II veteran fighting for recognition of his service.

Almeda's long tour finally ended Monday with a settlement on the $15,000 veterans benefit promised by the U.S. Department of Veterans Affairs.

"Some laws are legal and moral," said Almeda, speaking in August at his home in Gaithersburg, Md. "Some practices are moral but not legal. There are those that are legal but are immoral. As in my case. I was denied benefit because of the Rescission Act of 1946."

Though the U.S. recognized Philippine independence after the dust from WWII had settled, the Rescission Act signed by President Harry S. Truman denied citizenship and military benefits to the more than 260,000 Filipino soldiers who had served alongside U.S. forces in the struggle.

The issue lingered until 2009 when Congress passed the American Recovery and Reinvestment Act, allowing eligible veterans to claim a one-time lump sum benefit from the Filipino Veterans Equity Compensation Fund.

As a U.S. citizen since 1996, the law entitled Almeda to a $15,000 payment. Noncitizen Filipino soldiers were eligible for $9,000.

Almeda submitted his application for the benefit on Feb. 18, 2009 – the day after President Barack Obama signed the bill into law. The VA declared Almeda ineligible, however, because his name does not appear on a roster that was created as WWII came to an end.

Seth Watkins, an attorney for Almeda with the firm Watkins Law & Advocacy, notes that the revised reconstructed guerrilla roster, otherwise known as the Missouri list, was assembled at a chaotic time.

“Not everybody’s name made it onto that list,” Watkins said during an August interview at his centenarian client’s home.

In fighting the case, Almeda held up decades-old documents to substantiate his service.

Kept in a carefully organized binder at home, Almeda called those documents with their brown, tattered edges his only “bullet” in his nearly nine-year fight with the VA.

“That’s all of my armament so that I could keep fighting,” he said in August.

For Almeda, memories of the war’s carnage are still easily recalled. He described seeing corpses heaped on top of one another, sometimes piled into a single coffin. They used some powder, he said – perhaps lime – to remove the stench of dead bodies.

Such macabre sights have brought little shade, however, to Almeda’s outlook.

“You cannot see the brighter side of life if you have not seen the darkest side of life,” he said. “I’m very thankful with the freedom that we are having now.”

Still sharp and spirited as he heads toward his 101st birthday in June, Almeda called his years-long struggle to get veteran benefits one of principle and respect, not money.

“I want to meet my creator with a light heart, that my service are recognized. That’s all,” he said. “I’m after the dignity of recognizing my service.”

VA records say the agency has processed 42,755 applications for the benefit. It approved 18, 977 – about 45 percent of them – awarding roughly $226 million to eligible veterans.

Today more than $56 million remains in the Filipino Veterans Equity Compensation Fund.

Attorney Watkins said in an email Monday that the settlement precludes a binding legal precedent that would extend to others like his client, something he had hoped a victorious appeal might do.

He nonetheless expressed optimism.

“This truly is a personal victory for Mr. Almeda and perhaps amounts to a breakthrough in legal efforts to vindicate Filipinos who have been denied recognition of their important service during World War II,” Watkins said.

VA press secretary Curt Cashour characterized the $15,000 settlement with Almeda as “acknowledgement of his service which contributed to the war effort during World War II.”

Watkins noted Monday that he is still prepared to continue his challenge to the eligibility criteria for the benefit in a separate case. The VA, he said, has ignored the plain text of the 2009 law by relying only on the Missouri list to determine eligibility, which he said leaves many veterans who served – like Almeda – out of luck.

According to the law, eligible veterans include those who served “before July 1, 1946, in the organized military forces of the Government of the Commonwealth of the Philippines, while such forces were in the service of the Armed Forces of the United States pursuant to the military order of the President dated July 26, 1941.”

That includes service among organized guerrilla forces that were recognized by the U.S.

Among the records Almeda preserved in his binder at home is an affidavit for Philippine Army personnel dated April 2, 1946, and signed by First Lt. John B. Staples. It lists all of Almeda’s service, and shows his service in a recognized guerilla force and in the U.S. Army Forces in the Far East, which Watkins says qualifies Almeda for the benefit.

Watkins said the VA labeled the affidavit a Philippine document, not a U.S. Army service document.

“That is completely false,” Watkins said. “It’s a United States Army document. It was signed by a United States Army officer. It was designed by the United States Army.”

Watkins and Almeda had hoped on appeal to prove that the VA acted arbitrarily by relying on a veteran’s inclusion on the Missouri list, despite affidavits that document a veteran’s service.

Although the law says who is eligible, it doesn’t specify what documentation is required to prove eligibility.

Watkins said Congress gave the VA broad authority to decide that, but that the VA shifted responsibility of verifying a veteran’s service to the Army, which in turn kicked the can over to the National Archives, which requires a veteran’s name to appear on the Missouri list.

Representatives for the government offered little insight as to whether the VA complies with the law in requiring a veteran’s name to appear on the Missouri list complies, and why the VA tied eligibility for the benefit to that document instead of others showing eligible military service in the Philippines during WWII.

“VA is legally bound by determinations of the appropriate U.S. military service department as to whether there was qualifying service,” a representative for the VA said in an email. “For claims requiring verification of Philippine service in WWII, this is the National Personnel Records Center, which acts as the custodian of the U.S. Army’s collection of Philippine Army and Guerrilla records.”

The VA deferred to the National Records Center at the National Archives, which in turn deferred to the Department of the Army. Public affairs officer Hank Minitrez said in an email that he “cannot comment on individual cases.”

At his home in August, Almeda flipped through another binder, several inches thick, documenting his nearly nine-year struggle to get the VA benefit.

“All we were arguing about is $15,000,” Almeda said, sitting in a recliner with the files. “The work involved in issuing these statements of paper is more than $15,000. So where is the mathematics there.”

(Photo by Eric Lachica with the American Coalition for Filipino Veterans Inc.) (Photo by Eric Lachica with the American Coalition for Filipino Veterans Inc.) (Photo by Eric Lachica with the American Coalition for Filipino Veterans Inc.)
Watkins said at the time that the VA would like the issue to disappear.

“All of the people who are left who are claiming these benefits, they’re very elderly,” the attorney said. “Many of them are, they’re not surviving long enough to fight the fight.”

Watkins noted that the law gave veterans one year to apply for the benefit, and that very few of those who were denied have appealed. After so many years, Watkins said the VA would likely be embarrassed if they could prove the agency had misapplied the law.

“But, they should do the right thing,” he said. “So if they got it wrong, they should fix it, and they should fix it for anybody who’s still alive who has this documentary evidence.”

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8.2 - KTUL-TV (VIDEO): Daughters of the American Revolution working to restore Muskogee WWI statue (24 October, Tyler Butler, 195k online visitors/mo; Tulsa, OK)

Since 1925, the "Doughboy" monument has towered over the Muskogee Veterans hospital. In 1983, a picture shows the statue still standing tall, although it looks like the rifle is slightly bent. 2017, the rifle is still bent, the statue standing tall. Some of the luster has been worn away from this valiant soldier, but even still, he's stood the test of time.

"The Muskogee Doughboy is in really good shape. Because it's so high up, vandals haven't really gotten to it. And he's in front of a veteran's hospital and they've kept and eye on him.," said Vandelia Graham, chapter regent of the Rev. John Robinson chapter of the Daughters of the American Revolution.

Vandelia has walked by the statue of the soldier countless times delivering donations to the hospital. With the buildup of patina coupled with his height, she didn't notice him until recently, and she doesn't want others to make that same mistake.

"I think that we really should honor the sacrifices of those who went before us, and one way we can do that is maintain that memorial, One way we can do that is to maintain that memorial and hopefully, when it's cleaned and repaired, more people will look up when they walk past," she said.

The statue honors the American soldiers in the Great War, referred to as doughboys, but specifically the native american soldiers and heroes. Vandelia successfully applied for a $2000 grant that will go towards restoration.

"She has been working tirelessly getting this grant through and she was approved for it, so we're very excited. We're starting already to plan for the dedication of this next Veterans Day, November the 11th," said Nita McLellan with the Jack C. Montgomery VA Medical Center.

By the time the $17,000 dollar project is complete, the statue will be looking brand new, hopefully with another 90 maintenance free years. A small price to pay to honor the more than 100,000 American doughboys who fought and died for us in World War 1. Donations can be made by contacting the restoration team at this link.

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8.3 - Patch: Morganville Woman Stole $2.8 Million From VA (24 October, Carly Baldwin; Marlboro, NJ)

A Morganville woman who owned a computer training center was sentenced Monday to 24 months in prison for stealing $2.8 million from a program designed to help veterans find employment, Acting U.S. Attorney William E. Fitzpatrick announced.

Elizabeth Honig, 52, of Morganville, New Jersey, previously pleaded guilty before U.S. District Judge Peter Sheridan to an information charging her with one count of theft of government funds. Judge Sheridan imposed the sentence today in Trenton federal court. According to documents filed in this case and statements made in court:

Honig owns Computer Insight Learning Center (CILC), a computer training school based in Eatontown. She helped 182 veterans enroll to receive federal funding under a program – funded by the Department of Veterans Affairs (VA) and the Department of Labor – designed to help older, unemployed veterans receive training and find employment in high demand occupations. The vast majority of these veterans were either not eligible or not actually attending the training.

Honig's program was approved by the VA to provide education and training to military veterans, including veterans who received tuition assistance under the Veteran's Retraining Assistance Program (VRAP), which offered up to 12 months of benefits for older, unemployed veterans between the ages of 35 and 60. This program provided training assistance to unemployed veterans for programs designed to lead to a high-demand occupation.

Honig admitted she logged on to the applications system more than 100 times and certified that she was the actual veteran who was applying for benefits. She supplied false information about employment status to qualify to attend her school and receive funding from the VA. Honig then certified to the VA that the veterans enrolled in her Business Software Applications Program – approved by the VA as a 14-week course costing approximately $4,000 – were attending for up to one year. Honig also certified that the veterans were attending full-time, in-class, knowing that

62 of those veterans lived out of the state. CILC is not eligible to be approved to provide online education.

Honig allowed veterans to attend less than the required hours, to stop attending prior to completion, or, in many cases, never attend at all. Honig failed to report the non-attendance to VA, which is required by law after 30 days of non-attendance, as long as the veterans continued to pay her a monthly fee. This caused the VA to continue payments to veterans who were not entitled to the funds. Honig's monthly fee of approximately $750 also resulted in overpayments by veterans far in excess of the VA approved $4,000 course tuition.

In addition to the prison term, Judge Sheridan sentenced Honig to three years of supervised release. Under terms of the plea agreement, Honig consented to a forfeiture judgment of $1,274,154 and agreed to pay restitution of $2,831,455.

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Document ID: 0.7.10678.353549

From: [redacted]

To:
Cc:
Bcc:
Subject: Secretary's Stand-Up - OPIA (October 30, 2017)
Date: Mon Oct 30 2017 07:30:29 CDT
Attachments: 171030_VA Secretary's Stand-Up Brief.pptx

Ladies and gentlemen,

Good morning! Attached is today’s Stand-Up Brief for your review.

Sincerely,

(b) (6)
[redacted]

“Pursue, engage and impact a Veteran today!”

AMERICAN OVERSIGHT

Document ID:	0.7.10678.353549-000001
Owner:	(b) (6) [redacted]
Filename:	171030_VA Secretary's Stand-Up Brief.pptx
Last Modified:	Mon Oct 30 07:30:29 CDT 2017

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VA Secretary's Stand-Up Brief

30 October 2017

Executive Summary

Local and regional coverage of the new VAMC star ratings sustained through the weekend reporting period. New developments in the Omaha wait list and Secretary European travel storylines were reported nationally.

Storyline	Outlets	Analysis	Trend	Priority
Secret wait list delayed care for 87 Veterans	AP, Omaha World-Herald	Led by reporting from the *World-Herald*, the storyline followed an acknowledgement from VA that the unauthorized wait list for psychotherapy appointments at the Omaha VAMC delayed care for 87 Veterans this year. Coverage included a response from Secretary Shulkin and briefly detailed the Department's corrective action.	**Sustained**	Access
VA Hospital Rankings	Tennessean, Erie News Now, WPEC (CBS), Albuquerque Journal, KOSA (CBS)	Coverage of the updated rankings sustained throughout the weekend period as local and regional outlets reported on their respective locality's facilities. The tone of these articles was linked to the change in those ratings.	**Sustained**	Access
Sec. European travel	USA Today	*USA Today* featured remarks from Secretary Shulkin reiterating that no taxpayer monies, beyond air travel, were used by his spouse during personal sightseeing during a European work trip in July. The article also noted that the Secretary had not interviewed to replace Tom Price as head of HHS.	**Sustained**	Experience
Settlement reached in Tomah Veteran death	AP, La Crosse Tribune, WHBL (CMN), KZYM (AM)	*AP* and local outlets reported that the government reached a $2.3M settlement over the overdose death of Marine Veteran Jason Simcakoski at Tomah VAMC. A judge will hold a hearing to approve the settlement Wednesday.	**Emerged**	Access
AP storyline round-up	AP 1, 2, 3	Several notable storylines were addressed by *AP* during the weekend: 1) A suit by Washington, D.C.-based White Coat Waste Project to appeal the rejection of an ad against animal testing at the McGuire VAMC; 2) Concern voiced by Iowa residents over the dilapidated state of a long-closed VAMC; and 3) A partnership between Allison Jaslow, IAVA executive director, and Sen. Maggie Hassan (D-N.H.) to highlight the challenges faced female Veterans seeking healthcare.	**Emerged**	Other / Access / Women

AMERICAN OVERSIGHT

VA Secretary's Stand-Up Brief

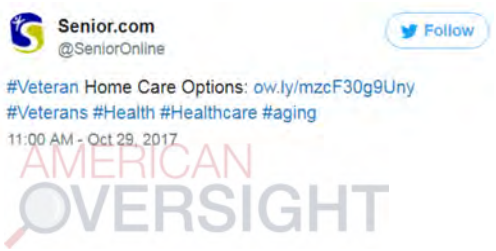
30 October 2017

Social Media Takeaway

Social media experienced a surge in volume over the weekend period as users retweeted posts critical of the privatization of VA healthcare.

Key Points

- The top three retweeted posts of the weekend period were very critical of President Trump, the GOP, and the Koch Brothers organization for a campaign to privatize and "destroy" VA healthcare. Combined, these three posts (1, 2, 3) accounted for 5720+ RTs and featured similar language. Notably, there were no hashtags linked to this surge in activity.
- Top period hashtag, #Veterans, only garnered 500+ mentions, largely driving discussion of various healthcare topics and retweets of @JEHutton posts.
- On Facebook, outside the popular Veteran of the Day posts, the highest user engagement on the VA page focused on a *VAntage Point* blog that profiled a VA employee who volunteers his time to play Taps at military funerals. It garnered 1.4k reactions and 150+ shares.
- Other notable user engagement followed a post on the VBA page, which linked to a *Military Times* article covering the 20th anniversary of the national memorial to military women next to Arlington National Cemetery. It garnered 400+ reactions and 70+ shares.

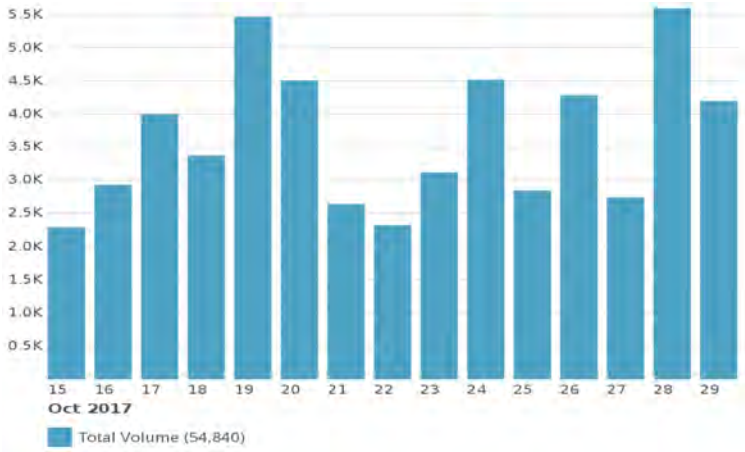




AMERICAN OVERSIGHT

Twitter and Facebook Volume:

15 October – 29 October



Notable Social Media Items

Platform	Item	Relevance
Twitter	**#Veterans**	500+ Mentions
Twitter	**#VAntagePoint**	200+ Mentions
Facebook	**VAntage Point: VA employee volunteers time to play Taps at military funerals**	1.4k Reactions, 150+ Shares
Facebook	**VBA: Military Times – Memorial to female vets marks 20th anniversary**	400+ Reactions, 70+ Shares

Document ID: 0.7.10678.372750

From: (b) (6) [redacted]

Cc:
Bcc:
Subject: VA Stories of Note: October 28 – November 3, 2017
Date: Fri Nov 03 2017 15:01:26 CDT
Attachments:

A MESSAGE FROM THE OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS

VA Stories of Note: October 28 - November 3, 2017

USA Today (Video), Oct. 31: Exclusive: VA goes high-tech with Uber-like tracking center for veteran health care The Department of Veterans Affairs has seemingly lurched in recent years from crisis to crisis, from veterans dying waiting for care in Phoenix and suffering missed diagnoses in Oklahoma to surgery failures in Memphis and Washington, D.C., to name only a few. Now, a cadre of monitors clustered deep within the VA headquarters in Washington is trying to upend that trend.

FOX Business (Video), Oct. 30: VA, along with Tom Hanks and Johnson & Johnson, takes on Veteran suicides in new PSA David Shulkin, President Donald Trump's secretary of veterans affairs, joined FOX Business to discuss how the VA, which has come under scrutiny over the years for the way some hospitals have treated veterans, is changing and reforming. “We have a lot of issues that have spanned decades [that we] have to fix and you're seeing a VA that is transforming and modernizing,” he told Maria Bartiromo on “Mornings with Maria.”

Reading Eagle (Reading, Pa.), Oct. 28: Veterans Affairs secretary asks for input on solving the opioid crisis The U.S. Department of Veterans Affairs has developed a formal system for treating chronic pain among veterans that steers away from opioid painkillers and may be a model for the public at large. That was part of the message delivered on Friday by VA Secretary Dr. David J. Shulkin during a visit to the VA Medical Center in Chester County. His appearance came one day after President Trump declared the opioid crisis a national public health emergency. Shulkin said the president instructed cabinet members to fan out across the country to talk about the crisis.

KAMR (NBC-4) (Amarillo, Texas), Oct. 30: Amarillo VA Employees Providing Critical Care in Puerto Rico It has been more than a month since Hurricane Maria ravaged Puerto Rico. "Just landing, coming into Puerto Rico, there's no trees. All the trees are completely knocked down and they're brown. There's buildings completely destroyed, signs knocked down. We landed and there's no electricity," said Amarillo VA RN Crystal Cole.

Lake County News-Sun (Chicago, Ill.), Oct. 27: Lovell Center life-story program aims to 'connect on another level' with veterans, patients Officials at the Captain James A. Lovell Federal Health Care Center in North Chicago say they're eagerly awaiting the rollout of a new patient program early next year. The My Life, My Story program is currently training almost 30 volunteers on how to interview patients living in the hospital's Community Living Center.

Waco Tribune-Herald (Waco, Texas), Nov. 2: Waco VA offering brain stimulation for veterans suffering from depression John Eline, a Gulf War veteran who left the U.S. Army in 2010 after a 24-year career,

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increasingly started to feel an uneasiness creep into his psyche, a foreboding that interfered with his ability to concentrate. He could not quite put his finger on the lingering problem, but little things told him all was not right. A consultation with his doctor revealed he was suffering from depression, and he received a prescription for medication.

Daily News Miner (Fairbanks, Alaska), Nov. 2: Fairbanks VA clinic adds staff, can see more patients in-house (2 November, 440k online visitors/mo; Fairbanks, AK)
Dr. Timothy Ballard is in Fairbanks this week for his quarterly town hall meeting with veterans tonight at the Fairbanks National Guard Armory. He said in an interview Wednesday that he's hoping to expand the staff of the VA in Alaska from 555 people to 650 by October 2018. Increasing the staff has been a major goal of Ballard's since he was appointed in 2016.

Stars and Stripes, Oct. 27: Veterans poised to get 2 percent payout raise on Dec. 1 Military veterans could see their payouts increased by 2 percent later this year - one of the biggest gains in at least six years - under legislation slated for presidential approval next week. The plan, the Veterans' Compensation COLA Act of 2017, would boost cost-of-living payments and could be reflected in the recipient's January checks. The legislation was passed unanimously by the Senate this week, following approval of an identical bill in the House during summer.

Associated Press, Nov. 2: Grant Supports New Mexico Research on Brain Injury Therapy
The University of New Mexico and the New Mexico VA Health Care System will use a $3.1 million federal grant to study a new approach to use electrical stimulation as therapy for mild traumatic brain injuries. The university's announcement Thursday of the Defense Department's grant says clinical trials with veterans and military service members will begin this winter.

WHNT-TV (Huntsville, Ala.), Oct. 27: Huntsville VA Clinic hosts Veteran Services Fair The Huntsville VA Clinic serves as a helping hand and offers support for the growing veteran population in the Tennessee Valley. On Friday, people packed the lobby of the clinic, looking for answers or support. Several groups and former military around the Alabama were there to offer relief. One is Tornya Kelton with Disabled American Veterans.

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Document ID: 0.7.10678.372920

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Subject: [EXTERNAL] 4 November Veterans Affairs Media Summary and News Clips

Date: Sat Nov 04 2017 04:23:32 CDT

Attachments: 171104_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

4 November 2017

1. Top Stories

1.1 - The Wall Street Journal: Koch Groups to Mount Hard Press to Expand Private-Sector VA Services. Conservative network plans to spend millions, mobilize affiliates on a long-debated issue (3 November, Ben Kesling, 43.5M online visitors/mo; New York, NY)
A conservative goal of opening more of the Department of Veterans Affairs' medical services to the private sector is due to get a push from the well-funded Koch brothers' network. Brothers Charles and David Koch, whose network is planning to spend hundreds of millions of dollars to advance its conservative agenda across the government and protect vulnerable congressional Republicans…

Hyperlink to Above

1.2 - The New York Times: Veterans Groups Push for Medical Marijuana to Treat PTSD (3 November, Reggie Ugwu, 29.8M online visitors/mo; New York, NY)
Among critics of the federal prohibition of marijuana — a diverse and bipartisan group that includes both criminal justice reform advocates and Big Alcohol — the American Legion and its allies stand out. For more than a year, the stalwart veterans group has been working to reframe the debate as a question of not only moral and economic imperatives, but also patriotic ones, arguing that access to medical marijuana could ease suffering and reduce suicide rates…

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Bergdahl Spared From Prison; Trump Calls Sentence 'Disgrace'. Judge spares Bergdahl any prison time, imposes dishonorable discharge (3 November, Jonathan Drew, 24M online visitors/mo; Washington, DC)
Army Sgt. Bowe Bergdahl, who walked away from his post in Afghanistan and triggered a search that left some of his comrades severely wounded, was spared a prison sentence by a military judge Friday in what President Donald Trump blasted as a "complete and total disgrace."

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1.4 - U.S. News & World Report (AP): Ex-Worker at Kansas VA Hospital Sentenced for Sex Crimes (3 November, 24M online visitors/mo; Washington, DC)
A former physician assistant at a Veterans Affairs hospital in eastern Kansas has been sentenced for sexual crimes against patients. The Kansas City Star reports 66-year-old Mark Wisner was sentenced Friday to 15 years and seven months in prison.

Hyperlink to Above

1.5 - WGBH (NPR-89.7, Audio): After Honoring NFL Legend's Brain Donation, VA Secretary Calls Football Injuries 'Very Different' From Soldiers' (3 November, Craig LeMoult, 1.3M online visitors/mo; Boston, MA)
President Trump has been critical of the NFL's steps to reduce brain injuries on the field. But today, his Secretary of Veterans Affairs, David Shulkin, stood next to a local football legend as he agreed to donate his brain to research.

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1.6 - The Commercial Appeal (Video): Fired doctors at Memphis VA blast decision, say they'll appeal termination (3 November, Jake Lowary, 1.1M online visitors/mo; Memphis, TN)
In recent months, concerns at the Memphis VA over life-threatening conditions have prompted multiple investigations and sweeping actions by administrators aimed at improving the hospital. But the moves — including the firing of two top doctors last week — also have brought allegations that VA administrators are turning some of the agency's most-respected doctors into scapegoats.

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1.7 - Task & Purpose (Video): This New PBS Doc Offers An Unflinching Look At The Dark History Of The VA (3 November, 102k online visitors/mo; New York, NY)
Even in its beginnings, the Department of Veterans Affairs was seeped in wrongdoing. In 1926, just five years after the establishment of the U.S. Veterans Bureau, founding director Col. Charles R. Forbes was convicted of trying to defraud the government. More than 90 years later, the VA remains a government agency wracked in controversy as it tries to balance the treatment of roughly 9 million veterans and stifling government bureaucracy.

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2. Greater Choice for Veterans

2.1 - Chicago Tribune: Treating veterans' substance abuse disorders (3 November, 23.9M online visitors/mo; Chicago, IL)
Many veterans experience problems with substance abuse. These problems can hurt relationships, harm health, cause mood swings and behavioral issues and financially impact veterans and their families. The U.S. Department of Veteran Affairs offers a number of options for eligible veterans struggling to overcome their substance abuse.

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2.2 - KFDA (CBS-10, Video): TTUHSC working to create new Psychiatry Residency Program (3 November, Cassie Stafford, 193k online visitors/mo; Amarillo, TX)
The Texas Tech University Health Sciences Center (TTUHSC) is collaborating with the Amarillo VA Health Care System to start a Psychiatry Residency Program, in hopes that those who complete their training in Amarillo will stay here to serve the community.

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3. Modernize Our System

3.1 - Politico: CMS splashes the cash: Who's happy, who's sad (3 November, Darius Tahir, 23.9M online visitors/mo; Arlington, VA)
ACCOUNTABILITY, AND OTHER CONGRESSIONAL MATTERS: A bipartisan team of leaders from the House Committee on Veterans Affairs is releasing legislation today that would give Congress additional oversight tools to monitor VA's transition to its new Cerner EHR system, a committee staffer tells us. The legislation is expected to require VA to provide Congress with its key planning and implementation documents, as well as provide regular updates on the progress of the transition.

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3.2 - Lincoln Journal Star: VA is starting over on Lincoln clinic site selection (3 November, Nancy Hicks, 2M online visitors/mo; Lincoln, NE)
Victory Park, the hoped-for complex of apartments, rental townhomes, medical offices and clinics on the VA Campus in east Lincoln, has hit yet another snag. The Department of Veterans Affairs has decided to start over on the site selection process for a new VA clinic in Lincoln, which will delay any final decision for another 12 to 18 months.

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3.3 - Federal Computer Week: Lawmakers look to keep close tabs on VA's health record switch (3 November, Derek B. Johnson, 189k online visitors/mo; Vienna, VA)
A bipartisan quartet of lawmakers from the House Committee on Veterans Affairs announced legislation that would compel the Department of Veterans Affairs to hand over key records for how it plans to implement its new electronic health record system.

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3.4 - mHealth Intelligence: Support Grows for Bill Expanding Telehealth Access for Veterans (3 November, Eric Wicklund, 53k online visitors/mo; Danvers, MA)
A bill that would allow Veterans Affairs physicians to us treat veterans via telehealth no matter where they live has passed muster with the House Committee on Veterans Affairs. The Veterans E-Health & Telemedicine Support (VETS) Act of 2017 (H.R. 2123), submitted in the House last April by U.S. Reps. Julia Brownley (D-Calif.) and Glenn Thompson (R-Pa.), sailed through a markup session on Thursday with little opposition.

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4. Focus Resources More Efficiently

4.1 - The New York Times: The Promise of Ecstasy for PTSD (3 November, Khaliya, 29.8M online visitors/mo; New York, NY)
In July, the Food and Drug Administration took the important step of approving two final-phase clinical trials to determine whether a party drug that has long been on the Drug Enforcement Administration’s Schedule I list of banned substances could be used to treat a psychiatric condition that afflicts millions. The drug is MDMA, a psychedelic commonly known as Ecstasy, previously deemed to have “no currently accepted medical use.”

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4.2 - Chicago Tribune (Daily Southtown): Retirement brings peace for some Southland Vietnam vets, distress for others (3 November, Donna Vickroy, 23.9M online visitors/mo; Chicago, IL)
The nightmare has haunted Jerry Kot for more than 40 years. "I have it two to three times a year. The VC (Viet Cong) are chasing me into a warehouse. I'm climbing up high to see what's going on, but I can't be found," said Kot, a former Oak Lawn resident who now lives in Las Vegas.

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4.3 - Chicago Tribune: Resource fair will honor vets (3 November, 23.9M online visitors/mo; Chicago, IL)
Edward Hines, Jr. VA Hospital and Illinois Gov. Bruce Rauner will recognize 10 veterans from the World War II, Korean War, Vietnam War, Gulf War and Operation Iraqi Freedom/Operation Enduring Freedom eras during a Veterans Day ceremony Nov. 10 at 10 a.m. in the hospital front lobby. A resource fair will be held from 10 a.m.–12:30 p.m. in the hospital's north parking lot.

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4.4 - Military.com: Op-Ed: Will the VA's Transformation End Before it Really Begins? (3 November, Suvas Vajracharya, 9M online visitors/mo; San Francisco, CA)
David Shulkin, MD, has been a transformative force within the U.S. Department of Veterans Affairs (VA) during his two-year tenure. But now there are rumors in The Washington Post that he interviewed for Tom Price's former Secretary of Health and Human Services role.

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4.5 - The Baltimore Sun (AP): Inspection of Oklahoma VA Health System finds deficiencies (3 November, Tim Talley and Ken Miller, 4.8M online visitors/mo; Baltimore, MD)
The Oklahoma City VA Health Care System has suffered from the lack of stable, permanent leadership and basic elements of patient safety programs that have not been consistently completed as required, according to a health care inspection of the facility released Thursday.

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4.6 - KCTV (CBS-5, Video): Former Leavenworth VA doctor sentenced to 15.5 years in prison for sex crimes against veterans (3 November, Daniel Barnett, Caroline Sweeney and Zoe Brown, 598k online visitors/mo; Fairway, KS)
A former VA doctor has been ordered by a judge to spend 187 months in prison on five charges of sex crimes against veterans. Mark Wisner, 66, was sentenced Friday for aggravated criminal sodomy, aggravated sexual battery, and three counts of sexual battery.

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4.7 - WDAF (FOX-4, Video): Victims speak in court after former V.A. physician's assistant who sexually assaulted vets gets 15 years in prison (3 November, Kera Mashek, 441k online visitors/mo; Kansas City, MO)
A former Veterans Affairs physician's assistant convicted of sexually abusing patients will spend more than 15 years behind bars. In court Friday, some of Mark Wisner's victims talked about their continued hurt and healing. The details of the case against Mark Wisner are cringeworthy.

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4.8 - WISH (CBS-8, Video): Roudebush medical center doctor: Opioids hit veterans hard (3 November, 322k online visitors/mo; Indianapolis, IN)
Earlier this year, President Donald Trump proclaimed this November as National Veterans and Military Families Month. On Friday, veterans' health officials in Indiana held an open house to highlight the health care efforts being done for veterans. It took place at the Richard L. Roudebush Veterans Administration Medical Center.

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4.9 - The News-Review: **Rosburg VA drops from two star rating to one** (3 November, Carisa Cegavske, 160k online visitors/mo; Roseburg, OR)
Doug Paxton became interim director of the Roseburg Veterans Affairs Medical Center in 2014 and was appointed director in 2015. He inherited a VA with poor staff retention and morale. He said he wanted to change the VA's culture, and talked about building a culture of respect for both staff and the veterans they treat.

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5. Improve Timeliness of Service

5.1 - The Tennessean: **Quality VA care: Letters to the editor, Nov. 3** (3 November, 2.1M online visitors/day; Nashville, TN)
Reading about the Veterans Affairs hospital rating in the newspaper lately, I have to report my experience with the VA hospitals in Nashville and Murfreesboro and the VA clinic in Clarksville over the past 20 years or more. I get my routine care at the VA clinic in Clarksville, and I have always received good, courteous care there. In 2003 at the VA hospital in Nashville, I had bilateral knee joint replacement done the same day.

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5.2 - WFED (AM-1500, Audio): **VA hopes to RAMP up claims review process for vets** (3 November, Terry Wing, 831k online visitors/mo; Washington, DC)
The Department of Veterans Affairs has announced the launch of the Rapid Appeals Modernization Program (RAMP), which aims at a more efficient benefit claims review process. The program is voluntary, but the VA said it expects veterans to receive a speedier review of initial claims decisions than the slow and complex legacy process.

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5.3 - KAKE (ABC-10, Video): **VA delays adding new ailments to list of presumptive conditions linked to Agent Orange** (3 November, Monica Castro, 825k online visitors/mo; Wichita, KS)
Shane Davis is proud to have served his country during the Vietnam war. He was exposed to Agent Orange, a herbicide sprayed to kill foliage so troops could get around Vietnam. He's one of many suffering complications from the chemical. He said, “I am a diabetic and we've already asserted that that comes from Agent Orange.”

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5.4 - WFLA (NBC-8, Video): **Veteran’s appeal for benefits drags on for 7 years** (3 November, Steve Andrews, 702k online visitors/mo; Tampa, FL)
Navy veteran Frank Clark is barely making it. The American flag is proudly displayed outside of Frank’s Riverview home. Inside, it is far from the American dream — his walls are crumbling. “My roof is leaking really bad, I have holes in the floor, I have electricity only on one side of the house,” said Frank.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Chicago Tribune: **Tips for veterans battling financial challenges** (3 November, 23.9M online visitors/mo; Chicago, IL)
Mastering personal finance is a challenge for many average Americans. Imagine the personal finance hurdles faced by military people. Having enlisted in many cases right from high school, they often end up stationed hundreds or thousands of miles from home. Right outside the base, opportunists are ready to pounce, separating them from their take-home pay.

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7.2 - Lincoln Journal Star: **Apartments for low-income veterans almost finished at Victory Park** (3 November, Nancy Hicks, 2M online visitors/mo; Lincoln, NE)
When a friend first suggested he move to Nebraska, Rich Taylor said he reacted like a typical New Yorker. "Nebraska? That's somewhere in the Midwest right," he thought. But Taylor discovered that Lincoln is a friendly, not too-big city, with great services for veterans. Taylor will be among the first veterans to move into the almost completed Victory Park Veterans Residence, a three-story apartment complex on the VA campus near 70th and O Streets.

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7.3 - The Bellingham Herald: **Betrothed or not, co-buyers should be careful when taking title to a new home** (3 November, David W. Myers, 849k online visitors/mo; Bellingham, WA)
DEAR MR. MYERS: My boyfriend and I are planning to get married next June, but we signed an offer to buy a house together two weeks ago, and our offer was accepted. Now the representative who is handling the deal's closing wants to know whether we want to take ownership of the home as joint tenants or tenants-in-common. What would be best?

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7.4 - Lima News: **VA event helps connect veterans in need to supplies, services** (3 November, Craig Kelly, 167k online visitors/mo; Lima, OH)
For a variety of reasons, the transition from military service to civilian life can often be a difficult one for American veterans, which can result in a lower standard of living, even to the point of homelessness. To help address the issue of veterans in need, the U.S. Department of Veterans Affairs has held events known as Stand Downs to both help veterans meet immediate needs as well as link them to services to help improve quality of life in the long term.

Hyperlink to Above

7.5 - Task & Purpose: **Changing VA's Motto Could Hurt The Actual Needs Of Women Veterans** (3 November, Kayda Keleher, 102k online visitors/mo; New York, NY)
In 2007, I joined the Marine Corps and proceeded to spend five years resenting the term "Female Marine" — or more simply "Females." Even at the age of 19, I considered myself a feminist, but to me that meant being equal to my male peers, not segregated by my gender. The

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day I humped back from the Crucible and my drill instructor gave me my Eagle, Globe and Anchor, Sgt. Joint didn't say, "Congratulations, you're now a Female Marine."

Hyperlink to Above

7.6 - Scotsman Guide: Ginnie Mae faces risks from VA loan churning (3 November, 54k online visitors/mo; Bothell, WA)
Over the past year, there have been reports that lenders have aggressively solicited veterans and military personnel to repeatedly refinance Veterans Affairs (VA) loans, a practice known as churning. Ginnie Mae, which insures the bonds underpinned by government-backed loans, has been investigating this practice.

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8. Other

8.1 - U.S. News & World Report (Reuters): No Prison for U.S. Army Deserter Bergdahl, Who Trump Wanted Dead (3 November, Greg Lacour, 24M online visitors/mo; Washington, DC)
U.S. Army Sergeant Bowe Bergdahl on Friday was spared prison for endangering his comrades in arms when he deserted in Afghanistan in 2009, a sentence swiftly condemned by President Donald Trump, who while seeking election had called for his execution.

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8.2 - KUSA (NBC-9): Bomb squad investigates after VA says 'disgruntled client' threw package into clinic (3 November, Allison Sylte, 3.1M online visitors/mo; Denver, CO)
The Arapahoe County bomb squad was called in to investigate after employees at the Veteran's Affairs clinic in Burlington says a "disgruntled client" threw a suspicious package into the facility Thursday afternoon. The package in question, which turned out to just be a pill bottle, was thrown into the lobby just after 3 p.m. on Thursday, according to a news release from the Burlington Police Department.

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8.3 - Scene: Stokes Cleveland VA Center Under Scrutiny for Running 'Invasive Lung Experiments' on Dogs (And You're Funding Them) (3 November, Eric Sandy, 839k online visitors/mo; Cleveland, OH)
A new federal lawsuit puts the spotlight on the Louis Stokes Cleveland VA Medical Center and its apparently secretive track record of running lung experiments on dogs ("mongrels" in VA parlance, according to the department's own records). The civil complaint was filed by White Coat Waste Project, a bipartisan taxpayer watchdog group.

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Top Stories

1.1 - The Wall Street Journal: Koch Groups to Mount Hard Press to Expand Private-Sector VA Services. Conservative network plans to spend millions, mobilize affiliates on a long-debated issue (3 November, Ben Kesling, 43.5M online visitors/mo; New York, NY)

WASHINGTON—A conservative goal of opening more of the Department of Veterans Affairs' medical services to the private sector is due to get a push from the well-funded Koch brothers' network.

Brothers Charles and David Koch, whose network is planning to spend hundreds of millions of dollars to advance its conservative agenda across the government and protect vulnerable congressional Republicans, will mobilize several affiliates and subgroups to battle for its vision of the future of the VA, Koch representatives said this week.

"I think you're seeing the conservative movement awaken to this issue," said a spokeswoman for Concerned Veterans for America, a Koch-backed group that for years has fought to increase the role of private-sector health care at the department. The spokeswoman added, "This is about a broader conversation about the government's role in health care."

House and Senate veterans committees are drafting legislation due for action as soon as next week that could determine, in large part, how much the VA outsources care to the private sector and whether the VA would remain at the center of veterans' health services. The VA already pays for some 30% of veterans' appointments care to be performed by practitioners outside the sprawling VA system.

The legislation would replace a law known as the Veterans Choice Act, passed in 2014 in the wake of a high-profile scandal over lengthy wait times and falsified records at the VA. Under that bill, veterans were given greater flexibility to visit care providers outside of the VA's system of 1,233 health-care facilities, including 168 VA Medical Centers that serve some 8.9 million veterans each year.

But a push for expanded use of private-sector services stands to reignite a long-simmering debate. Many veterans groups have said expanding veterans' care to more of the private sector could leave former members of the military navigating facilities that may not be equipped to handle the unique problems veterans face, including post-traumatic stress and injuries sustained on the battlefield. Some say this is a way to slowly choke off funding from government-run hospitals.

"The Koch brothers can do whatever the hell they want," said Sen. Jon Tester (D., Mont.), the top-ranking Democrat on the Senate Committee on Veterans' Affairs, who opposes steps he says would weaken the VA. "But if they want to privatize the VA, bring it on," he added as a vow to fight the effort.

Concerned Veterans and the Koch network, including Freedom Partners and Americans for Prosperity, say they aren't privatizing the VA but said opening up the ability to use more private-sector providers would provide care more quickly, efficiently, and let veterans choose where to get care. The Koch groups haven't ruled out any tactic, including negative ads targeting lawmakers who oppose the private-sector expansion.

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“Right now you have tremendous opportunity with [VA Secretary David] Shulkin and the Trump administration who have prioritized this issue,” said James Davis, spokesman for the Kochs’ Seminar Network, as it is officially known. “CVA has been laying the groundwork for a long time to get to this point.”

The group said it plans a multimillion dollar effort, though it won’t spend as much as it will on its No. 1 priority, tax cuts, a pressing issue for Republicans on Capitol Hill.

Concerned Veterans for America has led the Koch effort on veterans issues. In recent days, lawmakers and veterans advocates said this will mark a shift in the network’s potent lobbying efforts, with other Koch-affiliated groups becoming involved. Koch network representatives said there has been no shift.

“It’s really an integrated, network-wide campaign now,” said Dan Caldwell, executive director for Concerned Veterans.

Traditional veterans advocacy groups are worried about the clout of the Koch network and the money it can bring to bear.

“We’re very concerned about it, we’re talking about being vastly out resourced here,” said Joe Chenelly, executive national director of Amvets. “They’re ignoring what all the legitimate veterans organizations know, which is ‘choice’ would be privatization.”

Groups like Amvets and others question the legitimacy of Concerned Veterans as a veterans service organization, citing its extensive Koch funding and its rapid emergence over the past few years. Concerned Veterans officials dismiss those criticisms, saying the quickly growing influence reflects their focus on issues vets care about.

On Capitol Hill, some lawmakers welcome all voices to the debate.

“My priority is and will always be ensuring Congress does right by veterans, and I continue to welcome stakeholder feedback through every step of the legislative process,” said Rep. Phil Roe (R., Tenn.) chairman of the House Committee on Veterans Affairs

His Democratic counterpart’s view of the Koch-affiliated groups is less sanguine.

“I wouldn’t underestimate what they can do to poison the goodwill of the committee,” said Rep. Tim Walz (D., Minn.) the top-ranking Democrat on the House committee.

“This is the first big, open battle,” he said.

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1.2 - The New York Times: **Veterans Groups Push for Medical Marijuana to Treat PTSD** (3 November, Reggie Ugwu, 29.8M online visitors/mo; New York, NY)

Among critics of the federal prohibition of marijuana — a diverse and bipartisan group that includes both criminal justice reform advocates and Big Alcohol — the American Legion and its allies stand out.

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For more than a year, the stalwart veterans group has been working to reframe the debate as a question of not only moral and economic imperatives, but also patriotic ones, arguing that access to medical marijuana could ease suffering and reduce suicide rates among soldiers who return from the horrors of war.

“We’ve got young men and women with PTSD and traumatic brain injuries coming to us and saying that cannabis works,” Joe Plenzler, a spokesman for the group, which was established after World War I and has over two million members, said by telephone Wednesday.

Mr. Plenzler said that veterans had turned to medical marijuana as an alternative to so-called “zombie drugs,” including opioids and antidepressants, that they said adversely affected their mood and personality, up to and including thoughts of suicide. In studies, cannabis has been shown to help alleviate chronic pain and reduce muscle spasms in multiple sclerosis patients.

In 2016, the American Legion petitioned the government to relax federal restrictions on marijuana in two ways. The group asked Congress to remove the drug from the list of Schedule 1 narcotics — a class that includes heroin, LSD and other drugs that have “no accepted medical use” and a high potential for abuse — and reclassify it in a lower schedule. It also called on the Drug Enforcement Administration to license more privately funded growers to focus on medical research.

Because marijuana is a Schedule 1 drug, there is surprisingly little rigorous research into its medical applications, as researchers have found themselves stymied by regulatory hurdles at federal health and drug agencies and short on a supply of federally approved product.

The classification also means that veterans — many of whom rely on the federal Veterans Affairs Department for their health care — cannot get coverage for medical marijuana, even in the 29 states that have legalized it.

On Thursday, The American Legion published a phone survey of over 800 veterans and veteran caregivers in which 92 percent of respondents said they supported research into medical cannabis for the purpose of treating mental or physical conditions. Eighty-two percent said they wanted cannabis as a federally legal treatment option.

“Even in the states where it’s legal, there’s still the stigma associated with the federal ban,” said Louis Celli, the group’s national director of veterans affairs and rehabilitation. He noted that soldiers were regularly subjected to urinalysis and told to stay away from the drug. “It puts veterans in a very difficult position.”

Though a Quinnipiac University poll released in April found that a record 94 percent of all Americans supported doctor-prescribed medical marijuana usage, veterans advocating research have run into the same roadblock as pro-cannabis activists around the country: the Justice Department.

President Trump campaigned in support of medical marijuana and said that recreational usage should be a “state-by-state” issue. But his attorney general, Jeff Sessions, has been an outspoken critic of legalizing the drug for any purpose. Veterans groups draw a straight line from obstacles to medical marijuana research to the doorstep of Mr. Sessions.

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“He is putting politics, antiquated policies and his own personal opinion ahead of the health needs of veterans in this country,” said Nick Etten, executive director of Veterans Cannabis Project, referring to Mr. Sessions.

A representative for the Justice Department declined to comment, but Mr. Sessions said during an oversight hearing with the Senate Judiciary Committee last month that he was considering expanding the supply of research-grade marijuana.

Veterans groups say the fastest and most effective way to help veterans get access to treatment is to simply reschedule the drug. That would automatically lift the most onerous barriers to research and allow V.A. health care providers to immediately prescribe marijuana in states where it is legal.

But getting the necessary legislation through a fractious, conservative congress may still be a pipe dream.

Representative Matt Gaetz of Florida is one of a growing number of Republicans who have joined Democrats in trying to formally recast the government’s stance on marijuana. With Darren Soto, Democrat of Florida, Mr. Gaetz was co-author of a bill that would bump the drug down to Schedule 3 — the same classification as codeine and anabolic steroids.

“I think my political party became too committed to this antiquated dogma of the ’70s and ’80s,” Mr. Gaetz said, referring to a time when cannabis was widely considered to be a “gateway” to more harmful drugs.

“Now we’re having to pull the ostrich’s head out of the sand.”

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1.3 - U.S. News & World Report (AP): Bergdahl Spared From Prison; Trump Calls Sentence 'Disgrace'. Judge spares Bergdahl any prison time, imposes dishonorable discharge (3 November, Jonathan Drew, 24M online visitors/mo; Washington, DC)

FORT BRAGG, N.C. — Army Sgt. Bowe Bergdahl, who walked away from his post in Afghanistan and triggered a search that left some of his comrades severely wounded, was spared a prison sentence by a military judge Friday in what President Donald Trump blasted as a "complete and total disgrace."

The judge gave no explanation of how he arrived at his decision, but he reviewed evidence that included the five years Bergdahl was held captive by the Taliban and the wounds suffered by troops who searched for him, including one who now uses a wheelchair and cannot speak.

The case was politically divisive. President Barack Obama traded Taliban prisoners to bring Bergdahl back, drawing sharp Republican criticism. As a presidential candidate, Trump called for the soldier to face stiff punishment. He could have received up to life in prison.

The judge also gave the 31-year-old a dishonorable discharge, reduced his rank from sergeant to private and ordered him to forfeit pay equal to $1,000 per month for 10 months.

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In court, Bergdahl appeared tense, grimaced and clenched his jaw. His attorneys put their arms around him and one patted him on the back. One defense attorney cried after the sentence was announced.

Defense lawyer Eugene Fidell told reporters that his client had "looked forward to today for a long time."

Bergdahl "is grateful to everyone who searched for him," especially those who "heroically sustained injuries," Fidell added.

Trump's statement came in a tweet about 90 minutes after the sentencing. "The decision on Sergeant Bergdahl is a complete and total disgrace to our Country and to our Military," the president wrote.

Bergdahl pleaded guilty last month to desertion and misbehavior before the enemy. He has said he left his post in 2009 with the intention of reaching other commanders and drawing attention to what he saw as problems with his unit.

The judge, Army Col. Jeffery Nance, had wide leeway in deciding the sentence because Bergdahl made no deal with prosecutors to limit his punishment.

Prosecutors sought a serious penalty because of wounds suffered by service members who searched for Bergdahl after he disappeared.

The defense tried to counter that evidence with testimony about Bergdahl's suffering as a captive, his contributions to military intelligence and survival training, and his mental health problems. The argument for leniency also cited Trump's harsh campaign-trail comments.

The dishonorable discharge threatens to deprive Bergdahl of most or all his veterans' benefits, but it also triggers an automatic appeal to a higher military court. Before that, a general who can reduce, but not increase, the sentence will also review it.

Fidell told reporters that he looks forward to the appeals court review of Trump's campaign statements, which included calling Bergdahl a "dirty, rotten traitor" and declaring that he should be shot or thrown out of an airplane without a parachute.

As a candidate, Trump "made really extraordinary reprehensible comments targeted directly at our client," Fidell told reporters Friday, calling the situation "one of the most preposterous states of affairs" in American legal history. He said the defense team sees "an extremely strong basis for dismissal of the case."

Earlier in the week, Bergdahl described the brutal conditions of his captivity, including beatings with copper wire, unending bouts of gastrointestinal problems brought on by squalid conditions and maddening periods of isolation. After several escape attempts, he was placed in a cage for four years, and his muscles atrophied to the point he could barely stand or walk.

A psychiatrist testified that his decision to leave his post was influenced by a schizophrenia-like condition called schizotypal personality disorder that made it hard to understand the consequences of his actions, as well as post-traumatic stress disorder brought on partly by a difficult childhood.

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Prosecutors, who had asked for a sentence of 14 years in prison, did not speak to reporters. But one of them, Maj. Justin Oshana, said during closing arguments Thursday that Bergdahl "does not have a monopoly on suffering as a result of his choices."

Scores of troops joined in an all-out search for Bergdahl in the weeks after he abandoned his remote post near the Afghan town of Mest.

Prosecutors cited two missions that resulted in wounds, including a soldier whose hand was shattered by a rocket-propelled grenade and another who suffered a head wound that put him in a wheelchair and rendered him unable to speak. A Navy SEAL suffered a career-ending leg wound, and a military dog was killed by an insurgent firing an AK-47.

The judge ruled that those firefights would not have happened if not for Bergdahl.

One of the wounded soldiers, Jonathan Morita of California, called the lack of prison time "unacceptable." Morita, who testified during sentencing, still does not have full use of his dominant hand after he was hit by the RPG, which did not explode.

"The dishonorable discharge means he can't receive any of these services like I can. He'll pay the fine like people get fined for illegal fishing. Ok, whoop-de-doo," Morita said in a phone interview.

Referring to the lack of prison time, he said: "That's the one that's completely unacceptable. It should have maybe not been the life sentence, but it should have been something."

Without confinement hanging over him, Bergdahl already has a job offer from an animal sanctuary, and a military official who helps design survival training said he would like to use Bergdahl as a part of lectures to service members on how to survive captivity.

The soldier from Hailey, Idaho, was brought home by Obama in 2014 in a swap for five Taliban prisoners held at Guantanamo Bay. He has been working a desk job at a military installation in San Antonio and has not been under any pretrial confinement.

At the time of Bergdahl's release, Obama said the U.S. does not leave service members on the battlefield.

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1.4 - U.S. News & World Report (AP): Ex-Worker at Kansas VA Hospital Sentenced for Sex Crimes (3 November, 24M online visitors/mo; Washington, DC)

LEAVENWORTH, Kan. — A former physician assistant at a Veterans Affairs hospital in eastern Kansas has been sentenced for sexual crimes against patients.

The Kansas City Star reports 66-year-old Mark Wisner was sentenced Friday to 15 years and seven months in prison.

Wisner was convicted in August of sex crimes involving four patients at the Eisenhower Veterans Administration Medical Center in Leavenworth.

Prosecutors said Wisner performed improper and medically unnecessary genital examinations on patients from 2012 to 2014. He resigned and had his license to practice revoked in 2015.

Dozens of other former patients have filed civil lawsuits claiming they were subjected to similar behavior by Wisner.

Leavenworth is about 30 miles (48 kilometers) northwest of Kansas City.

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1.5 - WGBH (NPR-89.7, Audio): After Honoring NFL Legend's Brain Donation, VA Secretary Calls Football Injuries 'Very Different' From Soldiers' (3 November, Craig LeMoult, 1.3M online visitors/mo; Boston, MA)

President Trump has been critical of the NFL's steps to reduce brain injuries on the field. But today, his Secretary of Veterans Affairs, David Shulkin, stood next to a local football legend as he agreed to donate his brain to research.

For years, linebacker Nick Buoniconti was feasome on the field during his NFL career, which included a stint on what was then called the Boston Patriots. Now 76-years-old, he choked up as he pledged to donate his brain for research. He was diagnosed with dementia in May, and his doctors suspect chronic traumatic encephalopathy, or CTE, may be contributing to his symptoms.

"This is not easy," Buoniconti said. "It's difficult. I'm not half the man I used to be."

Buoniconti acknowledged Dr. Ann McKee, who leads the BU center that's studying the impact that concussions have on the brain. "I just want to thank her for all her dedication and her work, and ask the president to please support the CTE program."

Of course, he was speaking about President Trump, who is supporting the BU Center, in that its research funding comes from the U.S. Department of Veterans Affairs. That's because the VA is concerned about soldiers getting this kind of injury. But Trump took a slightly different tone on the subject in September when he spoke at a rally about the NFL's efforts to reduce traumatic brain injuries on the field by penalizing hard hits.

"They had that last week," Trump said. "I watched for a couple of minutes and two guys, just really beautiful tackle. Boom, 15 yards! The referee gets on television, his wife is sitting at home, she is so proud of him. They're ruining the game!"

Department of Veterans Affairs Secretary David Shulkin stood next to Buoniconti as he signed the agreement to donate his brain for CTE research. WGBH News asked Shulkin about the president's comments. Shulkin drew a distinction between injuries in soldiers and football players.

"There's a difference. I don't think either the president or I feel that going and serving your country is a game," Shulkin said. "We take this very seriously. Young men and women coming back with these injuries, and everything possible that research can do and treatment can do, he

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is fully supportive of, as I am. Having elective choices to go out versus serving your country are two very different things."

For the NFL's part, about five years ago, the league committed to supporting CTE research with a $30 million donation to the National Institutes of Health. But the NFL ended that agreement in August, with more than half of the money not yet spent.

The VA says it is spending over $100 million to study the effects of brain injuries in returning soldiers.

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1.6 - The Commercial Appeal (Video): Fired doctors at Memphis VA blast decision, say they'll appeal termination (3 November, Jake Lowary, 1.1M online visitors/mo; Memphis, TN)

In recent months, concerns at the Memphis VA over life-threatening conditions have prompted multiple investigations and sweeping actions by administrators aimed at improving the hospital.

But the moves — including the firing of two top doctors last week — also have brought allegations that VA administrators are turning some of the agency's most-respected doctors into scapegoats.

The environment inside the hospital and among its employees is documented in an array of new, private documents obtained by the USA TODAY NETWORK amid the ongoing investigations into one of the nation’s most troubled veterans hospitals.

In September, USA TODAY uncovered alarming cases of botched surgeries and missed diagnoses that led to paralyses and amputations, some as recent as late 2016.

The new documents show dirty conditions discovered as recently as August, the same time a flurry of personnel moves were made in several departments, including surgery, anesthesiology, research and human resources.

One of the doctors the VA fired had glowing performance reviews and accolades, all of which her attorney, Kevin Owen, says were not considered in a hasty attempt to make it appear that the hospital’s new director, David Dunning, was taking action to improve conditions.

Owen is representing Dr. Susan Calhoun, the Memphis VA's former chief anesthesiologist, who was fired along with Dr. Darryl Weiman, chief of surgery, for "failure to lead and act."

Weiman has hired Memphis attorney Richard Carter to appeal his termination. Through his attorney, Weiman said the grounds used to fire him were untrue, and he has the confidence of "thousands" of patients he has treated.

Attorney: VA is 'cleaning house' of doctors

Owen, who has represented several people in cases against the VA for more than a decade, said there is a “systematic” effort by top VA leaders in at least three of its regions to make examples of doctors with otherwise flawless records.

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“It appears to me VA management is cleaning house of physicians regardless of what their performance is or whether they deserve it,” Owen said in an interview.

VA officials said privacy laws prevent them from discussing individual personnel cases. The USA TODAY NETWORK provided the doctors' attorneys forms to sign allowing the VA to discuss the cases. The forms were not returned as of Thursday.

But Calhoun's termination letter, signed by Dunning, states that "prior disciplinary actions and notoriety of the offense" contributed to her firing. Other documents obtained by the USA TODAY NETWORK say Calhoun had no prior disciplinary action.

VA officials said the firings were part of a “top-to-bottom review” by Dunning to improve accountability in Memphis and take swift, “aggressive” action.

“As a result, we’re taking steps in Memphis and at facilities throughout the department to aggressively find problems, fix them and hold those responsible accountable,” Memphis VA spokeswoman Willie Logan said in a statement.

Scott Phillips, managing director at Healthcare Management Partners who has helped turn around struggling hospitals and served in executive roles himself, said the monthslong review done by the hospital is a good step.

But he questions the move to fire top doctors.

"Just firing the staff doesn’t solve all the problems," he said. "They haven’t answered the question; all they’ve done is punish.

"They need to get to the bottom of these things and fix it," Phillips said.

Conditions still found to be potentially fatal

The Memphis hospital has some of the worst rankings among the VA's 146 medical centers.

The VA regularly scores them based on dozens of quality factors, including death and infection rates and wait times. The agency uses a five-star scale, with one being the worst.

In the new rankings released last week, the Memphis VA received one star, ranking poorly based on data on mortality rates, rates of infection, wait times, patient and employee surveys, and other metrics.

The one-star rating did show some improvements, and VA officials said they compare above other area hospitals in some categories, like rate of cancer screenings and some preventative care.

Still, as recently as mid-August, internal VA documents say Chief of Staff Dr. Thomas Ferguson reported he found that postoperative sepsis was more than 7.5 times the national mean among patients, and the death rate of postoperative patients was 1.7 times the national mean. That data contributed to the same one-star rating.

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In a routine annual review in July of three dozen areas inspected by the Joint Commission — an accrediting body of all U.S. hospitals — nearly 70 percent were dirty, according to Ferguson's report.

Blood and hair were found in at least three cleaned operating rooms, Ferguson wrote.

Investigators reportedly found mold, insects and dirt on equipment, some of which was broken. They also said they found expired anesthesia medications and equipment, Ferguson wrote.

Carts carrying medications were dirty or unprotected and unlocked.

Such conditions are not overly alarming, Phillips said, and noted "a lot of postoperative infections don't originate" in the operating room, but instead develop after the procedure.

Blood, hair and even dirt are "not all that unusual in a place where you're cutting people open," Phillips said.

Ferguson reported that the conditions were initially addressed in December.

On Aug. 9, Calhoun, then-chief of anesthesiology, developed a plan to fix the problems by Aug. 11, according to the documents.

Four days later, investigators returned to find the problems still there.

"I could not determine with any confidence that any evidence existed that you had taken appropriate administrative action" to fix the problems, Ferguson wrote to Calhoun.

Personnel record shows praise, respect among peers

The VA placed Calhoun on paid administrative leave Oct. 6, and fired her Oct. 27.

Owen said the case is an attempt to increase the "body count" in the wake of multiple ongoing investigations by Congress, and political pressure from the top of the VA to improve public perception about increased accountability.

Owen says the VA is using Calhoun as a scapegoat to make it appear that top hospital leaders are addressing the concerns from leaders and the public about the conditions at the hospital.

In a letter responding to the claims against Calhoun, Owen said the expired medication cited in the decision to place Calhoun on leave was not expired at the time of the investigation, and the pharmacy chief at the hospital purposely kept the medication due to shortages, even after it did expire.

Calhoun's career at the VA has been distinguished, with years of high performance reviews and letters of support from her colleagues, according to Owen's Oct. 26 response to the proposed firing.

Just this year, she worked with the University of Tennessee medical school to establish and oversee a residency program, which now has three medical students, the documents say.

Meanwhile, Carter said Weiman "vehemently denies" the claims he failed to lead and act.

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Carter said the grounds on which Weiman was fired "were without factual basis."

"Dr. Weiman believes that his removal as a surgeon at the VA is improper and will be reversed on appeal," Carter said.

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1.7 - Task & Purpose (Video): This New PBS Doc Offers An Unflinching Look At The Dark History Of The VA (3 November, 102k online visitors/mo; New York, NY)

Even in its beginnings, the Department of Veterans Affairs was seeped in wrongdoing. In 1926, just five years after the establishment of the U.S. Veterans Bureau, founding director Col. Charles R. Forbes was convicted of trying to defraud the government. More than 90 years later, the VA remains a government agency wracked in controversy as it tries to balance the treatment of roughly 9 million veterans and stifling government bureaucracy.

The history of the VA and its failures are the focus of VA: The Human Cost of War, a new documentary set to air Nov. 6 on PBS. Directed by Emmy Award-winner Ric Burns, the film delves into the evolving role of the modern VA in its near-century of operations and the services that remain engulfed in systemic dysfunction as the agency struggles to provide much-needed care for millions of veterans across America.

“The film illustrates the true cost of war through the enormous sacrifices and subsequent neglect of those who serve in our armed forces,” Lois Pope, executive producer of the documentary, said in a statement. “But as we have far too often seen in recent years, there has been an abundance of negligence when it comes to ensuring their care and well-being. This film is meant to raise awareness and create an open, candid dialogue addressing this situation.”

Featuring a wide ensemble of interviews — current Secretary of Veterans Affairs Dr. David J. Shulkin and his predecessor Robert A. McDonald, VSO leaders and journalists who work to hold department accountable, and the veterans who rely on the VA’s services — the documentary offers an honest, unflinching critique of the institution. But it also recognizes that not all of the VA’s shortcomings are within its control: As the film points out, long-term, overarching improvements require lawmakers to do more in Congress to equip the VA with the tools it needs to succeed, rather than point fingers when things go wrong.

Most importantly, the film elevates the individual stories and experiences of veterans who signed a contract with the U.S. government to protect our country and came home broken and in need of repair. Many of these veterans indeed received life-saving treatment from the VA, which trains roughly 70% of doctors and nurses in the United States and has spearheaded innovative medical solutions to the injuries coming out of America’s wars. But too many are falling through the cracks — and will continue to do so until some drastic changes are put into effect.

PBS will screen the one-hour documentary Monday at 9 p.m. EST; in the meantime, you can watch a clip below. Tell us in the comments what you think.

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9. Greater Choice for Veterans

2.1 - Chicago Tribune: Treating veterans' substance abuse disorders (3 November, 23.9M online visitors/mo; Chicago, IL)

Many veterans experience problems with substance abuse.

These problems can hurt relationships, harm health, cause mood swings and behavioral issues and financially impact veterans and their families. The U.S. Department of Veteran Affairs offers a number of options for eligible veterans struggling to overcome their substance abuse.

In this interview, Dawn M. Dudek, program manager over the outpatient addiction treatment program at Edward Hines Jr. VA Hospital in Hines, Illinois, discusses the problem of substance abuse in veterans and outlines treatment options available at Hines.

How serious is substance abuse among veterans?
Substance abuse disorder is definitely something the veteran population struggles with. We treat many veterans, particularly those from OEF (Operation Enduring Freedom), OIF (Operation Iraqi Freedom) and OND (Operation New Dawn), the veterans coming back from Iran and Afghanistan.

There are increased concerns because the increased deployments, increased traumatic brain injuries and increased combat experiences are associated with an increase of alcohol and other substance abuse. It's really going to vary according to the person, as to when they are going to start struggling. They could have struggled even before they went over. We see all ages of veterans at Hines. Most VAs would say the same. The spectrum goes all the way from Vietnam veterans to veterans of recent conflicts. We recently saw a Korean War veteran. (The majority) we see are from the mid-70s all the way down to 22 years old.

How does the evaluation process work?
If individuals know Hines and have providers, they can ask their providers for a referral. Even if they've never been to Hines, they can come to the Mental Health Intake, a walk-in clinic open 8 to 4:30 Monday through Friday, or the Emergency Department, open 24/7.

Veterans come in to be evaluated and are referred from there. Substance abuse disorders are on a continuum from mild to severe. So where a patient would be best treated will depend on their addiction severity. The severity of their substance abuse or their psychiatric problem will determine what course they go into. There's a lot that goes into that evaluation: How much the substance abuse impacted their family, whether it's impacting their job, their housing, their medical situation, their relationships. Substance abuse problems when they're severe can affect all those aspects of life profoundly.

You don't want to put a Band-Aid on a broken arm. A doctor will put on a bandage, splint or hard cast depending on severity.

(Similarly) we try to evaluate how severely this substance abuse disorder is impacting their life and make a determination in collaboration with the patient. You need the patient's cooperation in whatever that determination is. We can recommend all kinds of things, but if the vet is not in a

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spot where they can participate, that's not an effective way to go. We're harm reduction. We'd like to reduce the harm caused by the person's choices, not necessarily have the goal of total abstinence, if that is the veteran's choice.

What happens next?
At the beginning, there are detox options for those who need a medical detox. They can be evaluated and admitted to a medical or a psychiatric unit for a medical detox. The medical evaluation will determine what unit they are admitted to. If a potential medical complication exists, they will be admitted to a medical unit. For instance, an alcohol withdrawal can be life threatening. How long they will be admitted could range from two or three days to a week if admitted to the medical unit for alcohol withdrawal. The purpose is to get them medically stable so they can start engaging in the resident or outpatient programs in group therapy and individual therapy. The first thing, though, is to ensure they're medically stable.

From there we have three separate treatment programs at Hines. The Opioid Treatment Program (OTP), for veterans who are struggling with opioid use disorder, is a medication treatment program where veterans are prescribed Methodone or Suboxone. Frequently, opioid dependence starts with a pain issue; they're prescribed opioids to treat that pain issue and they become dependent on it. It doesn't always happen that way, but that's common.

The Addiction Treatment Program (ATP), which I head, is a treatment program with multiple phases in the outpatient program.

Those phases include the intensive outpatient, which is up to a five-day-a-week program Monday through Friday. Veterans come to Hines for a combination of group and individual treatment. There is Phase 1, two days a week, again with group and individual (therapy), and Phase II, which is one day a week, kind of aftercare. When they come in, some veterans don't need five days a week. They may start in Phase I and go to Phase II. But it's intended to be a real option for them to step down from five days to two days to one day.

There's also the SARRTP — the Substance Abuse Residential Rehabilitation Treatment Program. That's the 21- to 28-day program, in which veterans stay on the residential program, and participate in group and individual therapy at the facility.

What are the different types of therapy?
The modalities we use at Hines are evidence based, in other words, proven to be effective in treating substance abuse disorders. At Hines, we have Motivation Enhancement Therapy (MET), Cognitive Behavioral Therapy-Substance Use Disorder (CBT-SUD), Contingency Management and 12-step facilitation.

MET is a brief, very behavioral-focused motivation treatment that involves individual therapy. It's intended to explore individual behaviors to see if the individual wants to make changes. It's intended to get people from feeling there's nothing they want to work on to identifying a chance they do want to work on something.

CBT-SUD is individual therapy that takes a look at how thoughts impact behaviors, which in this case is their substance abuse. It looks at how thoughts trigger episodes of substance abuse. The goal is to identify what the thoughts are that lead to these behaviors and then modify the thoughts, which in turn modifies the behavior.

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CM, Contingency Management, is a behavioral based program that offers rewards for particular target behaviors. In ATP, it's geared toward cocaine or stimulant use disorder. For veterans who participate and maintain abstinence, they get a reward, drawing from a bowl to get different monetary benefits at the canteen.

12-step facilitation is a group therapy intended to educate veterans on the 12-step model. We always encourage veterans to participate in AA or NA (Narcotics Anonymous). Newer than AA and NA is a program for those individuals struggling to subscribe to AA-NA principles. That's called Rational Recovery; it's another community-based, self-help group therapy.

What's the ultimate goal?
In the VA, we're really dedicated to helping our veterans reduce their substance use and increase their quality of life, whatever that means to each individual veteran.

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2.2 - KFDA (CBS-10, Video): TTUHSC working to create new Psychiatry Residency Program (3 November, Cassie Stafford, 193k online visitors/mo; Amarillo, TX)

The Texas Tech University Health Sciences Center (TTUHSC) is collaborating with the Amarillo VA Health Care System to start a Psychiatry Residency Program, in hopes that those who complete their training in Amarillo will stay here to serve the community.

The regional dean for the TTUHSC School of Medicine Dr. Richard Jordan said students who graduate from the TTUHSC and are interested in psychiatry currently have to leave the panhandle to do their residency.

"Well they could have to go elsewhere, but its even worse than that, they could be really good students but there are no psychiatry positions available," said Jordan. "So they have to choose something else even though they would really like to go to psychiatry."

Thats why the TTUHSC is working to create the program, however the funding isn't there.

"Most residents are paid largely through CMS, Centers for Medicare and Medicaid services," said Jordan. "But those spots are frozen. They have been since the mid 1990's."

That's where the collaboration of the Amarillo VA came in.

Director of the Amarillo VA Health Care System Michael Kiefer said there's an extreme need for psychiatrists as well.

The VA currently uses programs like telehealth to help get veterans the mental health services they need.

They're now planning to help fund residency positions, in order to get more help for local veterans.

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"They made a commitment through their sacrifice of service to be exposed to those traumas of war," said Kiefer. "And now it's our responsibility to make sure that we're able to address the issues that they do bring home with them, and this will really help us address those issues."

Their plan is to combine the faculty from Texas Tech and the VA to provide training for residents.

Which they hope will in turn, keep them here.

"At least 30 to 40 percent of our students stay in the panhandle when they graduate from residency programs," said Jordan. "We would like to do everything we can to increase that because there's certainly going to be a lot of work for them to do and many patients for them to see."

Dr. Jordan said their goal is to have the program up and running in July of 2019.

They plan to accept four students per year for four years, making a total of 16 residents at a time.

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10. Modernize Our System

3.1 - Politico: **CMS splashes the cash: Who's happy, who's sad** (3 November, Darius Tahir, 23.9M online visitors/mo; Arlington, VA)

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ACCOUNTABILITY, AND OTHER CONGRESSIONAL MATTERS: A bipartisan team of leaders from the House Committee on Veterans Affairs is releasing legislation today that would give Congress additional oversight tools to monitor VA's transition to its new Cerner EHR system, a committee staffer tells us. The legislation is expected to require VA to provide Congress with its key planning and implementation documents, as well as provide regular updates on the progress of the transition. The legislation will require VA to notify Congress in the event of any significant cost increase, schedule delay, loss of veteran health data or breach of privacy.

Late Thursday, two Democrats on the Senate vets committee, Jon Tester and Richard Blumenthal, introduced quite similar legislation, the Veterans' Electronic Health Record Modernization Oversight Act, to ensure tight legislative oversight over the multi-billion dollar transition from VistA.

— Also at House Vets…: The committee approved a bill allowing the VA to extend doctors' licensure across state lines, which would expand the department's telemedicine capacities. The bill would affirm department secretary David Shulkin's regulatory decision in the same area.

The concept is a popular one. Wednesday, the American Medical Informatics Association supported the VA's rule, though not without the typical quibbles and tweaks desired by any trade group.

The proposed regulation also won the Federal Trade Commission's thumbs up. The FCC, a consistent and strong supporter of loosening licensure barriers to telehealth, thinks the VA's rule could "send an important signal to all U.S. health care stakeholders regarding the likely benefits of reducing licensing-related barriers to telehealth practice and provide an opportunity to assess additional empirical evidence regarding telehealth."

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3.2 - Lincoln Journal Star: VA is starting over on Lincoln clinic site selection (3 November, Nancy Hicks, 2M online visitors/mo; Lincoln, NE)

Victory Park, the hoped-for complex of apartments, rental townhomes, medical offices and clinics on the VA Campus in east Lincoln, has hit yet another snag.

The Department of Veterans Affairs has decided to start over on the site selection process for a new VA clinic in Lincoln, which will delay any final decision for another 12 to 18 months.

Local and federal officials held a ribbon-cutting ceremony Friday afternoon for a new apartment complex for low-income veterans at the VA campus near 70th and O streets. But plans to fully redevelop the campus, including renovating the former VA hospital into apartments and offices, hinge on the VA clinic site decision.

In preliminary plans, developers estimated spending more than $128 million to redevelop the VA campus into Victory Park, starting with the almost-completed apartment building for low-income veterans.

The Seniors Foundation, a local nonprofit, has a long-term lease with the federal government for the campus. Burlington Capital is the developer and Sampson Construction has built the apartments for veterans.

But Burlington Capital and the Seniors Foundation have said they will not move ahead with the rest of the development if the VA clinic is not built on the campus.

Several speakers at the ribbon cutting Friday mentioned the larger, long-term project.

"This is really the beginning of the modernization of the VA campus," said Maj. Gen. Roger Lempke, representing U.S. Sen. Deb Fischer.

"This is not the end result but a step in a process to turn this campus into something bigger and better," said Mark Richardson, president of the Seniors Foundation.

The VA was almost at the end of its site selection process and had narrowed sites for a new Lincoln VA clinic from seven to two locations, including the VA campus, when the decision was made to start over, said George Achola, vice president of Burlington Capital.

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The VA was about to select the VA campus site for the new clinic before this change in plans, Achola said.

The VA decided to start the site selection process over because it is making some changes, upgrading the clinic and making the procedure more financially feasible, he said this week.

Achola said the VA has begun an accelerated selection process, which he expects will take 12 to 18 months.

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3.3 - Federal Computer Week: **Lawmakers look to keep close tabs on VA's health record switch** (3 November, Derek B. Johnson, 189k online visitors/mo; Vienna, VA)

A bipartisan quartet of lawmakers from the House Committee on Veterans Affairs announced legislation that would compel the Department of Veterans Affairs to hand over key records for how it plans to implement its new electronic health record system.

In a statement, committee Chairman Rep. Phil Roe (R-Tenn.) called the bill “essential legislation that will give Congress additional tools to carry out effective oversight of this challenging undertaking.”

In June 2017, VA Secretary David Shulkin announced that the department would be scrapping its electronic health records system and adopting the same commercial software solution used by the Department of Defense and developed by contractor Cerner. At the time, officials said the move to a common system would streamline the storage and exchange of patient data across both departments.

The bill, sponsored by Roe and Reps. Jack Bergman (R-Mich.), Tim Walz (D-Minn.) and Annie Kuster (D-N.H.), sets a series of deadlines for the department to provide documentation to Congress on how it plans to implement and manage the transition to the new system. The law would require VA to turn over 15 specific documents related to its e-health records system within 30 days, including the integrated master plan and schedule, data migration and security plans as well as cost estimates for elements like hardware, software and contractor labor. The bill also would compel VA officials to keep Congress in the loop about any new contracts, schedule delays, loss of data or data breaches associated with the system.

Bergman, who chairs the committee's oversight and investigations subcommittee, said that while the VA has “made strides” in transparency to Congress, the panel wants to ensure that the planning and transition from the old system to the new goes smoothly.

“It is well known that large IT modernization projects, particularly those in government, often encounter significant problems. It’s also no secret that VA has a poor track record of keeping Congress informed regarding its modernization efforts,” Bergman said.

Two months after announcing the sole-source agreement with Cerner, VA was sued by another e-health records contractor, CliniComp, who argued that lack of adequate planning on the part of VA officials did not constitute a public interest emergency that would allow the department to sidestep the competitive bidding process. That lawsuit was dismissed in October.

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3.4 - mHealth Intelligence: Support Grows for Bill Expanding Telehealth Access for Veterans (3 November, Eric Wicklund, 53k online visitors/mo; Danvers, MA)

A bill that would allow Veterans Affairs physicians to us treat veterans via telehealth no matter where they live has passed muster with the House Committee on Veterans Affairs.

The Veterans E-Health & Telemedicine Support (VETS) Act of 2017 (H.R. 2123), submitted in the House last April by U.S. Reps. Julia Brownley (D-Calif.) and Glenn Thompson (R-Pa.), sailed through a markup session on Thursday with little opposition. The bill now moves on to the full House.

“I think this is going to expand telehealth within the VA and I think it will improve upon our healthcare delivery to our veterans across the nation,” Brownley told the committee during Thursday’s hearing.

A companion bill, submitted by Sens. Joni Ernst (R-Iowa) and Mazie Hirono (D-Hawaii), S. 925, still awaits action in the Senate. Ernst, a veteran, and Hirono had first submitted the legislation in 2015.

While the VETS Act has received strong support, chances of its passage into law are still slim, owing to a reluctance in Congress to pass any new legislation related to telehealth or telemedicine. Skopos Labs, a New York-based software developer that analyzes Congressional legislation, gives the bill a 12 percent chance of success, according to GovTrack.

“Telemedicine is not at the top of the list for any lawmaker,” Krista Drobac, a partner at Sirona Strategies, a Washington, D.C.-based healthcare lobbying firm, pointed out during a panel discussion at last week’s Connected Health Conference in Boston.

The VETS Act is part of a two-pronged effort to boost telehealth and telemedicine services to veterans, especially those in rural areas, where access to care may be difficult.

According to the VA, some 702,000 veterans (12 percent of the veteran populations in the US) received healthcare services via telehealth in FY 2016, with 45 percent of those located in rural areas. In addition, almost 90 percent of veterans receiving care through telehealth expressed satisfaction in the online platform, which was responsible for a 31 percent decrease in VA hospital admissions and a 59 percent decrease in VA bed days of care.

The legislation would give Congressional backing to a component of VA Secretary David Shulkin’s “Anywhere to Anywhere VA Health Care” program, unveiled in September, that would give VA doctors the authority to treat veterans no matter where they’re located.

“In an effort to furnish care to all beneficiaries and use its resources most efficiently, VA needs to operate its telehealth program with healthcare providers who will provide services via telehealth to beneficiaries in states in which they are not licensed, registered, certified, or located, or where they are not authorized to furnish care using telehealth,” the proposed order states. “Currently, doing so may jeopardize these providers’ credentials, including fines and

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imprisonment for unauthorized practice of medicine, because of conflicts between VA's need to provide telehealth across the VA system and some states' laws or licensure, registration, certification, or other requirements that restrict or limit the practice of telehealth. A number of states have already enacted legislation or regulations that restrict the practice of interstate telehealth."

As a result, VA officials say, many VA centers aren't expanding their telehealth and telemedicine programs to non-federal locations, such as the patient's home or the doctor's home. And VA doctors are reluctant to take on telehealth for fear of running into conflicts with state laws.

A point of contention in both efforts is that VA doctors would be able to bypass state licensure laws and telehealth regulations to treat veterans in those states.

Among the critics is the Medical Board of California.

In an Oct. 30 letter to Shulkin, the board said the VA secretary's proposed rule "would undermine California's ability to protect healthcare consumers, as the board will have no ability to discipline VA providers that are licensed in another state and providing telehealth outside of a VA facility in California, as they do not hold a license to practice in California."

"Although the board believes that telehealth is a useful tool that can be used to provide appropriate service to patients in California, the board believes that it is very important for physicians treating patients in California to be licensed in California," the letter concluded.

The legislation has received support from a broad range of healthcare and telehealth groups, many of which have in the past supported states' rights to license and regulate doctors.

Among those supporting the VETS Act are the American Telemedicine Association, American Medical Informatics Assocation, Federal Trade Commission, Health IT Now, the American Academy of Family Physicians, the College of Healthcare Information Management Executives (CHIME), Teladoc, Oracle, the American Psychological Association, the Brain Injury Association of America, the National Association of Social Workers and the University of Pittsburgh Center for Military Medicine Research.

"This proposed rule will be instrumental in breaking down geographic barriers that, for too long, have prevented our nation's heroes from accessing the care they need where they need it," Health IT Now Executive Director Joel White said in a Sept. 29 blog supporting both Shulkin's program and the Congressional bills. "By allowing VA telehealth providers to more easily treat patients across state lines, we can ensure that recent advances in technology-enabled care reach the most deserved among us and spur better outcomes for the 20 million veterans in the VA system today."

The AAFP, meanwhile, offered cautionary support for the VETS Act and Shulkin's proposed order.

"Since this proposal is limited to a special situation within the VA and to support veterans' access to health services, the AAFP offers qualified support for this proposed expansion of clinically validated telehealth services," AAFP Board Chairman John Meigs Jr., MD, said in on Oct. 31 letter.

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"However, the AAFP still strongly supports state-based licensure and regulation of physicians and other healthcare providers as well as the states' ability to regulate the practice of telehealth in their state," he added. "As noted within the proposed rule, the VA only has legal authority to hire healthcare providers who are licensed, registered, or certified in a state. To continue practicing in the VA, providers must maintain those credentials in accordance with their healthcare specialty."

"While the AAFP has historically opposed federal or legislative actions superseding state restrictions on licensure, and instead support FSMB licensure compact participation, we nevertheless believe that in this narrow case of the VA, federal preemption of state licensure could possibly serve the public interest and is perhaps not too inappropriate," Meigs concluded. "The AAFP continues to support physician licensure at the state level, and believes that the VA's unique nature as a unified national health-care system that straddles state boundaries, and its important role of treating the nation's veterans, justifies a very limited exception in this case."

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11. Focus Resources More Efficiently

4.1 - The New York Times: The Promise of Ecstasy for PTSD (3 November, Khaliya, 29.8M online visitors/mo; New York, NY)

In July, the Food and Drug Administration took the important step of approving two final-phase clinical trials to determine whether a party drug that has long been on the Drug Enforcement Administration's Schedule I list of banned substances could be used to treat a psychiatric condition that afflicts millions. The drug is MDMA, a psychedelic commonly known as Ecstasy, previously deemed to have "no currently accepted medical use." The trials aim to determine whether the drug is, as earlier trials have suggested, a safe and effective treatment for post-traumatic stress disorder, when combined with psychotherapy.

The F.D.A. approval is a beacon of hope for the roughly eight million Americans believed to suffer from PTSD, a group that includes victims of abuse, refugees and combat veterans. The shortcomings in the way we have typically treated PTSD mean that many are condemned to suffer from the condition for years, even decades, with little relief. Less than 20 percent of patients are estimated to get effective treatment through prescription psychiatric drugs like Prozac, Paxil and Zoloft, which, along with psychotherapy, have been the global standard of mental health care since the 1990s.

This could change with the F.D.A.'s decision, which has given MDMA-assisted psychotherapy for the treatment of PTSD the status of a potential "breakthrough therapy." Based on promising early results, this designation permits the fast-tracking of trials in hopes of proving the drug, which has psychedelic and stimulant effects, to be safe and capable of doing what no other drug on the market can.

I consider myself living proof of the effectiveness of MDMA. A few years ago, I woke up confused and bruised, my head pounding. I had been the victim of a violent robbery. Although I remember little of the attack, the experience shattered me. In public, I kept up appearances.

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Behind closed doors, I was a wreck. I burst into sobbing fits for no apparent reason. Sleep, when I managed to get any, was filled with nightmares. I had PTSD.

After years of struggling in silence, I began to hear stories about others who had suffered from crippling PTSD, then had their lives transformed by guided therapeutic sessions with MDMA. I knew those offering this underground treatment were breaking the law, but I had to try it. I wanted my mind back. It worked. MDMA-assisted therapy allowed me to overcome the trauma and return to the person I had been before I was attacked.

To be sure, there are risks to MDMA-assisted therapy. Like any drug, MDMA has side effects, which can include sweating, sleeplessness, memory problems, and rapid heartbeat. There's also a moderate risk of addiction, although it's much lower with MDMA than with opioids.

Also, finding treatment means resorting to practitioners who are generally well intentioned but not mental health professionals. MDMA itself is still illegal; possession is a felony in some states. Determining the origin of the drug can be a difficult, too, and as with other street drugs, this underground MDMA carries risk of contamination by other, potentially dangerous substances.

All of these considerations make it more urgent to complete the trials and clear the way to safe clinical uses of the drug therapy. With the F.D.A.'s decision, MDMA-assisted psychotherapy has cleared one great hurdle: the regulatory restrictions on conducting research with Schedule I drugs. But another obstacle still stands in the way: money.

Despite the therapy's promise, the research that paved the way for these final-stage trials was funded exclusively by a small California-based nonprofit, the Multidisciplinary Association for Psychedelic Studies. It raised $15 million for the research that laid the foundation for the final-stage trials, which are expected to cost $26 million. This is a colossal challenge for an organization that relies on private donors. Without better funding, research progress will stall.

To put the amount needed in context, the Department of Veterans Affairs spends about $400 million annually on treating PTSD and other mental health conditions. According to one study from 2008, the estimated total societal costs of veterans suffering from PTSD and major depression is $4 billion to $6 billion.

MDMA doesn't just ease the symptoms of PTSD; in the trials to date, MDMA-assisted psychotherapy has also been shown to eliminate the disorder in two-thirds of cases.

For people with PTSD, an overactive amygdala, the area of the brain that scientists say produces the "fight, flight or freeze response," may make people more vulnerable to stress. Some recent fMRI studies of the brain have shown that in people with PTSD, under stress, activity to the prefrontal cortex is diminished as activity in the amygdala increases. In a sense, with PTSD, the reasoning part of the mind gets cut out of the equation.

MDMA, in contrast, reduces blood flow to the regions in the brain linked to fear-based emotions and enhances activity in the prefrontal cortex, which is involved in memory. It also floods the brain with oxytocin and serotonin, "feel good" chemicals that tamp down fear while promoting feelings of trust and empathy.

In contrast to a lifetime of palliative care, this type of intervention could save money and improve lives. Too much is riding on these trials for them to rely on donations from a concerned few. The

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F.D.A. has clearly identified the extraordinary potential of MDMA-assisted psychotherapy treatment for PTSD. The federal government should back the scientific findings by underwriting the final-stage trials, and potentially bring relief to millions of suffering people.

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Khaliya, a member of the World Economic Forum's Future of Health and Healthcare council, is working on a book about the future of mental health.

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4.2 - Chicago Tribune (Daily Southtown): Retirement brings peace for some Southland Vietnam vets, distress for others (3 November, Donna Vickroy, 23.9M online visitors/mo; Chicago, IL)

The nightmare has haunted Jerry Kot for more than 40 years.

"I have it two to three times a year. The VC (Viet Cong) are chasing me into a warehouse. I'm climbing up high to see what's going on, but I can't be found," said Kot, a former Oak Lawn resident who now lives in Las Vegas.

"It has no bearing on what I did or where I was (during the Vietnam War). It just doesn't make sense," he said.

Kot, a 1967 graduate of Richards High School, says he knows the dream is some kind of manifestation of feelings he experienced while serving as a medic on the Mekong Delta with the Army's 9th Infantry in 1970, but he can't explain it.

Now that he's retired, with time on his hands, he finds himself revisiting some of the issues brought on by the war, feelings that he was often able to suppress during his working years. Kot said he is fortunate that he is able to retreat into his carpentry projects that enable him to keep a positive outlook on life. He said it also helps that the nation, in general, is kinder to Vietnam vets these days.

"Now I wear my Vietnam vet hat and people come up to me and thank me. That's cool," he said.

Other vets of that era are not as lucky, says Laura Broderick, a mental health social worker with Edward Hines, Jr. VA Hospital who helps veterans work through post traumatic stress disorder (PTSD) at an outpatient clinic in Oak Lawn.

Many, she said, are realizing that retirement can be a double-edged sword when you have horrors in your past. And the PTSD acquired during tours of duty on the battlefields of Southeast Asia is often compounded by memories of a hostile homecoming, she said.

In recognition of Veterans Day on Nov. 11, I asked some Vietnam vets how they feel today about their tours of duty, coming home and the issues that linger. I asked if recent efforts, such as the Ken Burns/Lynn Novick 10-part documentary series, "The Vietnam War," help to make up for past sins on the part of the U.S. government and the American people.

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Some said yes; others, no.

Keeping the glass half full

Drafted at 19, Kot was just 20 when he found himself stationed some 125 miles south of Saigon.

"I was there when that Cambodia thing got hot and heavy," he said. "We were the ones doing most of the fighting in Cambodia."

The field hospital where he was stationed was pounded regularly by mortars, he said. He remembers one incident very clearly with horror and sadness.

"We'd gotten hit with mass casualties and myself and another medic grabbed a litter (stretcher)," and ran onto the battlefield.

When they returned to the morgue with a casualty, "I opened up the body bag and inside was a very good friend of mine," Kot said. "It kind of messed with my head. It made me volunteer to go out in the field."

Now retired, Kot said, he spends hours in his garage, working on his carpentry projects.

"I lose myself in it," he said.

Together, he and his wife Marianne, a graduate of Oak Lawn Community High School, watched Ken Burns' "The Vietnam War" series on PBS this past month.

"We looked at each other and said, 'We lived through this. This was our time,'" he said.

"It was amazing some of the things that documentary brought into the open," he said. "It really made you feel politics is useless. That's how it made us feel."

According to District 218 spokesperson Bob McParland, the Richards class of 1967 lost four to the Vietnam War: Bronze Star recipient Daniel Walsh, Lance Corporal John Baird Jr. and Keith Gooley, who was killed during a training accident at Fort Bragg.

The other was Kot's good friend Marine Lance Corporal Mark Anderson, of Palos Heights.

"Mark was one of the nicest human beings in the whole world," Kot said. "He had a smile that made everybody feel an instant warmth, like he was smiling right at you. Everybody liked him."

Compounding the grief of loss, Kot said, was the chilly homecoming he and other vets received when they came back to the United States.

"It was horrible. Absolutely horrible," he said. He remembers his parents asking him to wear his uniform to Mass at St. Linus Church in Oak Lawn.

"I had people come up to me and say 'Why did you wear that uniform.' They didn't spit on me but I felt like they did," he said.

These days, Kot said, he looks at the situation differently.

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"Today I think that story tells a lot about the ignorance on the part of American people. They didn't know the truth," he said.

And they didn't know what it was like to be in that war zone, he said.

"I saw women and kids, age 10-11- years old, with rifles and who were booby trapped with bombs, walking up to GIs and 'boom.' In some villages 95 percent were VC or sympathizers. It was very confusing. You never knew what was going to happen," he said. "We were afraid all the time, especially at night."

Documentaries like the Burns' series should help people understand that most Vietnam vets were drafted, he said. "We didn't ask to be there. We were at the mercy of our own corrupt government."

Things are better today, he said, "without a doubt." But many vets still wrestle with PTSD.

"Some of the guys really went off the deep end," he said. "We had a medic who had seen a lot of crazy fighting. When we would get hit, he'd get so drunk and then sleep right through it. We'd all be scurrying. He'd just sleep. Different people reacted differently."

Kot, 68, said he's found a way to look past the horror.

"My cup is always half full these days," he said.

In early October, Kot and two of his two classmates, Gene Ricketts and Gene Cunningham, were honored on the field between the first and second quarters of a Richards home football game.

"It was neat," he said. "My family was there. The crowd cheered."

Tough to move on

Larry Blankman, too, served a tour of duty in the Mekong Delta. In 1967, Blankman said, soldiers didn't know "the truth."

"At the time it didn't make any sense. It wasn't about conventional warfare, trying to capture land or free the people. It was all about body count," said the veteran Army infantryman.

"We did the best we could to protect ourselves and our buddies," he said. "We just wanted to come home."

And that's where salt was tossed onto their emotional wounds.

"It affects you forever," he said. "I still deal with the consequences of the war. The war for me and others isn't over. We live with the nightmares and all the feelings of loss of friends and so on. You just keep asking yourself 'For what?' American life didn't mean anything to anyone. We were just a bunch of poor kids that nobody cared about. I felt they were trying to thin out the population."

Blankman said much of his anger has "to do with our government still not taking care of our veterans."

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Some of that was brought out in Burns' documentary.

"I liked the first few episodes," he said. "Then I kind of got turned off. I had heard a lot of it before. I thought (the series) would get to a lot more."

Still, he said, "I think the best thing to come out was for the American people to see how our government actually lied to us. They had all the people believing" that the war was just.

Blankman, who turns 71 in January, said: "I was a young hillbilly boy from Lafayette. I had no idea where Vietnam was, no idea about the war. I didn't really know what Communism was. I had never been away from home. And there they come and draft me. They send you to a foreign country. I can never forget the smell. To see people living the way they did. These people went to the bathroom right in the street.

"Physically I'm OK," he said, but he did lose part of his left lung last year, something he attributes to the spraying of Agent Orange.

"Anybody in-country was exposed to Agent Orange because it was in the air, in the water system. It was everywhere. It was in the rice paddies and the canals," he said.

He said it's true that many of the feelings he'd once thought were forgotten have come rushing back in retirement.

"The nightmares are much more frequent," he said. "You cannot spend a year in Vietnam or any other conflict and come home and ever expect to be the same. I still deal with PTSD. I have a lot of anger and issues. I see a psychiatrist and a social worker."

'Twenty years too late'

Blankman travels from his home in Crown Point, Ind., to Oak Lawn every few weeks to meet with Broderick.

The social worker said that while not everyone gets PTSD, anyone who has experienced a threat to their life or has witnessed a threat to someone else's life can suffer from it.

Keeping busy with a job or a family can keep the condition under wraps, she said.

"After Vietnam, many vets were able to get jobs easily. There were lots of factory jobs. They were able to get married and buy a house. They became great contributors to society," Broderick said.

"But now they're retired and Vietnam is back. There's nothing to keep them busy. Things on TV trigger (memories). I have a lot of men (veterans) who've been able to manage this for 30 years and now they're having symptoms," she said.

Broderick said the Burns series was "validating" to many Vietnam vets even if it was "about 20 years too late."

For too long, she added, Vietnam vets have "felt alone."

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"The only people who can relate to them are other vets. And so we've created this separation. The other thing that's very painful for them is there was no ticker-tape parade when they came home, like there was at the end of World War II," she said. "When these vets got off the planes, they were met with protestors.

"So we have a lot of men who feel shame for their service," she said. That affects their self-esteem, she said.

Their PTSD symptoms, which can include sleep disturbance, social isolation and irritability, can be triggered by TV series, photographs or news coverage of tragedies, such as the Las Vegas mass shooting, she said.

When it kicks in, Broderick said, they can become "hypervigilant."

Most vets who contact her for help with PTSD cancel their appointments, she said, "because avoidance is a way of life.

"They'll tell you, 'I don't have a problem.' But ask their wives and they'll say otherwise," Broderick said.

The Veterans Administration offers trauma services at Hines as well as community based clinics, she said.

Various methods are employed. Broderick said she has great success with cognitive processing therapy (CPT).

"That means we find a stuck point, work it down to find the root of what is causing those feelings and then correct them, change the feelings attached to the memory," she said.

Often, trauma affects the individual's sense of safety, self-esteem, power and control, she said.

"You also look at the illogic of things. Someone may say, 'I can't trust anybody' but you point out they've been married for 40 years, so they can trust people," she said.

At long last, 'respect'

Rich Bukowski, former commander of the Oak Lawn VFW, didn't care for the Burns series.

"I thought it was far-fetched. There was too much political stuff," said Bukowski, who served as a radio operator with the Army in Vietnam from 1967-68. "It's hard for me to watch shows like that. There are too many bad memories. It was hard when I came home, especially at (O'Hare) airport when I got told I was a baby killer.

"I came in early in the morning and people were pushing me around. They wouldn't let me get a cab or nothing," the Kelly High School graduate said.

He said he felt a bit vindicated after Chicago hosted the Vietnam Vets Welcome Home parade in 1986.

After that, he said, "People started treating me with respect."

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Bill Browne, commander of Benjamin O. Davis VFW Post 311 in Richton Park, said he found the documentary to be "surprising."

"I learned a lot about the things that went on behind the scenes," he said. Of particular interest, he said, were the clips that featured the top brass talking and the interviews with North Vietnam vets.

"It puts things together, explains why we were there," said Browne, who also serves as Cook County director of veterans affairs.

Browne was 20 and living on Chicago's South Side when he realized he was about to be drafted and instead joined the Air Force. He served in both Vietnam and Thailand, he said.

"I did not go in-country, I wasn't in a fox hole or on the front lines. But I was responsible for radio communications and driving a jeep for others who were in those situations," he said.

After he was discharged in California, he said, "They told me not to wear my uniform home. They said people did not appreciate the fact that you were over there killing people for no reason. It was one of those things where I had to come home and go back to work and just keep quiet about it."

It wasn't until that parade in Chicago that things started to turn around, he said. The Vietnam Moving Wall also has been helpful, he said.

"It's good to see. It's good to remind people of the 58,000 people whose names are on it," he said. "A lot of vets appreciate that because some of their friends are on that wall."

Joe Stachon, who served as a Green Beret in Vietnam from 1968-69, was 20 when he was shot.

He was still 20 when he was shot a second time.

The recipient of two purple hearts said he found the PBS series to be "historically correct."

"I took it as a roving history," said Stachon, who lives in Palos Heights.

Today, he said, things are better for Vietnam vets because of the younger generation, who "helped bring the plight of veterans to the forefront.

"And more people spoke to (and appreciated) them than us. I'm not sure why. It might have something to do with volunteerism, the fact that they weren't drafted, that they chose to serve," he said.

After Sept. 11, 2001, he said, there came a sea change in how the public viewed vets.

"It's a whole different feeling now. It's kind of nice. You're standing in the Jewel and someone comes up and says, 'Thanks for your service.'"

Sure, he added, "It was a long time to feel ostracized.

"But we had each other."

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The veterans crisis line is 800-273-8255, press 1.

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4.3 - Chicago Tribune: Resource fair will honor vets (3 November, 23.9M online visitors/mo; Chicago, IL)

Edward Hines, Jr. VA Hospital and Illinois Gov. Bruce Rauner will recognize 10 veterans from the World War II, Korean War, Vietnam War, Gulf War and Operation Iraqi Freedom/Operation Enduring Freedom eras during a Veterans Day ceremony Nov. 10 at 10 a.m. in the hospital front lobby. A resource fair will be held from 10 a.m.–12:30 p.m. in the hospital's north parking lot.

While 10 veterans are being recognized during the ceremony, this event represents the heartfelt thank you that all veterans deserve for their service to our country.

"Every day, we provide essential health care and other services to our veterans," says Steven Braverman, M.D., director, Hines VA Hospital. "Today is an opportunity to honor and say thank you to the millions of men and women who have worn the uniform to protect our freedom."

A brief walking parade will take place outside the hospital immediately following the ceremony. Live entertainment will be provided by Guitars for Vets, and light refreshments wlll be served, courtesy of the Salvation Army Canteen Truck and Veterans Canteen Services.

The Chicago Bears mascot, Staley, and the Chicago Bears Drumline will both be at the event. Also attending will be Miss Illinois USA 2018, Karolina Jasko and Miss Illinois Teen USA 2018, Sydni Bennet.

During the resource fair, Hines VA staff will provide free flu shots to eligible veterans and more than a dozen groups will be on hand to provide information and materials to veterans and their families. This resource fair includes services and programs from Hines, Illinois Department of Veterans Affairs, Cook County Recorder of Deeds, Oak Park Vet Center, Greater Chicago Food Depository and AmeriCorps, AllenForce, and more.

Hines VA Hospital has been designated as a Regional Veterans Day Site by the Veterans Day National Committee for 2017 and is located at 5000 S. 5th Ave., Hines, Illinois.

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4.4 - Military.com: Op-Ed: Will the VA's Transformation End Before it Really Begins? (3 November, Suvas Vajracharya, 9M online visitors/mo; San Francisco, CA)

Suvas Vajracharya, Ph.D., is founder and CEO of Lightning Bolt Solutions, which automatically generates 3 million hours of AI-optimized physician shift schedules for hospitals each month. Prior to founding the company, he worked as a staff scientist at the Los Alamos National Labs, scheduling massively parallel supercomputers.

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David Shulkin, MD, has been a transformative force within the U.S. Department of Veterans Affairs (VA) during his two-year tenure. But now there are rumors in The Washington Post that he interviewed for Tom Price's former Secretary of Health and Human Services role.

Shulkin brings what The New York Times calls a "tireless focus on efficiency" from his private sector career in healthcare management. At the VA, Shulkin has already made waves by setting up online appointment booking for patients, releasing data around patient wait times, and shifting to a surprising electronic health record (EHR) vendor.

He has developed a reputation for making change happen and cutting through bureaucracy. As undersecretary, when his staff said it would take almost a year to plan an event to discuss veteran suicides, Dr. Shulkin said the delay would cost 6,000 veteran lives and successfully pushed to hold the summit in a month instead.

This possible exit comes just as the VA is about to roll out its master plan for ensuring every veteran has access to timely, quality care -- and at a time when the healthcare sector has just started to see the results of what Shulkin's focus on efficiency and technology could deliver.

The VA is roughly the same size as Kaiser Permanente, but easily lags a decade behind the HMO. Where Kaiser manages a physician-to-patient ratio of 554 to 1 -- one doctor for every 554 patients -- the VA is 55% behind at just 356 to 1. Kaiser transformed this metric over a decade through a focus on better matching of projected patient volumes with provider capacities, telemedicine, use of mid-levels, and smarter physician shift scheduling -- the kinds of transformations Shulkin is known for.

If the VA could match Kaiser's physician-to-patient ratio (an initiative which I'm sure Shulkin would be capable of leading), the department would save $1.6 billion a year.

Those savings could be applied to increase VA physician salaries to Kaiser levels -- currently, the VA pays 21% less to primary care physicians and 55% less to surgeons on average -- which, in turn, would help combat the VA's physician turnover issue, which is 4x higher than at Kaiser.

And the VA would still save $427 million a year after these raises. (If this research interests you, there's an 11-page report to download comparing the VA and Kaiser in detail.)

Imagine the technology investments Shulkin could make with these millions in savings. He could restore the department's leadership in health technology and deliver the quality care our nation's veterans deserve. Hopefully, he'll stick around to see the dream of an efficient, high-tech VA come to fruition.

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4.5 - The Baltimore Sun (AP): Inspection of Oklahoma VA Health System finds deficiencies (3 November, Tim Talley and Ken Miller, 4.8M online visitors/mo; Baltimore, MD)

The Oklahoma City VA Health Care System has suffered from the lack of stable, permanent leadership and basic elements of patient safety programs that have not been consistently completed as required, according to a health care inspection of the facility released Thursday.

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The inspection, conducted by the U.S. Department of Veterans Affairs' Office of Inspector General at the request of Oklahoma U.S. Sen. Jim Inhofe, evaluated clinical, supervisory and administrative practices at the facility, which serves veterans in 48 counties in Oklahoma as well as two counties in north central Texas and includes the Oklahoma City VA Medical Center.

"Today's report is a step in the right direction, but we must do more to provide Oklahoma veterans with the quality of health care they deserve. That starts by using outside oversight to hold VA facilities to the same standards as private hospitals," Inhofe said in a statement.

The report stated that between April 2012 and November 2014, the Oklahoma City facility had five acting or permanent director and that, beginning in December 2014, the associate director served as system director for about 18 months.

"We found that the lack of a stable, permanent system director contributed to a weakened organizational environment, as did the leadership and management approaches of other senior leaders," the report said. A permanent director has been in place since May 2016, the report said.

The report also cited inadequate staffing of nurses with about 87 percent of the authorized number of registered nursing positions were filled, but noting that recruiting and retention programs have been implemented.

It also said that while most of the health care system's patient safety programs were effective, assessments of the root cause and other details of patient conditions did not consistently comply with the agency's requirements.

In addition, steps were not in place to inform a patient or a patient's family when poor outcomes occur due to a system or provider error, according to the report, that unauthorized use of the system's computerized patient record system was found and the emergency departments were falling short of goals.

"The ED (emergency department) was not meeting several performance measures including timeliness of care, and patients leaving without being seen," the report said.

The report added that 7.5 percent of patients left the emergency department without being seen in fiscal year 2015, and 5.8 percent in FY 2016.

The VHA target for patients who leave before being seen is less than 2 percent, but no greater than 4 percent.

It also said that while most of the health care system's patient safety programs were effective, assessments of the root cause and other details of patient conditions did not consistently comply with the agency's requirements.

In addition, steps were not in place to inform a patient or a patient's family when poor outcomes occur due to a system or provider error, according to the report.

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4.6 - KCTV (CBS-5, Video): Former Leavenworth VA doctor sentenced to 15.5 years in prison for sex crimes against veterans (3 November, Daniel Barnett, Caroline Sweeney and Zoe Brown, 598k online visitors/mo; Fairway, KS)

LEAVENWORTH, KS - A former VA doctor has been ordered by a judge to spend 187 months in prison on five charges of sex crimes against veterans.

Mark Wisner, 66, was sentenced Friday for aggravated criminal sodomy, aggravated sexual battery, and three counts of sexual battery.

Originally, the jury sentenced Wisner to 223 months in prison, but after speaking with the district attorney's office it was decided that three of the years would be served concurrently, reducing the total months served to 187.

"Judge Gunnar Sundby followed the Kansas Sentencing Guidelines when handing down his sentence," a release said. Specifically, Wisner was sentenced to 155 months for aggravated criminal sodomy, and 32 months for aggravated sexual battery. The judge ruled that the three misdemeanor sexual battery charges will run concurrently.

A jury found Wisner guilty of sexual misconduct involving four patients at the Leavenworth, Kansas VA Medical Center when he was a physician's assistant. His medical license was revoked in 2015, shortly after he resigned from the VA.

Wisner was convicted of sex crimes several decades ago.

Separate lawsuits have also been filed against the Veterans Administration, claiming it did not investigate Wisner’s record or oversee his practice at the hospital.

Wisner did not testify during his trial over the summer and he also had nothing to say on Friday. Wisner's attorney asked the court to take mercy on his client. He said Wisner's age should be considered in the sentencing.

The judge disagreed.

Two of the victims provided written statements.

One said, “I’ve had to run away to find peace in a disaster zone.” Another said he felt “sadness, madness and complete devastation" after the assault. “I was afraid to show I was vulnerable as a man and as a Marine." “You won’t break me," he said. "You can’t break me. You tried everything to break me and you didn’t."

Another victim addressed Wisner and the court. He referred to Wisner as a father figure and said how he gave him 23 medications at one time in one month. He said, "I felt safer in Iraq than I did with you." "I'm not a victim here," he said. "I'm a United States veteran. I was victimized."

Mike Jones, Assistant County Attorney, said he hopes the case gives survivors of sexual assault and abuse hope that they can get justice. “These men showed that these men persevered and you can do it. So, the message would be, if you can get yourself in to law enforcement or someone to talk about it, do it.” “Like all sex offenses," he said, "the victims struggled to come

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forward. It doesn't matter if they're male or female or the circumstances; it's hard for them to come forward."

"I always hate to characterize these things as wins and losses," he said with regard to the sentence, "but it's what we hoped he would do."

"I hope it doesn't discourage any veterans from going to hospitals and doctors," he added, "but that's a question for another day."

Todd Thompson, Leavenworth County Attorney, said, "This was just a horrific crime. Not only the despicable acts Wisner performed, but also violating the trust of patients, U.S. Veteran patients. All the men that testified served our country heroically, and they deserved the best care, not victimization."

Usually, judges will prepare a statement before sentencing. On Friday, however, the judge did not and said the facts of the case stand alone and that the court had nothing else to add.

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4.7 - WDAF (FOX-4, Video): Victims speak in court after former V.A. physician's assistant who sexually assaulted vets gets 15 years in prison (3 November, Kera Mashek, 441k online visitors/mo; Kansas City, MO)

LEAVENWORTH, Kan. -- A former Veterans Affairs physician's assistant convicted of sexually abusing patients will spend more than 15 years behind bars. In court Friday, some of Mark Wisner's victims talked about their continued hurt and healing.

The details of the case against Mark Wisner are cringeworthy.

War veterans who fought for our country came home, turning to the VA for care, only to end up being abused by Wisner. In August, the former physician's assistant was found guilty of aggravated sodomy and sexual battery for performing repeated and unnecessary, aggressive genital exams.

"Like all sex offenses, victims struggle to come forward," Leavenworth Assistant County Attorney said. "It doesn't matter if they're male or female or the circumstances. It's hard for them to come forward and talk about what happened. A lot of times, they're victimized over and over and over -- and it's difficult. These men show you can persevere, and you can do it."

Two victims sent in written statements that were read during Wisner's sentencing Friday. One of them said he's now finding new outlets to serve and heal by volunteering with hurricane relief in Texas, Florida and Puerto Rico. In his letter, he said Wisner should've taken a plea deal when he had the chance to "save victims from years of heartache."

A second victim said his encounters with Wisner have inflicted lasting damages, including a divorce, custody battle, gambling addiction and foreclosure on his home.

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A third man, who spoke in court, didn't want his face shown. He stood behind a podium and spoke directly to Mark Wisner, saying he is not a victim but a U.S. military veteran who was victimized.

"You still sit there with your eyes forward. Scared," he said. "Look at me. I stand here today smiling. Strong. You couldn't break me. You won't break me."

He said Wisner medicated him "more than most cancer patients" and told the court he even overdosed once. Despite severe post-traumatic stress disorder, also claims Wisner once bought him a gun.

"Yet I sit on this stand and tell the truth, and you don't have the audacity to speak on your behalf," he said.

Wisner's attorney didn't allow his client to talk because the ongoing legal challenges Wisner faces.

"But that does not mean that he does not express remorse," Wisner's attorney said.

The judge denied a motion for a new trial.

"There's really nothing much I can say that would acknowledge the feelings of disbelief, embarrassment and anger that the victims and this location, this country, has felt about the actions against these veterans," the judge said.

Instead, the judge handed down the maximum sentence of 15 years and 5 months. Wisner will also have to register as a sex offender. He could be eligible for parole in less than three years; however, Wisner still faces several lawsuits and potentially additional criminal charges.

Fox 4 has done many stories on the accusations against Mark Wisner and on the veterans he targeted. Watch Fox 4 John Holt's special report with several of the men, who sat together and heard each other's stories.

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4.8 - WISH (CBS-8, Video): Roudebush medical center doctor: Opioids hit veterans hard
(3 November, 322k online visitors/mo; Indianapolis, IN)

Earlier this year, President Donald Trump proclaimed this November as National Veterans and Military Families Month.

On Friday, veterans' health officials in Indiana held an open house to highlight the health care efforts being done for veterans. It took place at the Richard L. Roudebush Veterans Administration Medical Center.

The acting chief of staff at the center said veterans have been hit hard by the opioid crisis, but the VA has been able to hit back.

Dr. Imtiaz Munshi said, “This has not come easily. It’s challenging both on the veterans’ part, the patients’ part, but also on the staff’s part. Stopping opioids is a challenging and difficult process for anyone who had been taking them for a long period of time.”

More than 60,000 veterans are taken care of by the VA in Indianapolis.

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4.9 - The News-Review: Rosburg VA drops from two star rating to one (3 November, Carisa Cegavske, 160k online visitors/mo; Roseburg, OR)

Doug Paxton became interim director of the Roseburg Veterans Affairs Medical Center in 2014 and was appointed director in 2015. He inherited a VA with poor staff retention and morale. He said he wanted to change the VA's culture, and talked about building a culture of respect for both staff and the veterans they treat.

Committees were formed, and recommended changes by front line staff were implemented. Wait times were reduced. Members of the Douglas County Veterans Forum, who had called for the previous director's resignation, expressed optimism about Paxton's approach.

In 2016, he succeeded in raising the facility from a one-star rating to a two-star rating (out of a possible five stars), and in January this year the VA was named one of the Fastest Improved Hospitals in Healthcare Quality. In a March interview with The News-Review, Paxton said he wanted the VA to work its way up to five stars.

But last month the Roseburg VA got some bad news. It had dropped back down to a one-star hospital.

Paxton told The News-Review Friday that the VA is just on the cusp of being a two-star facility. About 30 VA facilities are in the one-star category, and there's a range. The Roseburg VA still ranks higher among VAs across the country now than it did three years ago.

"That was probably at the bottom of the barrel when I got here. You couldn't get any lower," he said.

He anticipates the VA will have no problem getting back up to a two-star facility in the next couple of months, and "hopefully by the end of the year, a three star."

"It just took some time to get the right resources in place to work on these things," he said.

Paxton said the Roseburg VA's performance has improved in many areas. It has reduced nursing turnover rates, scored better on employee satisfaction in the All Employee Survey, and made improvements in inpatient flow, length of stay and mental health, he said.

"In the past six months, the Roseburg VA ... has been working diligently to push our system into the top 100 facilities in the country. We firmly believe we are on the right path and will soon regain our two-star status," he said.

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He said the facility has "focused a great deal" on primary care for Ambulatory Care Sensitive Conditions—a measure that's highly weighted in the ranking system and has been an area of concern at the Roseburg VA. The goal is to manage high risk conditions well to avoid the need for hospitalization. The Roseburg VA implemented systemwide training, had specialists review high risk veteran care and improved staffing levels across its clinics. It has seen significant improvement over the past six months, Paxton said.

Paxton said five stars is still his goal, but the VA needs to get to two and three first.

"We're highly competitive here, so we're doing everything we can to move that data point," he said.

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12. Improve Timeliness of Service

5.1 - The Tennessean: **Quality VA care: Letters to the editor, Nov. 3** (3 November, 2.1M online visitors/day; Nashville, TN)

I received quality VA care

Reading about the Veterans Affairs hospital rating in the newspaper lately, I have to report my experience with the VA hospitals in Nashville and Murfreesboro and the VA clinic in Clarksville over the past 20 years or more.

I get my routine care at the VA clinic in Clarksville, and I have always received good, courteous care there. In 2003 at the VA hospital in Nashville, I had bilateral knee joint replacement done the same day. I spent a week there, and all the care I received there was great. Doctors, nurses, aides and staff were the best I could have imagined.

After a week in Nashville, I went to the Murfreesboro VA hospital for almost two weeks of rehab. My care there was equally good, and I have never had a problem with my knees since.

Recently, in August, I had open heart surgery to replace my aortic valve performed by Doctors Choi and Lou. Being now 70 years old, this was serious surgery. Again the care I received was superior. Especially Dr. Chris Lansing, who was there from my operation on Thursday through Sunday practically around the clock, and I saw him almost every day until my discharge.

Due to the outstanding care I received following my operation, five weeks later on a return appointment I brought the staff who cared for me a dozen doughnuts and bagels with cream cheese as a small token of my appreciation.

Walter Cerwinske, Clarksville 37042

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5.2 - WFED (AM-1500, Audio): VA hopes to RAMP up claims review process for vets (3 November, Terry Wing, 831k online visitors/mo; Washington, DC)

The Department of Veterans Affairs has announced the launch of the Rapid Appeals Modernization Program (RAMP), which aims at a more efficient benefit claims review process. The program is voluntary, but the VA said it expects veterans to receive a speedier review of initial claims decisions than the slow and complex legacy process. Under RAMP, VA said a reviewer can overturn previous decisions based on a difference of opinion, or return it for correction. Participants can also submit new evidence and receive VA's assistance in support of their claim.

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5.3 - KAKE (ABC-10, Video): VA delays adding new ailments to list of presumptive conditions linked to Agent Orange (3 November, Monica Castro, 825k online visitors/mo; Wichita, KS)

Shane Davis is proud to have served his country during the Vietnam war. He was exposed to Agent Orange, a herbicide sprayed to kill foliage so troops could get around Vietnam. He's one of many suffering complications from the chemical.

He said, "I am a diabetic and we've already asserted that that comes from Agent Orange."

His condition is covered by Veterans Affairs but many who suffer from Agent Orange conditions don't have those benefits. And it's going to be even longer before they have answers.

Vietnam vets still fighting effects of Agent Orange

After an 18-month study from the VA to add certain health problems, there's yet more delays.

Davis said, "When you are dealing with the government it's kind of like molasses down a brick, it's just going to be slow."

In a statement the VA's secretary, David Shulkin said, "After thoroughly reviewing the National Academy of Medicine(NAM)'s latest report regarding veterans and Agent Orange, and associated data and recommendations from [VA's] NAM Task Force, I have made a decision to further explore new presumptive conditions for service connection that may ultimately qualify for disability compensation. I appreciate NAM's work and the commitment and expertise of [my] Task Force, and look forward to working with the [Trump] administration on the next steps in the process."

Right now, Veterans Affairs recognizes only about a dozen health issues as presumptive conditions associated with Agent Orange. Some of those include diabetes, Parkinson's disease, and prostate and respiratory cancers.

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Many veterans have been pushing to get more illnesses, like bladder cancer, associated with Agent Orange added to the list. But some vets fear they'll never get the help they're looking for.

Davis said, “They are going to delay, delay, delay because when they do most of the guys like myself in another 15-20 years will be probably dead. And they won't have to deal with it.”

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5.4 - WFLA (NBC-8, Video): Veteran’s appeal for benefits drags on for 7 years (3 November, Steve Andrews, 702k online visitors/mo; Tampa, FL)

RIVERVIEW, Fla. — Navy veteran Frank Clark is barely making it.

The American flag is proudly displayed outside of Frank’s Riverview home. Inside, it is far from the American dream — his walls are crumbling.

“My roof is leaking really bad, I have holes in the floor, I have electricity only on one side of the house,” said Frank.

If the Department of Veterans Affairs had approved his service-related disability claim, he might not have to live counting pennies.

Records show Frank filed the claim in 2008 after suffering a head injury during his time in the Navy. He says he received a letter the following year from the agency containing some very disturbing information: “They had lost or misplaced the one military medical record that had proved my case,” he said.

Frank contacted the National Personnel Records Center in St. Louis where all military personnel records are stored, but the response they gave him didn’t make Frank feel any better. He was informed his medical records were “lent to the Department of Veterans Affairs.” Gone.

In 2010, the VA denied Frank’s claim.

His case has now lingered in their appeal process for seven years. The entire ordeal has dragged on for nine years.

“I’ll be 70 years old this month and like the saying goes, delay, deny until I die. And I think that’s exactly what’s happening,” added Frank. “Their response is we’re working on it, we’re still working on it.”

Frank has reached out to his Congressional representatives, but he says they haven’t been able to accomplish much.

So while the flag still flies proudly in front of Frank Clark’s home, he worries by the time the VA gets around to doing anything, he may have nothing left. We will reach out to the agency on Frank Clark’s behalf.

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13. Suicide Prevention

14. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Chicago Tribune: Tips for veterans battling financial challenges (3 November, 23.9M online visitors/mo; Chicago, IL)

Mastering personal finance is a challenge for many average Americans. Imagine the personal finance hurdles faced by military people.

Having enlisted in many cases right from high school, they often end up stationed hundreds or thousands of miles from home. Right outside the base, opportunists are ready to pounce, separating them from their take-home pay.

If that weren't enough, servicemen and women aren't typically the type to seek assistance. So says Michael Meese, chief operating officer of the American Armed Forces Mutual Aid Association in Ft. Myer, Virginia, and a retired Brigadier General who spent 32 years in the U.S. Army. "They want to be self-reliant, and sometimes don't want to admit they might need help from a financial counselor," he says. "They see themselves as victors, not victims."

Just as active-duty service people face difficulties avoiding credit card debt and payday loan outlets, military veterans confront their own personal finance obstacles. These can extend from budgeting for retirement to homelessness. Fortunately, growing numbers of programs aim to help enlisted people and veterans enhance their financial literacy.

Retirement budgeting
If veterans served until retirement from the military, their pensions are fixed amounts, Meese says. "Budgeting is even more important for them," he adds. "It goes up with cost of living, and is a very good and consistent pension, but still a fixed income that can't be changed. So with retirement pay based on a fixed income from the military and a fixed income from Social Security, they may want to be relatively more aggressive with their 401(k)s from the non-military portion of their careers. That will be the growth component of their portfolio."

Ensuring spouses are protected is another issue. "When I die, my retirement pay ends," Meese says. "My spouse now needs life insurance to cover the difference. That is especially true if I didn't enroll in the Survivor Benefit Plan (SBP), which can provide up to 55 percent of my retirement pay. The decision to choose SBP comes when I retire from the military."

Another aspect of planning is consolidating military documents that provide proof of military service, and permit your spouse to document your service once you die. "You must have that paperwork," Meese says. "If someone retired from the military maybe 15 years ago, he may not be keeping track of it. It's tucked away and not thought of. But it's important to have it together years before you might pass away."

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Using that paperwork to document military service is important for several reasons. If the veteran died of prostate cancer, Type II diabetes, Parkinson's Disease or multiple myeloma, the spouse can receive $1,250 monthly in veterans' benefits. The documents can ensure a veteran is eligible to be buried in a military cemetery, and that the spouse is eligible for health care the remainder of his or her life.

Little-known benefit

According to Glenview, Illinois-based holistic elder law attorney Marty Fogarty, founder of ElderSmart.com, most veterans have never heard of the V.A. Improved Pension Program. If you served in the Persian Gulf War, Vietnam War, Korean War or World War II, or your spouse did, you may be eligible to collect up to $2,127 in monthly benefits, he says.

"The program was created to help ailing, low-income veterans and their spouses, widows and widowers," Fogarty reports. "It provides a tax-free monthly benefit to vets with smaller incomes and large medical expenses. It's not tied to service-related injuries."

To be eligible, veterans must have served at least one day during a war period, served at least 90 days of active duty and received a better than dishonorable discharge.

They must be 66 or older, or permanently or totally disabled. Their monthly medical expenses must exceed their monthly income and they must require help with daily living requirements. The Department of Veterans Affairs encourages potential applicants to work with attorneys who assist families through the application process, Fogarty says.

Financial literacy

At Edward Hines Jr. V.A. Hospital in Hines, Illinois, a program launched last February seeks to help veterans with financial literacy challenges that impact ability to maintain stable housing.

Each training program is six weeks long. Four or five veterans age 25 to 60 have successfully completed each of the four programs to date. They have secured rental housing using Housing Choice Vouchers, primarily in suburban Cook County.

"Our hope is these skills will enhance their ability to maintain housing long term," says Jessica Wilkie, housing specialist and licensed clinical social worker, who heads the program.

The program brings veterans together in small groups and helps those who have fallen victim to, for instance, payday loans, bankruptcy filings or a series of evictions.

"If we're talking about evictions, it might be because they struggled with budgeting," Wilkie says. "We talk about tracking spending, cash flow in and out, paying bills most efficiently and on time, and we also talk about ways to increase income. We'll remind veterans we have employment resources to help them find a full-time or part-time additional source of income."

Each vet completing training is awarded a certificate to present to landlords. "It states that yes, they may have a history of evictions, but they have gained skills that increase their ability to pay their rent and be good tenants," Wilkie says. The need for the program is fundamental because, she says, "Financial literacy impacts every aspect of your life."

Future veterans may be better prepared for the personal finance hurdles awaiting them.

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“On every base and post in the military, they now have personal finance readiness counselors to help service members, especially those away from home, learn basic financial planning, including budgeting, retirement planning, credit card and debt management. But it’s a big problem, and they need to continue working on it and become better at it,” Meese says.

That’s even more important given a new retirement system the military will begin to implement in 2018. Every service member will have a defined contribution plan like a civilian 401(k). The new system will require soldiers “be better informed about financial issues,” Meese says.

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7.2 - Lincoln Journal Star: Apartments for low-income veterans almost finished at Victory Park (3 November, Nancy Hicks, 2M online visitors/mo; Lincoln, NE)

When a friend first suggested he move to Nebraska, Rich Taylor said he reacted like a typical New Yorker.

"Nebraska? That’s somewhere in the Midwest right," he thought.

But Taylor discovered that Lincoln is a friendly, not too-big city, with great services for veterans.

Taylor will be among the first veterans to move into the almost completed Victory Park Veterans Residence, a three-story apartment complex on the VA campus near 70th and O Streets.

The Marine Corps and Merchant Marine veteran led the Pledge of Allegiance at the ribbon-cutting ceremony for the project on Friday afternoon.

The apartment complex, for low-income veterans, is the first private project on the Lincoln VA campus, where developers hope someday to build rental town homes, additional apartments, office space, medical clinics and renovate the former VA hospital.

But redevelopment will not change the parade grounds on the campus. That is going to remain untouched, said Maj. Gen. Roger Lempke, a former adjutant general of the Nebraska National Guard.

It's taken a number of groups and hundreds of people almost a decade to get to this first phase of redevelopment on the VA campus.

"There were times we thought the picture (of the apartment building) was the closest we would get to veterans' housing," said Mark Richardson, president of the nonprofit Seniors Foundation of Lincoln and Lancaster County, which has a lease for the VA campus property.

Burlington Capital, formerly America First Real Estate Group, is the project's developer. Sampson Construction of Lincoln is building the apartments for low-income and homeless veterans.

The 70-apartment complex is Lincoln’s first available VASH housing, named after the voucher program that helps subsidize the rent for veterans.

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The apartment complex was expected to be an $8.6 million investment, with about $320,000 coming from local tax increment financing.

Victory Park apartments will be managed by Burlington Capital, which also manages a VASH complex called Victory Apartments in Omaha.

The partnership for operating the apartments includes the private developer, the VA and the Lincoln Housing Authority.

Case managers at the VA handle the assessment process, determining whether a veteran qualifies for the apartment, said Tom York, with Burlington Capital.

Veterans, who meet income limits and other guidelines, are eligible for the subsidized apartments, where the rent is about 27 percent of the person's monthly income.

Almost 40 veterans have already qualified for an apartment and many will be moving in within the next month, York said in a telephone interview.

"We hope veterans can start moving in around Dec. 1," he said.

Taylor, who has done construction work, said he saw the apartments going up and found out from the construction workers it was to be an apartment building for veterans.

Taylor says his new apartment will be a little smaller than where he is currently living, but he will have much more peace of mind.

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7.3 - The Bellingham Herald: Betrothed or not, co-buyers should be careful when taking title to a new home (3 November, David W. Myers, 849k online visitors/mo; Bellingham, WA)

DEAR MR. MYERS: My boyfriend and I are planning to get married next June, but we signed an offer to buy a house together two weeks ago, and our offer was accepted. Now the representative who is handling the deal's closing wants to know whether we want to take ownership of the home as joint tenants or tenants-in-common. What would be best?

ANSWER: Most married couples who buy a house choose to take title as joint tenants, which usually means that the spouse who dies first will automatically leave his or her entire interest in the home to the survivor. The survivor can then do whatever he or she wants with the property, whether keep it, sell it or leave it to any other person upon death.

It's usually best, though, for unmarried buyers – whether they are star-crossed lovers or dispassionate co-investors – to take title to the home as tenants-in-common.

A tenants-in-common arrangement, commonly known as "TIC," would allow you to sell or will your interest in the home to whomever you wish. That's a particularly important consideration if you have a child from a previous marriage and want to ensure that your kid, not your future spouse, would eventually inherit your estate.

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Pardon me if I seem unromantic, but taking title to the home as tenants-in-common rather than joint tenants could provide another benefit: Should you break the engagement before the planned wedding day, your TIC ownership would make it much easier to buy your fiancee's interest in the house or to sell your stake to an unrelated investor.

REAL ESTATE TRIVIA: Arizona and Hawaii are the only two states that don't observe the federal government's suggested Daylight Saving Time rules, which require other Americans to set their clocks one hour forward in the spring and set them back one hour in the fall. DST was established in the United States in 1918 to save electricity and to preserve oil and fuel needed by the military during World War I.

DEAR MR. MYERS: If I make a full-price offer to buy a house, is the seller legally required to accept it?

ANSWER: Generally, no. It's the owner's right to accept or reject an offer, even if the buyer is willing to pay more than the seller originally asked.

DEAR MR. MYERS: I am a veteran of the U.S. Air Force. I purchased my home with a mortgage guaranteed by the Veterans Administration in 2014, then refinanced when interest rates dropped earlier this year. Now I'm getting bombarded (sorry, Dave, that's "Air Force humor") with phone calls and letters urging me to refinance again. Most of the sales pitches say that I can get a new VA loan, and maybe even get cash for my equity, without paying any of the usual refinancing costs. Are these offers legit?

ANSWER: Some are, but others might not be. Complaints filed by vets about aggressive or misleading marketing tactics engineered by lenders have soared to the point where the U.S. Department of Veterans Affairs and a related agency, Ginnie Mae, announced the creation of a joint task force in late October to investigate such alleged abuses.

It's sad that at a time when we should be celebrating the brave men and women who have served our country, as Veterans Day approaches, there apparently is a growing number of lenders hoping to bilk them instead.

The VA and the federal Consumer Financial Protection Bureau say they have received complaints from thousands of veterans about relentless calls from lenders and mortgage brokers that urge the vets to refinance, even if they have done so in the past few months. A common sales pitch is that the new loan would carry an interest rate as low as 2.25 percent and won't require the vet to pay any out-of-pocket cash.

There is one, and often two, big catches to these proposals. The first is that the bargain-basement interest rate that's offered usually is variable, which could allow it to skyrocket in the months or years ahead. The other is that, although there may be little or no out-of-pocket costs to refinance, hefty fees may be tacked on to the outstanding balance of the mortgage – sometimes so high that the loan becomes more than the house is worth.

Not surprisingly, telemarketers and others who are touting these loans aren't forthcoming with such negative information.

Ginnie Mae, the VA's partner in the new task force, doesn't make loans directly to consumers. Instead, the agency purchases government-backed mortgages from lenders, pools them with

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other loans that it buys, and then sells shares in the pools to investors. This process helps to ensure that money will be available to future buyers and mortgage refinancers.

Officials leading the task force are already collecting information about fraudulent or misleading loan practices, and vow to refer the names of the most egregious offenders to the Consumer Financial Protection Bureau and similar regulatory agencies. Those agencies, in turn, can file huge lawsuits against unscrupulous lenders in federal court and even yank their ability to make VA loans in the future.

In the meantime, officials are urging veterans to view any refinance offers they receive with a healthy amount of skepticism. Though legitimate offers can be a money-saving godsend for vets, the devil is always in the details of a new mortgage contract.

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7.4 - Lima News: VA event helps connect veterans in need to supplies, services (3 November, Craig Kelly, 167k online visitors/mo; Lima, OH)

For a variety of reasons, the transition from military service to civilian life can often be a difficult one for American veterans, which can result in a lower standard of living, even to the point of homelessness.

To help address the issue of veterans in need, the U.S. Department of Veterans Affairs has held events known as Stand Downs to both help veterans meet immediate needs as well as link them to services to help improve quality of life in the long term.

“Our goal is to find homeless veterans or people who may be imminently homeless or living without the resources we can provide for them,” according to Katina Stone-Jones, chief of social work for the Dayton VA. “A Stand Down is when we bring all our services out to try to look at how we can connect veterans or families with financial services, counseling services, nursing home or medical foster homes, and we invite the community partners out to join out because this is not something that the VA can conquer on its own.”

Supplies for veterans included such items as sleeping bags, thermal gear, boots, toiletries and other items, with agencies and organizations like Ohio Means Jobs and Lots for Soldiers on hand to educate veterans about available services. Medical examinations, haircuts and even nail care were made available for veterans during the event.

“I love this,” Patricia Markowski of the Ohio National Guard Troop and Family Assistance Center said. “It’s my passion. The more people know what’s available to them, the more we can help. I want every veteran to know that once you’ve entered the military and you’re out, you’re still part of a family. If we can help one veteran connect with a service they didn’t know was available, it’s worth it.”

The event also gave area veterans the chance to get reconnected to each other, according to Allen County Veterans Commission President Steve Montgomery.

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"I'm enjoying this, the camaraderie of being around them," he said. "This is a great thing, bringing all these things in for all the veterans. The ones I have talked to in here have said that this is fantastic."

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7.5 - Task & Purpose: **Changing VA's Motto Could Hurt The Actual Needs Of Women Veterans** (3 November, Kayda Keleher, 102k online visitors/mo; New York, NY)

In 2007, I joined the Marine Corps and proceeded to spend five years resenting the term "Female Marine" — or more simply "Females." Even at the age of 19, I considered myself a feminist, but to me that meant being equal to my male peers, not segregated by my gender. The day I humped back from the Crucible and my drill instructor gave me my Eagle, Globe and Anchor, Sgt. Joint didn't say, "Congratulations, you're now a Female Marine." Joint said, "Congratulations, you're now a Marine."

Now, I work in Washington, D.C., representing nearly 2 million members of the Veterans of Foreign Wars (VFW) and their families on Capitol Hill. I have a portfolio specifically focused on women veterans, and I now say "women" instead of "female" because I respect the difference between sex and gender. Up until recently, women made up such a small percentage of the veterans population that VA simply didn't have enough of us around to be the subject matter experts in gender-specific care. Now they're willfully playing catch-up. Women veterans are expected to have a larger population than that of the entire population serving in the military by 2030.

Recognizing in 2016 that veterans service organizations lacked the necessary information to effectively represent women veterans' needs and challenges, VFW's women's committee conducted an extensive survey and gathered data from thousands of women. We then used the results to identify four major areas of concerns across all generations: 1) a lack of access to gender-specific health care, 2) limited outreach to older generations, 3) more recognition as veterans who selflessly served their country, 4) and more solutions to the specific barriers homeless women veterans face.

These are complex problems that require advocacy, funding, awareness, research, and collaboration between Congress and the VSOs in order to bring to fruition — no small task in 2017. Still, one veterans group has decided a much more important issue is to change the VA's motto: "To care for him who shall have borne the battle and for his widow, and his orphan." — a quote from President Abraham Lincoln, which the organization deems "sexist" and "ignores and obscures the needs of women veterans."

While the cause is noteworthy, the actual implementation will cost money. Not pennies, not quarters – but most likely millions in taxpayer dollars. The cost of updating every pamphlet, every website, every letter head, every "Welcome to VA" sign, and the infrastructure of every chiseled motto will financially add up quicker than some may think. Meanwhile, there are dozens of other legislative changes needed to improve the quality of care women veterans receive, which all also cost money.

Additionally, nowhere in the thousands of open-ended responses VFW received in 2016 did anyone request to change the pronoun used in VA's motto or to change the quote at all.

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What we did read over and over again is that one of the biggest barriers homeless women veterans face when trying to overcome homelessness is child-care access because they can't make appointments without making sure their kids can go somewhere safe. Women aren't going to worry about the VA's motto on a sign if they can't get to an appointment.

Private-sector insurance does not charge copayments for preventive medicine because it's cheaper to prevent disease than it is to treat it. Yet, thanks to law written by Congress, the VA is required to charge for nine out of the 11 of these medicines, three of which are women-specific: prenatal vitamins, contraceptives, and breast cancer-prevention pills.

There's also a dire need by former servicewomen for group-therapy access for sexual-assault survivors, but not all VA facilities have enough female patients to warrant this resource. Therefore, at the very least, the VA needs to expand telehealth services and allow more women to electronically partake in these sessions.

In other words, women veterans need health-care providers who understand our gender-specific needs. They also need advocates who will hold Congress accountable and make sure the VA has the funding necessary to not only fill shortages but train more providers. This includes everything from pap smears to postpartum counseling. VFW is doing that and won't give up until women receive the same treatment and high-quality care as men.

All these inequities require money, a lot of money. The priorities for where taxpayer dollars for women veterans must go are clear: care and benefits. Resolve the inequities.

I use VA for all my health care, whether it's related to my sexual assault, mental health, primary care, gynecology, or physical therapy. Sure, it would be nice to one day walk into my clinic and see a motto that acknowledges my service too. Or get to a point where we don't need gendered pronouns at all — but not at the expense of improved services.

Action is a gender-neutral verb; and action, not words, is what we should all be focusing on.

Kayda Keleher served in the Marine Corps from 2007-2012 with one tour in Afghanistan. She works as an Associate Director for National Legislative Services at VFW where her legislative portfolio covers health care, homelessness, and women veterans.

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7.6 - Scotsman Guide: **Ginnie Mae faces risks from VA loan churning** (3 November, 54k online visitors/mo; Bothell, WA)

Over the past year, there have been reports that lenders have aggressively solicited veterans and military personnel to repeatedly refinance Veterans Affairs (VA) loans, a practice known as churning. Ginnie Mae, which insures the bonds underpinned by government-backed loans, has been investigating this practice. Scotsman Guide News recently discussed the issue with Joseph Murin, a former president of Ginnie Mae at the end of the George W. Bush Administration, and he offered his thoughts on how Ginnie Mae might stamp out the practice. Murin also is chairman emeritus at NewDay USA.

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Do you perceive VA loan churning as a serious problem?

joemurinI do. It is taking advantage of the veterans at this stage in the game, continually refinancing their same loan. Unfortunately, what is happening is that [the loan] is not just getting refinanced once, it is getting originated sometimes two and three times. Each time, somebody is charging fees, and those fees are most likely being rolled into the unpaid balance.

So, I have a problem with two things. No. 1, the way it is being done, and the mode of solicitation — [offers to the borrower to] skip two payments, move into an ARM [adjustable-rate mortgage]. Look, most of these veterans have a higher interest rate because they had a lot of debt that was consolidated, so a lot of them were turned down by a major bank or a credit union, like Navy Federal or Pentagon Federal, because [those lenders] only do 80 percent [loan-to-value] type loans. They [the veterans] finally go to a lender who puts them in a loan who charges them a little bit more for the risk, and then this churning begins, where they are cherry picked out of these [Ginnie Mae insured loan] pools and they are solicited and solicited, and solicited. And, I think, that is just not good for the veteran, nor is it good for the mortgage business.

Does this present any risk to Ginnie Mae?

The risk to Ginnie Mae is that the investors who buy the bonds get upset when prepayment speeds accelerate like that. This began to happen, to this level, only since the end of last year when interest rates spiked, after basically eight or nine years of unconditional refinance. When interest rates spiked, people [originators] started to panic, and they looked for a means to continue to refinance. So, they started to solicit bonds, where these VA loans were located. They began a campaign to solicit on a very rigorous basis. Now, the prepayment speeds upset the investors. Ginnie has to pay attention to their investors because that is the liquidity being used to finance the bonds to roll back into the market to produce more loans. So, it does present a problem to Ginnie Mae.

Wouldn’t the practice of churning disappear naturally as interest rates rise?

Absolutely. There are a couple of ways it could go away. Obviously a rising interest rate environment will stop it in its tracks. After being in this interest rate environment for the past decade, it is hard to say when that will occur. Unfortunately, our 10-year bond isn’t necessarily tied to the Fed anymore. It is basically tied to the global markets. As long as there seems to be threats in the global market, people will run to safety, which is the 10-year bonds. So, it is kind of hard to determine when that interest rate rise will occur.

The other thing that could slow it down is for the VA to change their program, and not allow fees on a refinance of a VA loan. The other thing that could happen is that Ginnie Mae decides not to allow a refinanced loan in their pools within the first 12 months of its origination. I don’t know if we want to wait around for an interest rate rise to occur, but certainly that would put the brakes on it if we started to see a 50 to 100 [basis] point rise in the interest rates.

Do you believe that Ginnie Mae or the agencies will make changes to stop this practice?

I do believe, to some degree. Now, Ginnie Mae last year decided that they were going to put a six-month moratorium on loans being re-pooled. However, what they did was add the exception that you could do it if you put it into a specified pool or a custom pool. Well, that didn’t really do

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anything because many VA loans were pulled out within the first six months and re-entered into specified pools. It really didn't stop the folks that were very eager to continue this practice.

I believe the first thing that Ginnie Mae can do, and may do, is eliminate the specified pool option on the six-month moratorium [the mandatory six-month waiting period before Ginnie will allow a loan into a pool]. I think they will consider, and probably take into consideration, not only what they want to do, but also what [Federal Housing Administration] as well as VA wants to do, and make a determination whether a 12-month moratorium makes more sense. It certainly makes a lot of sense to me. I think there is more chance of Ginnie changing the moratorium process than there is for the VA to change their program.

Given that this issue affects veterans and a lot of people care about that, do you believe Ginnie will tighten its rules to restrict lenders from doing quick turnover refinance, or does that overstate your position?

No, and I support that. The first thing that Ginnie could do is eliminate the custom pool on the six-month moratorium that they already have in place. That would certainly slow it down. The second thing I would consider is a 12-month moratorium on those loans. Look, if you are cleaning up the debt of a veteran, and you put him into a little higher interest rate and, because you have given [the veteran] more residual income every month because you have cleaned up the credit card debt, I would want to see if they perform over the next 12 months.

If they perform over the next 12 months, then the risk of them going bad is minimized. Then, you can go in and refinance the loan at a lower rate if there is a lower rate available. But the fact of the matter is the veteran already has been put in a better position today [through the original refinanced loan] by cleaning up all their debt. So, they are already in a good position. If the rates remain lower, you can even improve their position. But you have got to give them time to perform, and that is why I think the 12-month moratorium makes a lot of sense.

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15. Other

8.1 - U.S. News & World Report (Reuters): No Prison for U.S. Army Deserter Bergdahl, Who Trump Wanted Dead (3 November, Greg Lacour, 24M online visitors/mo; Washington, DC)

FORT BRAGG, N.C. (Reuters) - U.S. Army Sergeant Bowe Bergdahl on Friday was spared prison for endangering his comrades in arms when he deserted in Afghanistan in 2009, a sentence swiftly condemned by President Donald Trump, who while seeking election had called for his execution.

"The decision on Sergeant Bergdahl is a complete and total disgrace to our Country and to our Military," Trump posted on Twitter from Air Force One as he flew to Asia at the start of a lengthy tour of the region.

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A military judge recommended that Bergdahl should be dishonorably discharged from the service, demoted to private and forfeit $10,000 in pay. Army Colonel Jeffery Nance took less than a minute to render his decision and made no other comment.

Bergdahl was captured eight years ago by the Taliban after walking off his combat outpost. He endured torture and malnutrition while held prisoner by the insurgent group for nearly five years. His case sparked a national debate over whether he was a victim or a villain.

The soldier, who had pleaded guilty to desertion and misbehavior before the enemy, faced a maximum term of life in prison.

Late Friday morning, the 31-year-old Hailey, Idaho, native trembled as he waited to hear his punishment in a courtroom in Fort Bragg, North Carolina.

Defense lawyers, who had urged Nance to show leniency, said after sentencing that Bergdahl was relieved and eager to move on, though they would not discuss his plans. Bergdahl has remained on active duty at Fort Sam Houston in San Antonio, Texas.

"This has been a terrible ordeal," said one of his lawyers, Eugene Fidell.

Neither Bergdahl nor prosecutors, who had sought a 14-year prison term, commented.

Soldiers who testified about the hardships and injuries suffered in the hunt for Bergdahl after he walked off his post in Paktika province in June 2009 without permission said they were disappointed by the sentence.

"It’s definitely a slap in the face," former Army Specialist Jonathan Morita said in a phone interview. Morita's right hand was mangled by a rocket-propelled grenade during a July 2009 raid seeking intelligence on Bergdahl's whereabouts.

Along with criticism over the years from U.S. political leaders and fellow soldiers over the dangerous searches prompted by Bergdahl's actions, the conditions of his release sparked controversy.

In May 2014, Bergdahl was handed over to U.S. special operations troops in Afghanistan in exchange for five Taliban detainees, who were released from the Guantanamo Bay prison and flown to Qatar.

Last year, as a Republican presidential candidate, Trump called Bergdahl "a no-good traitor who should have been executed."

Responding to a defense motion on Trump's comments, Colonel Nance ruled they had not influenced him nor affected Bergdahl's chances of a fair sentence. However, the judge said he would consider them a mitigating factor.

Defense attorney Fidell said on Friday that Americans should be offended by Trump's behavior.

"President Trump's unprincipled effort to stoke a lynch-mob atmosphere while seeking our nation's highest office has cast a dark cloud over the case," he said.

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A dishonorable discharge, issued for the most serious offenses, cuts off all military and veterans benefits, including healthcare from the Department of Veterans Affairs.

That could pose difficulties for Bergdahl, who, according to testimony, suffered significant nerve damage while a Taliban prisoner and has several mental health conditions.

His punishment must be approved by the commanding general of the U.S. Army Forces Command and then will automatically be reviewed on appeal. The discharge will not take effect until an appellate court affirms Bergdahl's conviction and sentence.

Two portraits of Bergdahl emerged during the sentencing proceedings.

Defense lawyers said he was a young, hardworking soldier who did not understand the full consequences of his actions when he left to report what he said were problems in his unit.

Bergdahl apologized in court this week for the pain he caused fellow service members and admitted he had made "a horrible mistake."

But prosecutors said Bergdahl knew he would trigger alarm in the war zone. They acknowledged he suffered during his years as a Taliban prisoner, but argued it resulted from his choices and did not diminish the harm he caused others.

Retired Army Lieutenant Colonel Jeffrey Addicott said he was surprised by the judge's decision.

"You had several members of our military who have been maimed for the rest of their life because of what Bergdahl did, so he should have received jail time, in my opinion," said Addicott, now a law professor at St. Mary's University in San Antonio, Texas.

(Reporting by Greg Lacour; Additional reporting by Jim Forsyth, Colleen Jenkins and Makini Bruce; Writing by Colleen Jenkins; Editing by Jonathan Oatis)

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8.2 - KUSA (NBC-9): Bomb squad investigates after VA says 'disgruntled client' threw package into clinic (3 November, Allison Sylte, 3.1M online visitors/mo; Denver, CO)

The Arapahoe County bomb squad was called in to investigate after employees at the Veteran's Affairs clinic in Burlington says a "disgruntled client" threw a suspicious package into the facility Thursday afternoon.

The package in question, which turned out to just be a pill bottle, was thrown into the lobby just after 3 p.m. on Thursday, according to a news release from the Burlington Police Department.

Burlington officers evacuated the building, which is at 1177 Rose Ave., and the surrounding area, fearing for the public's safety and what the package may have contained.

The Arapahoe County Sheriff's Office bomb squad and the Colorado State Patrol hazardous materials team were then called in to identify what exactly the mysterious item was.

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Once they learned that it was harmless, police allowed people to return to the area at around 8:30 p.m. that night.

In the news release, Burlington Police said “it’s always good to err on the side of caution when dealing with suspicious items such as this” and reminded the public not handle devices they believe could be explosive.

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8.3 - Scene: **Stokes Cleveland VA Center Under Scrutiny for Running 'Invasive Lung Experiments' on Dogs (And You're Funding Them)** (3 November, Eric Sandy, 839k online visitors/mo; Cleveland, OH)

A new federal lawsuit puts the spotlight on the Louis Stokes Cleveland VA Medical Center and its apparently secretive track record of running lung experiments on dogs ("mongrels" in VA parlance, according to the department's own records). The civil complaint was filed by White Coat Waste Project, a bipartisan taxpayer watchdog group.

The central argument is that the VA's position as a public agency involves some responsibility in disclosing how it conducts tax-funded experiments on dogs. Stokes is one of only three VA centers in the U.S. that runs these animal experiments. (The other two are in Milwaukee and Richmond, where surgical experiments involve hearts and brains and spines. The facility in Los Angeles recently stopped animal testing under pressure from U.S. Congressional reps.)

Because of the centers' obfuscation with public records requests, which is the tentpole allegation in this lawsuit, it's impossible now to know what is really happening to these dogs. Media reports and WCW statements (unconfirmed by Scene) have described brain, spine and heart surgeries on puppies that, often enough, are ultimately killed.

"Because the Cleveland VA has refused to provide us with the approved application for its invasive and deadly taxpayer-funded experiments on young hound dogs, public details on their current project is limited," Justin Goodman tells Scene. He's the vice president of advocacy and public policy for WCW.

He did, however, cite an October 2017 report authored by Stokes Cleveland VA experiments and other local medical researchers, in which "lung inflation" procedures are documented. The paper describes the process of anesthetizing 14 adults dogs, then "suturing" an endotracheal tube into their bodies. The experiment involved periodic inflation of the lungs with carbon dioxide, the result being distorted breath cycles that were studied as reflexes that "might be significant in understanding respiratory control mechanisms in newborn infants." (There is no mention of veterans in the paper.)

From the subject and methodology of the experiments to the public tax dollar underpinning, there's a spectrum of information that WCW has been seeking in its watchdog efforts. But where Los Angeles terminated its dog experiments and the other two facilities being more forthright in their records, the Stokes Cleveland Center remains a source of difficulty.

"Unlike Stokes," Goodman says, "other VA facilities using dogs have provided us with the project applications which show, for instance, that at the Richmond VA, five-month-old puppies

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have latex injected into their arteries to induce heart attacks and are then forced to run on treadmills to stress their damaged hearts, after which they're killed and dissected."

In Cleveland, records of any surgical experiments are almost nonexistent.

"We first learned about the VA's secretive and wasteful dog experimentation program by reviewing government contracts and databases," Goodman says, "and have since ascertained additional details via VA whistleblowers, Congress and Freedom of Information Act requests like the one we're contesting in Cleveland."

With FOIA on one hand, WCW has turned to the public in getting out its message that this information is in the broader interest of American taxpayers. Billboards, paid for by the White Coat Waste Project, arrived in Cleveland this year to publicly announce that these experiments were taking place without a sense of real public transparency. Litigation is ongoing.

The lawsuit specifically attacks the VA's public records management and responsiveness. There are two public records requests that the WCW is tracking, though neither has resulted in full compliance yet. (The group is seeking established protocol measures that the VA follows when carrying out dog experiments.) One of those requests yielded "169 heavily redacted responsive pages" in August.

Those documents led to the revelation that the VA had run "invasive and deadly lung experiments" on 30 mixed-breed hounds purchased between 2016 and early 2017 with public tax dollars. Some of those puppies were later killed before they had turned 1. At least one was described as "friendly" just two weeks before being euthanized.

In a separate WCW lawsuit, also filed in federal court, the U.S. VA Department has filed a motion for summary judgment, asserting that it has followed FOIA compliance policy and taking a right-to-privacy argument in defending its redactions. (VA personnel have received death threats in light of this dog-testing information making it into major media outlets, like USA Today.)

Included in that defense is an outright denial of any records relating to where (and from whom) these puppies are being purchased and where these experiments are taking place. Details made available through USASpending.gov federal contract records point to dog breeders in New York, Indiana and Pennsylvania selling "hounds" and "canines" and "mongrels" to the federal government. Marshall Farms Group (NY), LBL Kennels (IN) and Covance Research Products (PA) sold multiple dogs to the Cleveland VA to the tune of $600 to $2,000 each. Marshall Farms and Covance are USDA-licensed "Class A" animals breeders; LBL is "Class B," which denotes different breeding and distribution protocol.

But outside of WCW's cross-referencing work, it's not like the VA has supplied those details to the public. In court, the VA defense remains adamant.

In response this legal action (and the billboards) earlier this year, the VA issued the following statement:

"Research studies to advance medical treatment for our veteran patients will sometimes involve the use of animals.

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"After the scientific merit of the research study is established by independent scientific reviewers, Cleveland VA animal research is subject to a strict system of review and oversight to ensure compliance with ethical and regulatory standards for the care and use of the animal subjects. Like university and private animal research programs, Cleveland VA programs comply with the USDA (U.S. Department of Agriculture) Animal Welfare Act Regulations and the Public Health Service Policy."

Across the three testing facilities, the VA insists that these dog experiments are serving the benefit of paralyzed veterans, among other patient sectors. "The notion of legislating hope and scientific potential based on emotion, imagery, and layman sensibilities is presumptuous," Sherman Gillums, executive director of Paralyzed Veterans of America, told Cleveland.com this past summer. "The scientific community has already drawn those boundaries, and we simply need to enforce them, not kill all hope for the millions of human beings who stand to benefit from continued research."

Elsewhere, U.S. Secretary for Veterans Affairs David Shulkin, appointed by President Donald Trump, has defended the dog experiments:

"VA's canine research program represents a great example of why the department exists, as one of our current canine research studies illustrates. The study focuses on ways to prevent serious and potentially fatal lung infections that affect some veterans with spinal cord injuries because they are unable to cough effectively.

"The commercial demand for this type of study is almost non-existent. The patient population affected by this condition is simply too small to motivate private companies to pursue such research on their own. That's why VA and its canine research efforts — efforts that in many cases are not replicated in the private sector — are so important."

Animal testing is not a new or novel scientific course at either the federal level, nor at major public universities. But this case reveals how secretive the researching agencies can be. And with a brighter spotlight comes an increased sense of awareness among taxpayers and their political representatives.

There's a bill working its way through the U.S. House now — the PUPPERS Act of 2017 — that would specifically prohibit federal agencies like the VA from conducting the most "unkind and painful procedures and experiments" on dogs. The bill would put an end to the most intense tiers of USDA pain descriptions: categories "D" and "E," which include water deprivation, infliction of burns, terminal cardiac blood collection, post-operative distress, exposure to extreme environmental conditions and more. (The bill goes beyond just the VA experimentation that we're talking about here. As of now, the USDA permits the federal government writ large to carry out those sorts of procedures in a variety of settings. Class "E," to be clear, includes legal procedures that can cause death.)

The PUPPERS Act was introduced in July. It's presently in subcommittee; 53 representatives have signed on as co-sponsors from both major parties.

In July, the U.S. House unanimously approved an amendment to the Make America Secure Appropriations Act (the 2018 federal budget) that would defund these dog experiments at the VA. In practice, that amendment mirrors elements of the PUPPERS Act.

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"As a combat-wounded veteran, its alarming that the VA is spending taxpayers' money abusing dogs in unnecessary experiments when veterans are still unable to get the treatment and care they need," co-sponsor U.S. Rep. Brian Mast (R-FL) said in a statement provided to Scene. (Mast helped introduce both the budget amendment and the PUPPERS Act.) "I'm proud that the House of Representatives unanimously passed my legislation to defund these wasteful and cruel dog tests and am urging my colleagues in the Senate to do the same."

Locally, the Cleveland Animal Protective League is publicly supportive of WCW's campaign and the PUPPERS Act. "Our interest stems from the fact that in this day and age we really don't see the necessity of using dogs for this incredibly invasive and painful and distressful type of research," APL CEO Sharon Harvey tells Scene. "We're heading into 2018, and this is man's best friend. We do believe that medical research offers options now, and that there's no indication that these studies are truly producing information that is helping veterans. We believe veterans deserve the absolute best medical care and support from this country. We're not convinced that this experimentation using dogs is the way to deliver care to veterans."

And certain segments of the American veteran population certainly agree; this issue has been gaining serious public traction, and a recent op-ed from a disabled U.S. Air Force vet raises concerns over the secrecy around this sort of experimentation at the VA and urges a closer look from congressional representatives. "Despite my repeated requests to VA press secretary Curt Cashour," Benjamin Krause writes, "VA has yet to name a single veteran-focused medical advancement that has ever resulted from dog testing in nearly 100 years of VA research."

We'll be following these lawsuits and the public involvement as things move on. We've embedded the full WCW complaint, filed on Wednesday, below.

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Veterans Affairs Media Summary and News Clips

4 November 2017

1. Top Stories

1.1 - The Wall Street Journal: Koch Groups to Mount Hard Press to Expand Private-Sector VA Services. Conservative network plans to spend millions, mobilize affiliates on a long-debated issue (3 November, Ben Kesling, 43.5M online visitors/mo; New York, NY)
A conservative goal of opening more of the Department of Veterans Affairs' medical services to the private sector is due to get a push from the well-funded Koch brothers' network. Brothers Charles and David Koch, whose network is planning to spend hundreds of millions of dollars to advance its conservative agenda across the government and protect vulnerable congressional Republicans…

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1.2 - The New York Times: Veterans Groups Push for Medical Marijuana to Treat PTSD (3 November, Reggie Ugwu, 29.8M online visitors/mo; New York, NY)
Among critics of the federal prohibition of marijuana — a diverse and bipartisan group that includes both criminal justice reform advocates and Big Alcohol — the American Legion and its allies stand out. For more than a year, the stalwart veterans group has been working to reframe the debate as a question of not only moral and economic imperatives, but also patriotic ones, arguing that access to medical marijuana could ease suffering and reduce suicide rates…

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1.3 - U.S. News & World Report (AP): Bergdahl Spared From Prison; Trump Calls Sentence 'Disgrace'. Judge spares Bergdahl any prison time, imposes dishonorable discharge (3 November, Jonathan Drew, 24M online visitors/mo; Washington, DC)
Army Sgt. Bowe Bergdahl, who walked away from his post in Afghanistan and triggered a search that left some of his comrades severely wounded, was spared a prison sentence by a military judge Friday in what President Donald Trump blasted as a "complete and total disgrace."

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1.4 - U.S. News & World Report (AP): Ex-Worker at Kansas VA Hospital Sentenced for Sex Crimes (3 November, 24M online visitors/mo; Washington, DC)
A former physician assistant at a Veterans Affairs hospital in eastern Kansas has been sentenced for sexual crimes against patients. The Kansas City Star reports 66-year-old Mark Wisner was sentenced Friday to 15 years and seven months in prison.

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1.5 - WGBH (NPR-89.7, Audio): After Honoring NFL Legend's Brain Donation, VA Secretary Calls Football Injuries 'Very Different' From Soldiers' (3 November, Craig LeMoult, 1.3M online visitors/mo; Boston, MA)
President Trump has been critical of the NFL's steps to reduce brain injuries on the field. But today, his Secretary of Veterans Affairs, David Shulkin, stood next to a local football legend as he agreed to donate his brain to research.

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1.6 - The Commercial Appeal (Video): Fired doctors at Memphis VA blast decision, say they'll appeal termination (3 November, Jake Lowary, 1.1M online visitors/mo; Memphis, TN)
In recent months, concerns at the Memphis VA over life-threatening conditions have prompted multiple investigations and sweeping actions by administrators aimed at improving the hospital. But the moves — including the firing of two top doctors last week — also have brought allegations that VA administrators are turning some of the agency's most-respected doctors into scapegoats.

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1.7 - Task & Purpose (Video): This New PBS Doc Offers An Unflinching Look At The Dark History Of The VA (3 November, 102k online visitors/mo; New York, NY)
Even in its beginnings, the Department of Veterans Affairs was seeped in wrongdoing. In 1926, just five years after the establishment of the U.S. Veterans Bureau, founding director Col. Charles R. Forbes was convicted of trying to defraud the government. More than 90 years later, the VA remains a government agency wracked in controversy as it tries to balance the treatment of roughly 9 million veterans and stifling government bureaucracy.

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2. Greater Choice for Veterans

2.1 - Chicago Tribune: Treating veterans' substance abuse disorders (3 November, 23.9M online visitors/mo; Chicago, IL)
Many veterans experience problems with substance abuse. These problems can hurt relationships, harm health, cause mood swings and behavioral issues and financially impact veterans and their families. The U.S. Department of Veteran Affairs offers a number of options for eligible veterans struggling to overcome their substance abuse.

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2.2 - KFDA (CBS-10, Video): TTUHSC working to create new Psychiatry Residency Program (3 November, Cassie Stafford, 193k online visitors/mo; Amarillo, TX)
The Texas Tech University Health Sciences Center (TTUHSC) is collaborating with the Amarillo VA Health Care System to start a Psychiatry Residency Program, in hopes that those who complete their training in Amarillo will stay here to serve the community.

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3. Modernize Our System

3.1 - Politico: CMS splashes the cash: Who's happy, who's sad (3 November, Darius Tahir, 23.9M online visitors/mo; Arlington, VA)
ACCOUNTABILITY, AND OTHER CONGRESSIONAL MATTERS: A bipartisan team of leaders from the House Committee on Veterans Affairs is releasing legislation today that would give Congress additional oversight tools to monitor VA's transition to its new Cerner EHR system, a committee staffer tells us. The legislation is expected to require VA to provide Congress with its

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key planning and implementation documents, as well as provide regular updates on the progress of the transition.

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3.2 - Lincoln Journal Star: VA is starting over on Lincoln clinic site selection (3 November, Nancy Hicks, 2M online visitors/mo; Lincoln, NE)
Victory Park, the hoped-for complex of apartments, rental townhomes, medical offices and clinics on the VA Campus in east Lincoln, has hit yet another snag. The Department of Veterans Affairs has decided to start over on the site selection process for a new VA clinic in Lincoln, which will delay any final decision for another 12 to 18 months.

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3.3 - Federal Computer Week: Lawmakers look to keep close tabs on VA's health record switch (3 November, Derek B. Johnson, 189k online visitors/mo; Vienna, VA)
A bipartisan quartet of lawmakers from the House Committee on Veterans Affairs announced legislation that would compel the Department of Veterans Affairs to hand over key records for how it plans to implement its new electronic health record system.

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3.4 - mHealth Intelligence: Support Grows for Bill Expanding Telehealth Access for Veterans (3 November, Eric Wicklund, 53k online visitors/mo; Danvers, MA)
A bill that would allow Veterans Affairs physicians to us treat veterans via telehealth no matter where they live has passed muster with the House Committee on Veterans Affairs. The Veterans E-Health & Telemedicine Support (VETS) Act of 2017 (H.R. 2123), submitted in the House last April by U.S. Reps. Julia Brownley (D-Calif.) and Glenn Thompson (R-Pa.), sailed through a markup session on Thursday with little opposition.

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4. Focus Resources More Efficiently

4.1 - The New York Times: The Promise of Ecstasy for PTSD (3 November, Khaliya, 29.8M online visitors/mo; New York, NY)
In July, the Food and Drug Administration took the important step of approving two final-phase clinical trials to determine whether a party drug that has long been on the Drug Enforcement Administration's Schedule I list of banned substances could be used to treat a psychiatric condition that afflicts millions. The drug is MDMA, a psychedelic commonly known as Ecstasy, previously deemed to have "no currently accepted medical use."

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4.2 - Chicago Tribune (Daily Southtown): Retirement brings peace for some Southland Vietnam vets, distress for others (3 November, Donna Vickroy, 23.9M online visitors/mo; Chicago, IL)
The nightmare has haunted Jerry Kot for more than 40 years. "I have it two to three times a year. The VC (Viet Cong) are chasing me into a warehouse. I'm climbing up high to see what's

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going on, but I can't be found," said Kot, a former Oak Lawn resident who now lives in Las Vegas.

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4.3 - Chicago Tribune: **Resource fair will honor vets** (3 November, 23.9M online visitors/mo; Chicago, IL)
Edward Hines, Jr. VA Hospital and Illinois Gov. Bruce Rauner will recognize 10 veterans from the World War II, Korean War, Vietnam War, Gulf War and Operation Iraqi Freedom/Operation Enduring Freedom eras during a Veterans Day ceremony Nov. 10 at 10 a.m. in the hospital front lobby. A resource fair will be held from 10 a.m.–12:30 p.m. in the hospital's north parking lot.

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4.4 - Military.com: **Op-Ed: Will the VA's Transformation End Before it Really Begins?** (3 November, Suvas Vajracharya, 9M online visitors/mo; San Francisco, CA)
David Shulkin, MD, has been a transformative force within the U.S. Department of Veterans Affairs (VA) during his two-year tenure. But now there are rumors in The Washington Post that he interviewed for Tom Price's former Secretary of Health and Human Services role.

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4.5 - The Baltimore Sun (AP): **Inspection of Oklahoma VA Health System finds deficiencies** (3 November, Tim Talley and Ken Miller, 4.8M online visitors/mo; Baltimore, MD)
The Oklahoma City VA Health Care System has suffered from the lack of stable, permanent leadership and basic elements of patient safety programs that have not been consistently completed as required, according to a health care inspection of the facility released Thursday.

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4.6 - KCTV (CBS-5, Video): **Former Leavenworth VA doctor sentenced to 15.5 years in prison for sex crimes against veterans** (3 November, Daniel Barnett, Caroline Sweeney and Zoe Brown, 598k online visitors/mo; Fairway, KS)
A former VA doctor has been ordered by a judge to spend 187 months in prison on five charges of sex crimes against veterans. Mark Wisner, 66, was sentenced Friday for aggravated criminal sodomy, aggravated sexual battery, and three counts of sexual battery.

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4.7 - WDAF (FOX-4, Video): **Victims speak in court after former V.A. physician's assistant who sexually assaulted vets gets 15 years in prison** (3 November, Kera Mashek, 441k online visitors/mo; Kansas City, MO)
A former Veterans Affairs physician's assistant convicted of sexually abusing patients will spend more than 15 years behind bars. In court Friday, some of Mark Wisner's victims talked about their continued hurt and healing. The details of the case against Mark Wisner are cringeworthy.

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4.8 - WISH (CBS-8, Video): **Roudebush medical center doctor: Opioids hit veterans hard** (3 November, 322k online visitors/mo; Indianapolis, IN)

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Earlier this year, President Donald Trump proclaimed this November as National Veterans and Military Families Month. On Friday, veterans' health officials in Indiana held an open house to highlight the health care efforts being done for veterans. It took place at the Richard L. Roudebush Veterans Administration Medical Center.

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4.9 - The News-Review: **Rosburg VA drops from two star rating to one** (3 November, Carisa Cegavske, 160k online visitors/mo; Roseburg, OR)
Doug Paxton became interim director of the Roseburg Veterans Affairs Medical Center in 2014 and was appointed director in 2015. He inherited a VA with poor staff retention and morale. He said he wanted to change the VA's culture, and talked about building a culture of respect for both staff and the veterans they treat.

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5. Improve Timeliness of Service

5.1 - The Tennessean: **Quality VA care: Letters to the editor, Nov. 3** (3 November, 2.1M online visitors/day; Nashville, TN)
Reading about the Veterans Affairs hospital rating in the newspaper lately, I have to report my experience with the VA hospitals in Nashville and Murfreesboro and the VA clinic in Clarksville over the past 20 years or more. I get my routine care at the VA clinic in Clarksville, and I have always received good, courteous care there. In 2003 at the VA hospital in Nashville, I had bilateral knee joint replacement done the same day.

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5.2 - WFED (AM-1500, Audio): **VA hopes to RAMP up claims review process for vets** (3 November, Terry Wing, 831k online visitors/mo; Washington, DC)
The Department of Veterans Affairs has announced the launch of the Rapid Appeals Modernization Program (RAMP), which aims at a more efficient benefit claims review process. The program is voluntary, but the VA said it expects veterans to receive a speedier review of initial claims decisions than the slow and complex legacy process.

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5.3 - KAKE (ABC-10, Video): **VA delays adding new ailments to list of presumptive conditions linked to Agent Orange** (3 November, Monica Castro, 825k online visitors/mo; Wichita, KS)
Shane Davis is proud to have served his country during the Vietnam war. He was exposed to Agent Orange, a herbicide sprayed to kill foliage so troops could get around Vietnam. He's one of many suffering complications from the chemical. He said, "I am a diabetic and we've already asserted that that comes from Agent Orange."

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5.4 - WFLA (NBC-8, Video): **Veteran's appeal for benefits drags on for 7 years** (3 November, Steve Andrews, 702k online visitors/mo; Tampa, FL)

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Navy veteran Frank Clark is barely making it. The American flag is proudly displayed outside of Frank's Riverview home. Inside, it is far from the American dream — his walls are crumbling. "My roof is leaking really bad, I have holes in the floor, I have electricity only on one side of the house," said Frank.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Chicago Tribune: Tips for veterans battling financial challenges (3 November, 23.9M online visitors/mo; Chicago, IL)
Mastering personal finance is a challenge for many average Americans. Imagine the personal finance hurdles faced by military people. Having enlisted in many cases right from high school, they often end up stationed hundreds or thousands of miles from home. Right outside the base, opportunists are ready to pounce, separating them from their take-home pay.

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7.2 - Lincoln Journal Star: Apartments for low-income veterans almost finished at Victory Park (3 November, Nancy Hicks, 2M online visitors/mo; Lincoln, NE)
When a friend first suggested he move to Nebraska, Rich Taylor said he reacted like a typical New Yorker. "Nebraska? That's somewhere in the Midwest right," he thought. But Taylor discovered that Lincoln is a friendly, not too-big city, with great services for veterans. Taylor will be among the first veterans to move into the almost completed Victory Park Veterans Residence, a three-story apartment complex on the VA campus near 70th and O Streets.

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7.3 - The Bellingham Herald: Betrothed or not, co-buyers should be careful when taking title to a new home (3 November, David W. Myers, 849k online visitors/mo; Bellingham, WA)
DEAR MR. MYERS: My boyfriend and I are planning to get married next June, but we signed an offer to buy a house together two weeks ago, and our offer was accepted. Now the representative who is handling the deal's closing wants to know whether we want to take ownership of the home as joint tenants or tenants-in-common. What would be best?

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7.4 - Lima News: VA event helps connect veterans in need to supplies, services (3 November, Craig Kelly, 167k online visitors/mo; Lima, OH)
For a variety of reasons, the transition from military service to civilian life can often be a difficult one for American veterans, which can result in a lower standard of living, even to the point of homelessness. To help address the issue of veterans in need, the U.S. Department of Veterans Affairs has held events known as Stand Downs to both help veterans meet immediate needs as well as link them to services to help improve quality of life in the long term.

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7.5 - Task & Purpose: **Changing VA's Motto Could Hurt The Actual Needs Of Women Veterans** (3 November, Kayda Keleher, 102k online visitors/mo; New York, NY)
In 2007, I joined the Marine Corps and proceeded to spend five years resenting the term "Female Marine" — or more simply "Females." Even at the age of 19, I considered myself a feminist, but to me that meant being equal to my male peers, not segregated by my gender. The day I humped back from the Crucible and my drill instructor gave me my Eagle, Globe and Anchor, Sgt. Joint didn't say, "Congratulations, you're now a Female Marine."

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7.6 - Scotsman Guide: **Ginnie Mae faces risks from VA loan churning** (3 November, 54k online visitors/mo; Bothell, WA)
Over the past year, there have been reports that lenders have aggressively solicited veterans and military personnel to repeatedly refinance Veterans Affairs (VA) loans, a practice known as churning. Ginnie Mae, which insures the bonds underpinned by government-backed loans, has been investigating this practice.

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8. Other

8.1 - U.S. News & World Report (Reuters): **No Prison for U.S. Army Deserter Bergdahl, Who Trump Wanted Dead** (3 November, Greg Lacour, 24M online visitors/mo; Washington, DC)
U.S. Army Sergeant Bowe Bergdahl on Friday was spared prison for endangering his comrades in arms when he deserted in Afghanistan in 2009, a sentence swiftly condemned by President Donald Trump, who while seeking election had called for his execution.

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8.2 - KUSA (NBC-9): **Bomb squad investigates after VA says 'disgruntled client' threw package into clinic** (3 November, Allison Sylte, 3.1M online visitors/mo; Denver, CO)
The Arapahoe County bomb squad was called in to investigate after employees at the Veteran's Affairs clinic in Burlington says a "disgruntled client" threw a suspicious package into the facility Thursday afternoon. The package in question, which turned out to just be a pill bottle, was thrown into the lobby just after 3 p.m. on Thursday, according to a news release from the Burlington Police Department.

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8.3 - Scene: **Stokes Cleveland VA Center Under Scrutiny for Running 'Invasive Lung Experiments' on Dogs (And You're Funding Them)** (3 November, Eric Sandy, 839k online visitors/mo; Cleveland, OH)
A new federal lawsuit puts the spotlight on the Louis Stokes Cleveland VA Medical Center and its apparently secretive track record of running lung experiments on dogs ("mongrels" in VA parlance, according to the department's own records). The civil complaint was filed by White Coat Waste Project, a bipartisan taxpayer watchdog group.

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1. Top Stories

1.1 - The Wall Street Journal: Koch Groups to Mount Hard Press to Expand Private-Sector VA Services. Conservative network plans to spend millions, mobilize affiliates on a long-debated issue (3 November, Ben Kesling, 43.5M online visitors/mo; New York, NY)

WASHINGTON—A conservative goal of opening more of the Department of Veterans Affairs' medical services to the private sector is due to get a push from the well-funded Koch brothers' network.

Brothers Charles and David Koch, whose network is planning to spend hundreds of millions of dollars to advance its conservative agenda across the government and protect vulnerable congressional Republicans, will mobilize several affiliates and subgroups to battle for its vision of the future of the VA, Koch representatives said this week.

"I think you're seeing the conservative movement awaken to this issue," said a spokeswoman for Concerned Veterans for America, a Koch-backed group that for years has fought to increase the role of private-sector health care at the department. The spokeswoman added, "This is about a broader conversation about the government's role in health care."

House and Senate veterans committees are drafting legislation due for action as soon as next week that could determine, in large part, how much the VA outsources care to the private sector and whether the VA would remain at the center of veterans' health services. The VA already pays for some 30% of veterans' appointments care to be performed by practitioners outside the sprawling VA system.

The legislation would replace a law known as the Veterans Choice Act, passed in 2014 in the wake of a high-profile scandal over lengthy wait times and falsified records at the VA. Under that bill, veterans were given greater flexibility to visit care providers outside of the VA's system of 1,233 health-care facilities, including 168 VA Medical Centers that serve some 8.9 million veterans each year.

But a push for expanded use of private-sector services stands to reignite a long-simmering debate. Many veterans groups have said expanding veterans' care to more of the private sector could leave former members of the military navigating facilities that may not be equipped to handle the unique problems veterans face, including post-traumatic stress and injuries sustained on the battlefield. Some say this is a way to slowly choke off funding from government-run hospitals.

"The Koch brothers can do whatever the hell they want," said Sen. Jon Tester (D., Mont.), the top-ranking Democrat on the Senate Committee on Veterans' Affairs, who opposes steps he says would weaken the VA. "But if they want to privatize the VA, bring it on," he added as a vow to fight the effort.

Concerned Veterans and the Koch network, including Freedom Partners and Americans for Prosperity, say they aren't privatizing the VA but said opening up the ability to use more private-sector providers would provide care more quickly, efficiently, and let veterans choose where to get care. The Koch groups haven't ruled out any tactic, including negative ads targeting lawmakers who oppose the private-sector expansion.

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“Right now you have tremendous opportunity with [VA Secretary David] Shulkin and the Trump administration who have prioritized this issue,” said James Davis, spokesman for the Kochs’ Seminar Network, as it is officially known. “CVA has been laying the groundwork for a long time to get to this point.”

The group said it plans a multimillion dollar effort, though it won’t spend as much as it will on its No. 1 priority, tax cuts, a pressing issue for Republicans on Capitol Hill.

Concerned Veterans for America has led the Koch effort on veterans issues. In recent days, lawmakers and veterans advocates said this will mark a shift in the network’s potent lobbying efforts, with other Koch-affiliated groups becoming involved. Koch network representatives said there has been no shift.

“It’s really an integrated, network-wide campaign now,” said Dan Caldwell, executive director for Concerned Veterans.

Traditional veterans advocacy groups are worried about the clout of the Koch network and the money it can bring to bear.

“We’re very concerned about it, we’re talking about being vastly out resourced here,” said Joe Chenelly, executive national director of Amvets. “They’re ignoring what all the legitimate veterans organizations know, which is ‘choice’ would be privatization.”

Groups like Amvets and others question the legitimacy of Concerned Veterans as a veterans service organization, citing its extensive Koch funding and its rapid emergence over the past few years. Concerned Veterans officials dismiss those criticisms, saying the quickly growing influence reflects their focus on issues vets care about.

On Capitol Hill, some lawmakers welcome all voices to the debate.

“My priority is and will always be ensuring Congress does right by veterans, and I continue to welcome stakeholder feedback through every step of the legislative process,” said Rep. Phil Roe (R., Tenn.) chairman of the House Committee on Veterans Affairs

His Democratic counterpart’s view of the Koch-affiliated groups is less sanguine.

“I wouldn’t underestimate what they can do to poison the goodwill of the committee,” said Rep. Tim Walz (D., Minn.) the top-ranking Democrat on the House committee.

“This is the first big, open battle,” he said.

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1.2 - The New York Times: **Veterans Groups Push for Medical Marijuana to Treat PTSD** (3 November, Reggie Ugwu, 29.8M online visitors/mo; New York, NY)

Among critics of the federal prohibition of marijuana — a diverse and bipartisan group that includes both criminal justice reform advocates and Big Alcohol — the American Legion and its allies stand out.

For more than a year, the stalwart veterans group has been working to reframe the debate as a question of not only moral and economic imperatives, but also patriotic ones, arguing that access to medical marijuana could ease suffering and reduce suicide rates among soldiers who return from the horrors of war.

“We’ve got young men and women with PTSD and traumatic brain injuries coming to us and saying that cannabis works,” Joe Plenzler, a spokesman for the group, which was established after World War I and has over two million members, said by telephone Wednesday.

Mr. Plenzler said that veterans had turned to medical marijuana as an alternative to so-called “zombie drugs,” including opioids and antidepressants, that they said adversely affected their mood and personality, up to and including thoughts of suicide. In studies, cannabis has been shown to help alleviate chronic pain and reduce muscle spasms in multiple sclerosis patients.

In 2016, the American Legion petitioned the government to relax federal restrictions on marijuana in two ways. The group asked Congress to remove the drug from the list of Schedule 1 narcotics — a class that includes heroin, LSD and other drugs that have “no accepted medical use” and a high potential for abuse — and reclassify it in a lower schedule. It also called on the Drug Enforcement Administration to license more privately funded growers to focus on medical research.

Because marijuana is a Schedule 1 drug, there is surprisingly little rigorous research into its medical applications, as researchers have found themselves stymied by regulatory hurdles at federal health and drug agencies and short on a supply of federally approved product.

The classification also means that veterans — many of whom rely on the federal Veterans Affairs Department for their health care — cannot get coverage for medical marijuana, even in the 29 states that have legalized it.

On Thursday, The American Legion published a phone survey of over 800 veterans and veteran caregivers in which 92 percent of respondents said they supported research into medical cannabis for the purpose of treating mental or physical conditions. Eighty-two percent said they wanted cannabis as a federally legal treatment option.

“Even in the states where it’s legal, there’s still the stigma associated with the federal ban,” said Louis Celli, the group’s national director of veterans affairs and rehabilitation. He noted that soldiers were regularly subjected to urinalysis and told to stay away from the drug. “It puts veterans in a very difficult position.”

Though a Quinnipiac University poll released in April found that a record 94 percent of all Americans supported doctor-prescribed medical marijuana usage, veterans advocating research have run into the same roadblock as pro-cannabis activists around the country: the Justice Department.

President Trump campaigned in support of medical marijuana and said that recreational usage should be a “state-by-state” issue. But his attorney general, Jeff Sessions, has been an outspoken critic of legalizing the drug for any purpose. Veterans groups draw a straight line from obstacles to medical marijuana research to the doorstep of Mr. Sessions.

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“He is putting politics, antiquated policies and his own personal opinion ahead of the health needs of veterans in this country,” said Nick Etten, executive director of Veterans Cannabis Project, referring to Mr. Sessions.

A representative for the Justice Department declined to comment, but Mr. Sessions said during an oversight hearing with the Senate Judiciary Committee last month that he was considering expanding the supply of research-grade marijuana.

Veterans groups say the fastest and most effective way to help veterans get access to treatment is to simply reschedule the drug. That would automatically lift the most onerous barriers to research and allow V.A. health care providers to immediately prescribe marijuana in states where it is legal.

But getting the necessary legislation through a fractious, conservative congress may still be a pipe dream.

Representative Matt Gaetz of Florida is one of a growing number of Republicans who have joined Democrats in trying to formally recast the government’s stance on marijuana. With Darren Soto, Democrat of Florida, Mr. Gaetz was co-author of a bill that would bump the drug down to Schedule 3 — the same classification as codeine and anabolic steroids.

“I think my political party became too committed to this antiquated dogma of the ’70s and ’80s,” Mr. Gaetz said, referring to a time when cannabis was widely considered to be a “gateway” to more harmful drugs.

“Now we’re having to pull the ostrich’s head out of the sand.”

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1.3 - U.S. News & World Report (AP): Bergdahl Spared From Prison; Trump Calls Sentence 'Disgrace'. Judge spares Bergdahl any prison time, imposes dishonorable discharge (3 November, Jonathan Drew, 24M online visitors/mo; Washington, DC)

FORT BRAGG, N.C. — Army Sgt. Bowe Bergdahl, who walked away from his post in Afghanistan and triggered a search that left some of his comrades severely wounded, was spared a prison sentence by a military judge Friday in what President Donald Trump blasted as a "complete and total disgrace."

The judge gave no explanation of how he arrived at his decision, but he reviewed evidence that included the five years Bergdahl was held captive by the Taliban and the wounds suffered by troops who searched for him, including one who now uses a wheelchair and cannot speak.

The case was politically divisive. President Barack Obama traded Taliban prisoners to bring Bergdahl back, drawing sharp Republican criticism. As a presidential candidate, Trump called for the soldier to face stiff punishment. He could have received up to life in prison.

The judge also gave the 31-year-old a dishonorable discharge, reduced his rank from sergeant to private and ordered him to forfeit pay equal to $1,000 per month for 10 months.

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In court, Bergdahl appeared tense, grimaced and clenched his jaw. His attorneys put their arms around him and one patted him on the back. One defense attorney cried after the sentence was announced.

Defense lawyer Eugene Fidell told reporters that his client had "looked forward to today for a long time."

Bergdahl "is grateful to everyone who searched for him," especially those who "heroically sustained injuries," Fidell added.

Trump's statement came in a tweet about 90 minutes after the sentencing. "The decision on Sergeant Bergdahl is a complete and total disgrace to our Country and to our Military," the president wrote.

Bergdahl pleaded guilty last month to desertion and misbehavior before the enemy. He has said he left his post in 2009 with the intention of reaching other commanders and drawing attention to what he saw as problems with his unit.

The judge, Army Col. Jeffery Nance, had wide leeway in deciding the sentence because Bergdahl made no deal with prosecutors to limit his punishment.

Prosecutors sought a serious penalty because of wounds suffered by service members who searched for Bergdahl after he disappeared.

The defense tried to counter that evidence with testimony about Bergdahl's suffering as a captive, his contributions to military intelligence and survival training, and his mental health problems. The argument for leniency also cited Trump's harsh campaign-trail comments.

The dishonorable discharge threatens to deprive Bergdahl of most or all his veterans' benefits, but it also triggers an automatic appeal to a higher military court. Before that, a general who can reduce, but not increase, the sentence will also review it.

Fidell told reporters that he looks forward to the appeals court review of Trump's campaign statements, which included calling Bergdahl a "dirty, rotten traitor" and declaring that he should be shot or thrown out of an airplane without a parachute.

As a candidate, Trump "made really extraordinary reprehensible comments targeted directly at our client," Fidell told reporters Friday, calling the situation "one of the most preposterous states of affairs" in American legal history. He said the defense team sees "an extremely strong basis for dismissal of the case."

Earlier in the week, Bergdahl described the brutal conditions of his captivity, including beatings with copper wire, unending bouts of gastrointestinal problems brought on by squalid conditions and maddening periods of isolation. After several escape attempts, he was placed in a cage for four years, and his muscles atrophied to the point he could barely stand or walk.

A psychiatrist testified that his decision to leave his post was influenced by a schizophrenia-like condition called schizotypal personality disorder that made it hard to understand the consequences of his actions, as well as post-traumatic stress disorder brought on partly by a difficult childhood.

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Prosecutors, who had asked for a sentence of 14 years in prison, did not speak to reporters. But one of them, Maj. Justin Oshana, said during closing arguments Thursday that Bergdahl "does not have a monopoly on suffering as a result of his choices."

Scores of troops joined in an all-out search for Bergdahl in the weeks after he abandoned his remote post near the Afghan town of Mest.

Prosecutors cited two missions that resulted in wounds, including a soldier whose hand was shattered by a rocket-propelled grenade and another who suffered a head wound that put him in a wheelchair and rendered him unable to speak. A Navy SEAL suffered a career-ending leg wound, and a military dog was killed by an insurgent firing an AK-47.

The judge ruled that those firefights would not have happened if not for Bergdahl.

One of the wounded soldiers, Jonathan Morita of California, called the lack of prison time "unacceptable." Morita, who testified during sentencing, still does not have full use of his dominant hand after he was hit by the RPG, which did not explode.

"The dishonorable discharge means he can't receive any of these services like I can. He'll pay the fine like people get fined for illegal fishing. Ok, whoop-de-doo," Morita said in a phone interview.

Referring to the lack of prison time, he said: "That's the one that's completely unacceptable. It should have maybe not been the life sentence, but it should have been something."

Without confinement hanging over him, Bergdahl already has a job offer from an animal sanctuary, and a military official who helps design survival training said he would like to use Bergdahl as a part of lectures to service members on how to survive captivity.

The soldier from Hailey, Idaho, was brought home by Obama in 2014 in a swap for five Taliban prisoners held at Guantanamo Bay. He has been working a desk job at a military installation in San Antonio and has not been under any pretrial confinement.

At the time of Bergdahl's release, Obama said the U.S. does not leave service members on the battlefield.

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1.4 - U.S. News & World Report (AP): Ex-Worker at Kansas VA Hospital Sentenced for Sex Crimes (3 November, 24M online visitors/mo; Washington, DC)

LEAVENWORTH, Kan. — A former physician assistant at a Veterans Affairs hospital in eastern Kansas has been sentenced for sexual crimes against patients.

The Kansas City Star reports 66-year-old Mark Wisner was sentenced Friday to 15 years and seven months in prison.

Wisner was convicted in August of sex crimes involving four patients at the Eisenhower Veterans Administration Medical Center in Leavenworth.

Prosecutors said Wisner performed improper and medically unnecessary genital examinations on patients from 2012 to 2014. He resigned and had his license to practice revoked in 2015.

Dozens of other former patients have filed civil lawsuits claiming they were subjected to similar behavior by Wisner.

Leavenworth is about 30 miles (48 kilometers) northwest of Kansas City.

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1.5 - WGBH (NPR-89.7, Audio): After Honoring NFL Legend's Brain Donation, VA Secretary Calls Football Injuries 'Very Different' From Soldiers' (3 November, Craig LeMoult, 1.3M online visitors/mo; Boston, MA)

President Trump has been critical of the NFL's steps to reduce brain injuries on the field. But today, his Secretary of Veterans Affairs, David Shulkin, stood next to a local football legend as he agreed to donate his brain to research.

For years, linebacker Nick Buoniconti was feasome on the field during his NFL career, which included a stint on what was then called the Boston Patriots. Now 76-years-old, he choked up as he pledged to donate his brain for research. He was diagnosed with dementia in May, and his doctors suspect chronic traumatic encephalopathy, or CTE, may be contributing to his symptoms.

"This is not easy," Buoniconti said. "It's difficult. I'm not half the man I used to be."

Buoniconti acknowledged Dr. Ann McKee, who leads the BU center that's studying the impact that concussions have on the brain. "I just want to thank her for all her dedication and her work, and ask the president to please support the CTE program."

Of course, he was speaking about President Trump, who is supporting the BU Center, in that its research funding comes from the U.S. Department of Veterans Affairs. That's because the VA is concerned about soldiers getting this kind of injury. But Trump took a slightly different tone on the subject in September when he spoke at a rally about the NFL's efforts to reduce traumatic brain injuries on the field by penalizing hard hits.

"They had that last week," Trump said. "I watched for a couple of minutes and two guys, just really beautiful tackle. Boom, 15 yards! The referee gets on television, his wife is sitting at home, she is so proud of him. They're ruining the game!"

Department of Veterans Affairs Secretary David Shulkin stood next to Buoniconti as he signed the agreement to donate his brain for CTE research. WGBH News asked Shulkin about the president's comments. Shulkin drew a distinction between injuries in soldiers and football players.

"There's a difference. I don't think either the president or I feel that going and serving your country is a game," Shulkin said. "We take this very seriously. Young men and women coming back with these injuries, and everything possible that research can do and treatment can do, he

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is fully supportive of, as I am. Having elective choices to go out versus serving your country are two very different things."

For the NFL's part, about five years ago, the league committed to supporting CTE research with a $30 million donation to the National Institutes of Health. But the NFL ended that agreement in August, with more than half of the money not yet spent.

The VA says it is spending over $100 million to study the effects of brain injuries in returning soldiers.

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1.6 - The Commercial Appeal (Video): Fired doctors at Memphis VA blast decision, say they'll appeal termination (3 November, Jake Lowary, 1.1M online visitors/mo; Memphis, TN)

In recent months, concerns at the Memphis VA over life-threatening conditions have prompted multiple investigations and sweeping actions by administrators aimed at improving the hospital.

But the moves — including the firing of two top doctors last week — also have brought allegations that VA administrators are turning some of the agency's most-respected doctors into scapegoats.

The environment inside the hospital and among its employees is documented in an array of new, private documents obtained by the USA TODAY NETWORK amid the ongoing investigations into one of the nation’s most troubled veterans hospitals.

In September, USA TODAY uncovered alarming cases of botched surgeries and missed diagnoses that led to paralyses and amputations, some as recent as late 2016.

The new documents show dirty conditions discovered as recently as August, the same time a flurry of personnel moves were made in several departments, including surgery, anesthesiology, research and human resources.

One of the doctors the VA fired had glowing performance reviews and accolades, all of which her attorney, Kevin Owen, says were not considered in a hasty attempt to make it appear that the hospital’s new director, David Dunning, was taking action to improve conditions.

Owen is representing Dr. Susan Calhoun, the Memphis VA's former chief anesthesiologist, who was fired along with Dr. Darryl Weiman, chief of surgery, for "failure to lead and act."

Weiman has hired Memphis attorney Richard Carter to appeal his termination. Through his attorney, Weiman said the grounds used to fire him were untrue, and he has the confidence of "thousands" of patients he has treated.

Attorney: VA is 'cleaning house' of doctors

Owen, who has represented several people in cases against the VA for more than a decade, said there is a “systematic” effort by top VA leaders in at least three of its regions to make examples of doctors with otherwise flawless records.

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“It appears to me VA management is cleaning house of physicians regardless of what their performance is or whether they deserve it,” Owen said in an interview.

VA officials said privacy laws prevent them from discussing individual personnel cases. The USA TODAY NETWORK provided the doctors' attorneys forms to sign allowing the VA to discuss the cases. The forms were not returned as of Thursday.

But Calhoun's termination letter, signed by Dunning, states that "prior disciplinary actions and notoriety of the offense" contributed to her firing. Other documents obtained by the USA TODAY NETWORK say Calhoun had no prior disciplinary action.

VA officials said the firings were part of a “top-to-bottom review” by Dunning to improve accountability in Memphis and take swift, “aggressive” action.

“As a result, we’re taking steps in Memphis and at facilities throughout the department to aggressively find problems, fix them and hold those responsible accountable,” Memphis VA spokeswoman Willie Logan said in a statement.

Scott Phillips, managing director at Healthcare Management Partners who has helped turn around struggling hospitals and served in executive roles himself, said the monthslong review done by the hospital is a good step.

But he questions the move to fire top doctors.

"Just firing the staff doesn’t solve all the problems," he said. "They haven’t answered the question; all they’ve done is punish.

"They need to get to the bottom of these things and fix it," Phillips said.

Conditions still found to be potentially fatal

The Memphis hospital has some of the worst rankings among the VA's 146 medical centers.

The VA regularly scores them based on dozens of quality factors, including death and infection rates and wait times. The agency uses a five-star scale, with one being the worst.

In the new rankings released last week, the Memphis VA received one star, ranking poorly based on data on mortality rates, rates of infection, wait times, patient and employee surveys, and other metrics.

The one-star rating did show some improvements, and VA officials said they compare above other area hospitals in some categories, like rate of cancer screenings and some preventative care.

Still, as recently as mid-August, internal VA documents say Chief of Staff Dr. Thomas Ferguson reported he found that postoperative sepsis was more than 7.5 times the national mean among patients, and the death rate of postoperative patients was 1.7 times the national mean. That data contributed to the same one-star rating.

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In a routine annual review in July of three dozen areas inspected by the Joint Commission — an accrediting body of all U.S. hospitals — nearly 70 percent were dirty, according to Ferguson's report.

Blood and hair were found in at least three cleaned operating rooms, Ferguson wrote.

Investigators reportedly found mold, insects and dirt on equipment, some of which was broken. They also said they found expired anesthesia medications and equipment, Ferguson wrote.

Carts carrying medications were dirty or unprotected and unlocked.

Such conditions are not overly alarming, Phillips said, and noted "a lot of postoperative infections don't originate" in the operating room, but instead develop after the procedure.

Blood, hair and even dirt are "not all that unusual in a place where you're cutting people open," Phillips said.

Ferguson reported that the conditions were initially addressed in December.

On Aug. 9, Calhoun, then-chief of anesthesiology, developed a plan to fix the problems by Aug. 11, according to the documents.

Four days later, investigators returned to find the problems still there.

"I could not determine with any confidence that any evidence existed that you had taken appropriate administrative action" to fix the problems, Ferguson wrote to Calhoun.

Personnel record shows praise, respect among peers

The VA placed Calhoun on paid administrative leave Oct. 6, and fired her Oct. 27.

Owen said the case is an attempt to increase the "body count" in the wake of multiple ongoing investigations by Congress, and political pressure from the top of the VA to improve public perception about increased accountability.

Owen says the VA is using Calhoun as a scapegoat to make it appear that top hospital leaders are addressing the concerns from leaders and the public about the conditions at the hospital.

In a letter responding to the claims against Calhoun, Owen said the expired medication cited in the decision to place Calhoun on leave was not expired at the time of the investigation, and the pharmacy chief at the hospital purposely kept the medication due to shortages, even after it did expire.

Calhoun's career at the VA has been distinguished, with years of high performance reviews and letters of support from her colleagues, according to Owen's Oct. 26 response to the proposed firing.

Just this year, she worked with the University of Tennessee medical school to establish and oversee a residency program, which now has three medical students, the documents say.

Meanwhile, Carter said Weiman "vehemently denies" the claims he failed to lead and act.

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Carter said the grounds on which Weiman was fired "were without factual basis."

"Dr. Weiman believes that his removal as a surgeon at the VA is improper and will be reversed on appeal," Carter said.

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1.7 - Task & Purpose (Video): This New PBS Doc Offers An Unflinching Look At The Dark History Of The VA (3 November, 102k online visitors/mo; New York, NY)

Even in its beginnings, the Department of Veterans Affairs was seeped in wrongdoing. In 1926, just five years after the establishment of the U.S. Veterans Bureau, founding director Col. Charles R. Forbes was convicted of trying to defraud the government. More than 90 years later, the VA remains a government agency wracked in controversy as it tries to balance the treatment of roughly 9 million veterans and stifling government bureaucracy.

The history of the VA and its failures are the focus of VA: The Human Cost of War, a new documentary set to air Nov. 6 on PBS. Directed by Emmy Award-winner Ric Burns, the film delves into the evolving role of the modern VA in its near-century of operations and the services that remain engulfed in systemic dysfunction as the agency struggles to provide much-needed care for millions of veterans across America.

“The film illustrates the true cost of war through the enormous sacrifices and subsequent neglect of those who serve in our armed forces,” Lois Pope, executive producer of the documentary, said in a statement. “But as we have far too often seen in recent years, there has been an abundance of negligence when it comes to ensuring their care and well-being. This film is meant to raise awareness and create an open, candid dialogue addressing this situation.”

Featuring a wide ensemble of interviews — current Secretary of Veterans Affairs Dr. David J. Shulkin and his predecessor Robert A. McDonald, VSO leaders and journalists who work to hold department accountable, and the veterans who rely on the VA’s services — the documentary offers an honest, unflinching critique of the institution. But it also recognizes that not all of the VA’s shortcomings are within its control: As the film points out, long-term, overarching improvements require lawmakers to do more in Congress to equip the VA with the tools it needs to succeed, rather than point fingers when things go wrong.

Most importantly, the film elevates the individual stories and experiences of veterans who signed a contract with the U.S. government to protect our country and came home broken and in need of repair. Many of these veterans indeed received life-saving treatment from the VA, which trains roughly 70% of doctors and nurses in the United States and has spearheaded innovative medical solutions to the injuries coming out of America’s wars. But too many are falling through the cracks — and will continue to do so until some drastic changes are put into effect.

PBS will screen the one-hour documentary Monday at 9 p.m. EST; in the meantime, you can watch a clip below. Tell us in the comments what you think.

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2. Greater Choice for Veterans

2.1 - Chicago Tribune: Treating veterans' substance abuse disorders (3 November, 23.9M online visitors/mo; Chicago, IL)

Many veterans experience problems with substance abuse.

These problems can hurt relationships, harm health, cause mood swings and behavioral issues and financially impact veterans and their families. The U.S. Department of Veteran Affairs offers a number of options for eligible veterans struggling to overcome their substance abuse.

In this interview, Dawn M. Dudek, program manager over the outpatient addiction treatment program at Edward Hines Jr. VA Hospital in Hines, Illinois, discusses the problem of substance abuse in veterans and outlines treatment options available at Hines.

How serious is substance abuse among veterans?
Substance abuse disorder is definitely something the veteran population struggles with. We treat many veterans, particularly those from OEF (Operation Enduring Freedom), OIF (Operation Iraqi Freedom) and OND (Operation New Dawn), the veterans coming back from Iran and Afghanistan.

There are increased concerns because the increased deployments, increased traumatic brain injuries and increased combat experiences are associated with an increase of alcohol and other substance abuse. It's really going to vary according to the person, as to when they are going to start struggling. They could have struggled even before they went over. We see all ages of veterans at Hines. Most VAs would say the same. The spectrum goes all the way from Vietnam veterans to veterans of recent conflicts. We recently saw a Korean War veteran. (The majority) we see are from the mid-70s all the way down to 22 years old.

How does the evaluation process work?
If individuals know Hines and have providers, they can ask their providers for a referral. Even if they've never been to Hines, they can come to the Mental Health Intake, a walk-in clinic open 8 to 4:30 Monday through Friday, or the Emergency Department, open 24/7.

Veterans come in to be evaluated and are referred from there. Substance abuse disorders are on a continuum from mild to severe. So where a patient would be best treated will depend on their addiction severity. The severity of their substance abuse or their psychiatric problem will determine what course they go into. There's a lot that goes into that evaluation: How much the substance abuse impacted their family, whether it's impacting their job, their housing, their medical situation, their relationships. Substance abuse problems when they're severe can affect all those aspects of life profoundly.

You don't want to put a Band-Aid on a broken arm. A doctor will put on a bandage, splint or hard cast depending on severity.

(Similarly) we try to evaluate how severely this substance abuse disorder is impacting their life and make a determination in collaboration with the patient. You need the patient's cooperation

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in whatever that determination is. We can recommend all kinds of things, but if the vet is not in a spot where they can participate, that's not an effective way to go. We're harm reduction. We'd like to reduce the harm caused by the person's choices, not necessarily have the goal of total abstinence, if that is the veteran's choice.

What happens next?
At the beginning, there are detox options for those who need a medical detox. They can be evaluated and admitted to a medical or a psychiatric unit for a medical detox. The medical evaluation will determine what unit they are admitted to. If a potential medical complication exists, they will be admitted to a medical unit. For instance, an alcohol withdrawal can be life threatening. How long they will be admitted could range from two or three days to a week if admitted to the medical unit for alcohol withdrawal. The purpose is to get them medically stable so they can start engaging in the resident or outpatient programs in group therapy and individual therapy. The first thing, though, is to ensure they're medically stable.

From there we have three separate treatment programs at Hines. The Opioid Treatment Program (OTP), for veterans who are struggling with opioid use disorder, is a medication treatment program where veterans are prescribed Methodone or Suboxone. Frequently, opioid dependence starts with a pain issue; they're prescribed opioids to treat that pain issue and they become dependent on it. It doesn't always happen that way, but that's common.

The Addiction Treatment Program (ATP), which I head, is a treatment program with multiple phases in the outpatient program.

Those phases include the intensive outpatient, which is up to a five-day-a-week program Monday through Friday. Veterans come to Hines for a combination of group and individual treatment. There is Phase 1, two days a week, again with group and individual (therapy), and Phase II, which is one day a week, kind of aftercare. When they come in, some veterans don't need five days a week. They may start in Phase I and go to Phase II. But it's intended to be a real option for them to step down from five days to two days to one day.

There's also the SARRTP — the Substance Abuse Residential Rehabilitation Treatment Program. That's the 21- to 28-day program, in which veterans stay on the residential program, and participate in group and individual therapy at the facility.

What are the different types of therapy?
The modalities we use at Hines are evidence based, in other words, proven to be effective in treating substance abuse disorders. At Hines, we have Motivation Enhancement Therapy (MET), Cognitive Behavioral Therapy-Substance Use Disorder (CBT-SUD), Contingency Management and 12-step facilitation.

MET is a brief, very behavioral-focused motivation treatment that involves individual therapy. It's intended to explore individual behaviors to see if the individual wants to make changes. It's intended to get people from feeling there's nothing they want to work on to identifying a chance they do want to work on something.

CBT-SUD is individual therapy that takes a look at how thoughts impact behaviors, which in this case is their substance abuse. It looks at how thoughts trigger episodes of substance abuse. The goal is to identify what the thoughts are that lead to these behaviors and then modify the thoughts, which in turn modifies the behavior.

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CM, Contingency Management, is a behavioral based program that offers rewards for particular target behaviors. In ATP, it's geared toward cocaine or stimulant use disorder. For veterans who participate and maintain abstinence, they get a reward, drawing from a bowl to get different monetary benefits at the canteen.

12-step facilitation is a group therapy intended to educate veterans on the 12-step model. We always encourage veterans to participate in AA or NA (Narcotics Anonymous). Newer than AA and NA is a program for those individuals struggling to subscribe to AA-NA principles. That's called Rational Recovery; it's another community-based, self-help group therapy.

What's the ultimate goal?
In the VA, we're really dedicated to helping our veterans reduce their substance use and increase their quality of life, whatever that means to each individual veteran.

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2.2 - KFDA (CBS-10, Video): TTUHSC working to create new Psychiatry Residency Program (3 November, Cassie Stafford, 193k online visitors/mo; Amarillo, TX)

The Texas Tech University Health Sciences Center (TTUHSC) is collaborating with the Amarillo VA Health Care System to start a Psychiatry Residency Program, in hopes that those who complete their training in Amarillo will stay here to serve the community.

The regional dean for the TTUHSC School of Medicine Dr. Richard Jordan said students who graduate from the TTUHSC and are interested in psychiatry currently have to leave the panhandle to do their residency.

"Well they could have to go elsewhere, but its even worse than that, they could be really good students but there are no psychiatry positions available," said Jordan. "So they have to choose something else even though they would really like to go to psychiatry."

Thats why the TTUHSC is working to create the program, however the funding isn't there.

"Most residents are paid largely through CMS, Centers for Medicare and Medicaid services," said Jordan. "But those spots are frozen. They have been since the mid 1990's."

That's where the collaboration of the Amarillo VA came in.

Director of the Amarillo VA Health Care System Michael Kiefer said there's an extreme need for psychiatrists as well.

The VA currently uses programs like telehealth to help get veterans the mental health services they need.

They're now planning to help fund residency positions, in order to get more help for local veterans.

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"They made a commitment through their sacrifice of service to be exposed to those traumas of war," said Kiefer. "And now it's our responsibility to make sure that we're able to address the issues that they do bring home with them, and this will really help us address those issues."

Their plan is to combine the faculty from Texas Tech and the VA to provide training for residents.

Which they hope will in turn, keep them here.

"At least 30 to 40 percent of our students stay in the panhandle when they graduate from residency programs," said Jordan. "We would like to do everything we can to increase that because there's certainly going to be a lot of work for them to do and many patients for them to see."

Dr. Jordan said their goal is to have the program up and running in July of 2019.

They plan to accept four students per year for four years, making a total of 16 residents at a time.

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3. Modernize Our System

3.1 - Politico: **CMS splashes the cash: Who's happy, who's sad** (3 November, Darius Tahir, 23.9M online visitors/mo; Arlington, VA)

[…]

ACCOUNTABILITY, AND OTHER CONGRESSIONAL MATTERS: A bipartisan team of leaders from the House Committee on Veterans Affairs is releasing legislation today that would give Congress additional oversight tools to monitor VA's transition to its new Cerner EHR system, a committee staffer tells us. The legislation is expected to require VA to provide Congress with its key planning and implementation documents, as well as provide regular updates on the progress of the transition. The legislation will require VA to notify Congress in the event of any significant cost increase, schedule delay, loss of veteran health data or breach of privacy.

Late Thursday, two Democrats on the Senate vets committee, Jon Tester and Richard Blumenthal, introduced quite similar legislation, the Veterans' Electronic Health Record Modernization Oversight Act, to ensure tight legislative oversight over the multi-billion dollar transition from VistA.

— Also at House Vets…: The committee approved a bill allowing the VA to extend doctors' licensure across state lines, which would expand the department's telemedicine capacities. The bill would affirm department secretary David Shulkin's regulatory decision in the same area.

The concept is a popular one. Wednesday, the American Medical Informatics Association supported the VA's rule, though not without the typical quibbles and tweaks desired by any trade group.

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The proposed regulation also won the Federal Trade Commission's thumbs up. The FCC, a consistent and strong supporter of loosening licensure barriers to telehealth, thinks the VA's rule could "send an important signal to all U.S. health care stakeholders regarding the likely benefits of reducing licensing-related barriers to telehealth practice and provide an opportunity to assess additional empirical evidence regarding telehealth."

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3.2 - Lincoln Journal Star: **VA is starting over on Lincoln clinic site selection** (3 November, Nancy Hicks, 2M online visitors/mo; Lincoln, NE)

Victory Park, the hoped-for complex of apartments, rental townhomes, medical offices and clinics on the VA Campus in east Lincoln, has hit yet another snag.

The Department of Veterans Affairs has decided to start over on the site selection process for a new VA clinic in Lincoln, which will delay any final decision for another 12 to 18 months.

Local and federal officials held a ribbon-cutting ceremony Friday afternoon for a new apartment complex for low-income veterans at the VA campus near 70th and O streets. But plans to fully redevelop the campus, including renovating the former VA hospital into apartments and offices, hinge on the VA clinic site decision.

In preliminary plans, developers estimated spending more than $128 million to redevelop the VA campus into Victory Park, starting with the almost-completed apartment building for low-income veterans.

The Seniors Foundation, a local nonprofit, has a long-term lease with the federal government for the campus. Burlington Capital is the developer and Sampson Construction has built the apartments for veterans.

But Burlington Capital and the Seniors Foundation have said they will not move ahead with the rest of the development if the VA clinic is not built on the campus.

Several speakers at the ribbon cutting Friday mentioned the larger, long-term project.

"This is really the beginning of the modernization of the VA campus," said Maj. Gen. Roger Lempke, representing U.S. Sen. Deb Fischer.

"This is not the end result but a step in a process to turn this campus into something bigger and better," said Mark Richardson, president of the Seniors Foundation.

The VA was almost at the end of its site selection process and had narrowed sites for a new Lincoln VA clinic from seven to two locations, including the VA campus, when the decision was made to start over, said George Achola, vice president of Burlington Capital.

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The VA was about to select the VA campus site for the new clinic before this change in plans, Achola said.

The VA decided to start the site selection process over because it is making some changes, upgrading the clinic and making the procedure more financially feasible, he said this week.

Achola said the VA has begun an accelerated selection process, which he expects will take 12 to 18 months.

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3.3 - Federal Computer Week: **Lawmakers look to keep close tabs on VA's health record switch** (3 November, Derek B. Johnson, 189k online visitors/mo; Vienna, VA)

A bipartisan quartet of lawmakers from the House Committee on Veterans Affairs announced legislation that would compel the Department of Veterans Affairs to hand over key records for how it plans to implement its new electronic health record system.

In a statement, committee Chairman Rep. Phil Roe (R-Tenn.) called the bill “essential legislation that will give Congress additional tools to carry out effective oversight of this challenging undertaking.”

In June 2017, VA Secretary David Shulkin announced that the department would be scrapping its electronic health records system and adopting the same commercial software solution used by the Department of Defense and developed by contractor Cerner. At the time, officials said the move to a common system would streamline the storage and exchange of patient data across both departments.

The bill, sponsored by Roe and Reps. Jack Bergman (R-Mich.), Tim Walz (D-Minn.) and Annie Kuster (D-N.H.), sets a series of deadlines for the department to provide documentation to Congress on how it plans to implement and manage the transition to the new system. The law would require VA to turn over 15 specific documents related to its e-health records system within 30 days, including the integrated master plan and schedule, data migration and security plans as well as cost estimates for elements like hardware, software and contractor labor. The bill also would compel VA officials to keep Congress in the loop about any new contracts, schedule delays, loss of data or data breaches associated with the system.

Bergman, who chairs the committee's oversight and investigations subcommittee, said that while the VA has “made strides” in transparency to Congress, the panel wants to ensure that the planning and transition from the old system to the new goes smoothly.

“It is well known that large IT modernization projects, particularly those in government, often encounter significant problems. It’s also no secret that VA has a poor track record of keeping Congress informed regarding its modernization efforts,” Bergman said.

Two months after announcing the sole-source agreement with Cerner, VA was sued by another e-health records contractor, CliniComp, who argued that lack of adequate planning on the part of VA officials did not constitute a public interest emergency that would allow the department to sidestep the competitive bidding process. That lawsuit was dismissed in October.

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3.4 - mHealth Intelligence: Support Grows for Bill Expanding Telehealth Access for Veterans (3 November, Eric Wicklund, 53k online visitors/mo; Danvers, MA)

A bill that would allow Veterans Affairs physicians to us treat veterans via telehealth no matter where they live has passed muster with the House Committee on Veterans Affairs.

The Veterans E-Health & Telemedicine Support (VETS) Act of 2017 (H.R. 2123), submitted in the House last April by U.S. Reps. Julia Brownley (D-Calif.) and Glenn Thompson (R-Pa.), sailed through a markup session on Thursday with little opposition. The bill now moves on to the full House.

“I think this is going to expand telehealth within the VA and I think it will improve upon our healthcare delivery to our veterans across the nation,” Brownley told the committee during Thursday’s hearing.

A companion bill, submitted by Sens. Joni Ernst (R-Iowa) and Mazie Hirono (D-Hawaii), S. 925, still awaits action in the Senate. Ernst, a veteran, and Hirono had first submitted the legislation in 2015.

While the VETS Act has received strong support, chances of its passage into law are still slim, owing to a reluctance in Congress to pass any new legislation related to telehealth or telemedicine. Skopos Labs, a New York-based software developer that analyzes Congressional legislation, gives the bill a 12 percent chance of success, according to GovTrack.

“Telemedicine is not at the top of the list for any lawmaker,” Krista Drobac, a partner at Sirona Strategies, a Washington, D.C.-based healthcare lobbying firm, pointed out during a panel discussion at last week’s Connected Health Conference in Boston.

The VETS Act is part of a two-pronged effort to boost telehealth and telemedicine services to veterans, especially those in rural areas, where access to care may be difficult.

According to the VA, some 702,000 veterans (12 percent of the veteran populations in the US) received healthcare services via telehealth in FY 2016, with 45 percent of those located in rural areas. In addition, almost 90 percent of veterans receiving care through telehealth expressed satisfaction in the online platform, which was responsible for a 31 percent decrease in VA hospital admissions and a 59 percent decrease in VA bed days of care.

The legislation would give Congressional backing to a component of VA Secretary David Shulkin’s “Anywhere to Anywhere VA Health Care” program, unveiled in September, that would give VA doctors the authority to treat veterans no matter where they’re located.

“In an effort to furnish care to all beneficiaries and use its resources most efficiently, VA needs to operate its telehealth program with healthcare providers who will provide services via telehealth to beneficiaries in states in which they are not licensed, registered, certified, or located, or where they are not authorized to furnish care using telehealth,” the proposed order states. “Currently, doing so may jeopardize these providers’ credentials, including fines and

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imprisonment for unauthorized practice of medicine, because of conflicts between VA's need to provide telehealth across the VA system and some states' laws or licensure, registration, certification, or other requirements that restrict or limit the practice of telehealth. A number of states have already enacted legislation or regulations that restrict the practice of interstate telehealth."

As a result, VA officials say, many VA centers aren't expanding their telehealth and telemedicine programs to non-federal locations, such as the patient's home or the doctor's home. And VA doctors are reluctant to take on telehealth for fear of running into conflicts with state laws.

A point of contention in both efforts is that VA doctors would be able to bypass state licensure laws and telehealth regulations to treat veterans in those states.

Among the critics is the Medical Board of California.

In an Oct. 30 letter to Shulkin, the board said the VA secretary's proposed rule "would undermine California's ability to protect healthcare consumers, as the board will have no ability to discipline VA providers that are licensed in another state and providing telehealth outside of a VA facility in California, as they do not hold a license to practice in California."

"Although the board believes that telehealth is a useful tool that can be used to provide appropriate service to patients in California, the board believes that it is very important for physicians treating patients in California to be licensed in California," the letter concluded.

The legislation has received support from a broad range of healthcare and telehealth groups, many of which have in the past supported states' rights to license and regulate doctors.

Among those supporting the VETS Act are the American Telemedicine Association, American Medical Informatics Assocation, Federal Trade Commission, Health IT Now, the American Academy of Family Physicians, the College of Healthcare Information Management Executives (CHIME), Teladoc, Oracle, the American Psychological Association, the Brain Injury Association of America, the National Association of Social Workers and the University of Pittsburgh Center for Military Medicine Research.

"This proposed rule will be instrumental in breaking down geographic barriers that, for too long, have prevented our nation's heroes from accessing the care they need where they need it," Health IT Now Executive Director Joel White said in a Sept. 29 blog supporting both Shulkin's program and the Congressional bills. "By allowing VA telehealth providers to more easily treat patients across state lines, we can ensure that recent advances in technology-enabled care reach the most deserved among us and spur better outcomes for the 20 million veterans in the VA system today."

The AAFP, meanwhile, offered cautionary support for the VETS Act and Shulkin's proposed order.

"Since this proposal is limited to a special situation within the VA and to support veterans' access to health services, the AAFP offers qualified support for this proposed expansion of clinically validated telehealth services," AAFP Board Chairman John Meigs Jr., MD, said in on Oct. 31 letter.

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"However, the AAFP still strongly supports state-based licensure and regulation of physicians and other healthcare providers as well as the states' ability to regulate the practice of telehealth in their state," he added. "As noted within the proposed rule, the VA only has legal authority to hire healthcare providers who are licensed, registered, or certified in a state. To continue practicing in the VA, providers must maintain those credentials in accordance with their healthcare specialty."

"While the AAFP has historically opposed federal or legislative actions superseding state restrictions on licensure, and instead support FSMB licensure compact participation, we nevertheless believe that in this narrow case of the VA, federal preemption of state licensure could possibly serve the public interest and is perhaps not too inappropriate," Meigs concluded. "The AAFP continues to support physician licensure at the state level, and believes that the VA's unique nature as a unified national health-care system that straddles state boundaries, and its important role of treating the nation's veterans, justifies a very limited exception in this case."

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4. Focus Resources More Efficiently

4.1 - The New York Times: The Promise of Ecstasy for PTSD (3 November, Khaliya, 29.8M online visitors/mo; New York, NY)

In July, the Food and Drug Administration took the important step of approving two final-phase clinical trials to determine whether a party drug that has long been on the Drug Enforcement Administration's Schedule I list of banned substances could be used to treat a psychiatric condition that afflicts millions. The drug is MDMA, a psychedelic commonly known as Ecstasy, previously deemed to have "no currently accepted medical use." The trials aim to determine whether the drug is, as earlier trials have suggested, a safe and effective treatment for post-traumatic stress disorder, when combined with psychotherapy.

The F.D.A. approval is a beacon of hope for the roughly eight million Americans believed to suffer from PTSD, a group that includes victims of abuse, refugees and combat veterans. The shortcomings in the way we have typically treated PTSD mean that many are condemned to suffer from the condition for years, even decades, with little relief. Less than 20 percent of patients are estimated to get effective treatment through prescription psychiatric drugs like Prozac, Paxil and Zoloft, which, along with psychotherapy, have been the global standard of mental health care since the 1990s.

This could change with the F.D.A.'s decision, which has given MDMA-assisted psychotherapy for the treatment of PTSD the status of a potential "breakthrough therapy." Based on promising early results, this designation permits the fast-tracking of trials in hopes of proving the drug, which has psychedelic and stimulant effects, to be safe and capable of doing what no other drug on the market can.

I consider myself living proof of the effectiveness of MDMA. A few years ago, I woke up confused and bruised, my head pounding. I had been the victim of a violent robbery. Although I remember little of the attack, the experience shattered me. In public, I kept up appearances.

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Behind closed doors, I was a wreck. I burst into sobbing fits for no apparent reason. Sleep, when I managed to get any, was filled with nightmares. I had PTSD.

After years of struggling in silence, I began to hear stories about others who had suffered from crippling PTSD, then had their lives transformed by guided therapeutic sessions with MDMA. I knew those offering this underground treatment were breaking the law, but I had to try it. I wanted my mind back. It worked. MDMA-assisted therapy allowed me to overcome the trauma and return to the person I had been before I was attacked.

To be sure, there are risks to MDMA-assisted therapy. Like any drug, MDMA has side effects, which can include sweating, sleeplessness, memory problems, and rapid heartbeat. There's also a moderate risk of addiction, although it's much lower with MDMA than with opioids.

Also, finding treatment means resorting to practitioners who are generally well intentioned but not mental health professionals. MDMA itself is still illegal; possession is a felony in some states. Determining the origin of the drug can be a difficult, too, and as with other street drugs, this underground MDMA carries risk of contamination by other, potentially dangerous substances.

All of these considerations make it more urgent to complete the trials and clear the way to safe clinical uses of the drug therapy. With the F.D.A.'s decision, MDMA-assisted psychotherapy has cleared one great hurdle: the regulatory restrictions on conducting research with Schedule I drugs. But another obstacle still stands in the way: money.

Despite the therapy's promise, the research that paved the way for these final-stage trials was funded exclusively by a small California-based nonprofit, the Multidisciplinary Association for Psychedelic Studies. It raised $15 million for the research that laid the foundation for the final-stage trials, which are expected to cost $26 million. This is a colossal challenge for an organization that relies on private donors. Without better funding, research progress will stall.

To put the amount needed in context, the Department of Veterans Affairs spends about $400 million annually on treating PTSD and other mental health conditions. According to one study from 2008, the estimated total societal costs of veterans suffering from PTSD and major depression is $4 billion to $6 billion.

MDMA doesn't just ease the symptoms of PTSD; in the trials to date, MDMA-assisted psychotherapy has also been shown to eliminate the disorder in two-thirds of cases.

For people with PTSD, an overactive amygdala, the area of the brain that scientists say produces the "fight, flight or freeze response," may make people more vulnerable to stress. Some recent fMRI studies of the brain have shown that in people with PTSD, under stress, activity to the prefrontal cortex is diminished as activity in the amygdala increases. In a sense, with PTSD, the reasoning part of the mind gets cut out of the equation.

MDMA, in contrast, reduces blood flow to the regions in the brain linked to fear-based emotions and enhances activity in the prefrontal cortex, which is involved in memory. It also floods the brain with oxytocin and serotonin, "feel good" chemicals that tamp down fear while promoting feelings of trust and empathy.

In contrast to a lifetime of palliative care, this type of intervention could save money and improve lives. Too much is riding on these trials for them to rely on donations from a concerned few. The

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F.D.A. has clearly identified the extraordinary potential of MDMA-assisted psychotherapy treatment for PTSD. The federal government should back the scientific findings by underwriting the final-stage trials, and potentially bring relief to millions of suffering people.

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Khaliya, a member of the World Economic Forum's Future of Health and Healthcare council, is working on a book about the future of mental health.

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4.2 - Chicago Tribune (Daily Southtown): Retirement brings peace for some Southland Vietnam vets, distress for others (3 November, Donna Vickroy, 23.9M online visitors/mo; Chicago, IL)

The nightmare has haunted Jerry Kot for more than 40 years.

"I have it two to three times a year. The VC (Viet Cong) are chasing me into a warehouse. I'm climbing up high to see what's going on, but I can't be found," said Kot, a former Oak Lawn resident who now lives in Las Vegas.

"It has no bearing on what I did or where I was (during the Vietnam War). It just doesn't make sense," he said.

Kot, a 1967 graduate of Richards High School, says he knows the dream is some kind of manifestation of feelings he experienced while serving as a medic on the Mekong Delta with the Army's 9th Infantry in 1970, but he can't explain it.

Now that he's retired, with time on his hands, he finds himself revisiting some of the issues brought on by the war, feelings that he was often able to suppress during his working years. Kot said he is fortunate that he is able to retreat into his carpentry projects that enable him to keep a positive outlook on life. He said it also helps that the nation, in general, is kinder to Vietnam vets these days.

"Now I wear my Vietnam vet hat and people come up to me and thank me. That's cool," he said.

Other vets of that era are not as lucky, says Laura Broderick, a mental health social worker with Edward Hines, Jr. VA Hospital who helps veterans work through post traumatic stress disorder (PTSD) at an outpatient clinic in Oak Lawn.

Many, she said, are realizing that retirement can be a double-edged sword when you have horrors in your past. And the PTSD acquired during tours of duty on the battlefields of Southeast Asia is often compounded by memories of a hostile homecoming, she said.

In recognition of Veterans Day on Nov. 11, I asked some Vietnam vets how they feel today about their tours of duty, coming home and the issues that linger. I asked if recent efforts, such as the Ken Burns/Lynn Novick 10-part documentary series, "The Vietnam War," help to make up for past sins on the part of the U.S. government and the American people.

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Some said yes; others, no.

Keeping the glass half full

Drafted at 19, Kot was just 20 when he found himself stationed some 125 miles south of Saigon.

"I was there when that Cambodia thing got hot and heavy," he said. "We were the ones doing most of the fighting in Cambodia."

The field hospital where he was stationed was pounded regularly by mortars, he said. He remembers one incident very clearly with horror and sadness.

"We'd gotten hit with mass casualties and myself and another medic grabbed a litter (stretcher)," and ran onto the battlefield.

When they returned to the morgue with a casualty, "I opened up the body bag and inside was a very good friend of mine," Kot said. "It kind of messed with my head. It made me volunteer to go out in the field."

Now retired, Kot said, he spends hours in his garage, working on his carpentry projects.

"I lose myself in it," he said.

Together, he and his wife Marianne, a graduate of Oak Lawn Community High School, watched Ken Burns' "The Vietnam War" series on PBS this past month.

"We looked at each other and said, 'We lived through this. This was our time,'" he said.

"It was amazing some of the things that documentary brought into the open," he said. "It really made you feel politics is useless. That's how it made us feel."

According to District 218 spokesperson Bob McParland, the Richards class of 1967 lost four to the Vietnam War: Bronze Star recipient Daniel Walsh, Lance Corporal John Baird Jr. and Keith Gooley, who was killed during a training accident at Fort Bragg.

The other was Kot's good friend Marine Lance Corporal Mark Anderson, of Palos Heights.

"Mark was one of the nicest human beings in the whole world," Kot said. "He had a smile that made everybody feel an instant warmth, like he was smiling right at you. Everybody liked him."

Compounding the grief of loss, Kot said, was the chilly homecoming he and other vets received when they came back to the United States.

"It was horrible. Absolutely horrible," he said. He remembers his parents asking him to wear his uniform to Mass at St. Linus Church in Oak Lawn.

"I had people come up to me and say 'Why did you wear that uniform.' They didn't spit on me but I felt like they did," he said.

These days, Kot said, he looks at the situation differently.

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"Today I think that story tells a lot about the ignorance on the part of American people. They didn't know the truth," he said.

And they didn't know what it was like to be in that war zone, he said.

"I saw women and kids, age 10-11- years old, with rifles and who were booby trapped with bombs, walking up to GIs and 'boom.' In some villages 95 percent were VC or sympathizers. It was very confusing. You never knew what was going to happen," he said. "We were afraid all the time, especially at night."

Documentaries like the Burns' series should help people understand that most Vietnam vets were drafted, he said. "We didn't ask to be there. We were at the mercy of our own corrupt government."

Things are better today, he said, "without a doubt." But many vets still wrestle with PTSD.

"Some of the guys really went off the deep end," he said. "We had a medic who had seen a lot of crazy fighting. When we would get hit, he'd get so drunk and then sleep right through it. We'd all be scurrying. He'd just sleep. Different people reacted differently."

Kot, 68, said he's found a way to look past the horror.

"My cup is always half full these days," he said.

In early October, Kot and two of his two classmates, Gene Ricketts and Gene Cunningham, were honored on the field between the first and second quarters of a Richards home football game.

"It was neat," he said. "My family was there. The crowd cheered."

Tough to move on

Larry Blankman, too, served a tour of duty in the Mekong Delta. In 1967, Blankman said, soldiers didn't know "the truth."

"At the time it didn't make any sense. It wasn't about conventional warfare, trying to capture land or free the people. It was all about body count," said the veteran Army infantryman.

"We did the best we could to protect ourselves and our buddies," he said. "We just wanted to come home."

And that's where salt was tossed onto their emotional wounds.

"It affects you forever," he said. "I still deal with the consequences of the war. The war for me and others isn't over. We live with the nightmares and all the feelings of loss of friends and so on. You just keep asking yourself 'For what?' American life didn't mean anything to anyone. We were just a bunch of poor kids that nobody cared about. I felt they were trying to thin out the population."

Blankman said much of his anger has "to do with our government still not taking care of our veterans."

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Some of that was brought out in Burns' documentary.

"I liked the first few episodes," he said. "Then I kind of got turned off. I had heard a lot of it before. I thought (the series) would get to a lot more."

Still, he said, "I think the best thing to come out was for the American people to see how our government actually lied to us. They had all the people believing" that the war was just.

Blankman, who turns 71 in January, said: "I was a young hillbilly boy from Lafayette. I had no idea where Vietnam was, no idea about the war. I didn't really know what Communism was. I had never been away from home. And there they come and draft me. They send you to a foreign country. I can never forget the smell. To see people living the way they did. These people went to the bathroom right in the street.

"Physically I'm OK," he said, but he did lose part of his left lung last year, something he attributes to the spraying of Agent Orange.

"Anybody in-country was exposed to Agent Orange because it was in the air, in the water system. It was everywhere. It was in the rice paddies and the canals," he said.

He said it's true that many of the feelings he'd once thought were forgotten have come rushing back in retirement.

"The nightmares are much more frequent," he said. "You cannot spend a year in Vietnam or any other conflict and come home and ever expect to be the same. I still deal with PTSD. I have a lot of anger and issues. I see a psychiatrist and a social worker."

'Twenty years too late'

Blankman travels from his home in Crown Point, Ind., to Oak Lawn every few weeks to meet with Broderick.

The social worker said that while not everyone gets PTSD, anyone who has experienced a threat to their life or has witnessed a threat to someone else's life can suffer from it.

Keeping busy with a job or a family can keep the condition under wraps, she said.

"After Vietnam, many vets were able to get jobs easily. There were lots of factory jobs. They were able to get married and buy a house. They became great contributors to society," Broderick said.

"But now they're retired and Vietnam is back. There's nothing to keep them busy. Things on TV trigger (memories). I have a lot of men (veterans) who've been able to manage this for 30 years and now they're having symptoms," she said.

Broderick said the Burns series was "validating" to many Vietnam vets even if it was "about 20 years too late."

For too long, she added, Vietnam vets have "felt alone."

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"The only people who can relate to them are other vets. And so we've created this separation. The other thing that's very painful for them is there was no ticker-tape parade when they came home, like there was at the end of World War II," she said. "When these vets got off the planes, they were met with protestors.

"So we have a lot of men who feel shame for their service," she said. That affects their self-esteem, she said.

Their PTSD symptoms, which can include sleep disturbance, social isolation and irritability, can be triggered by TV series, photographs or news coverage of tragedies, such as the Las Vegas mass shooting, she said.

When it kicks in, Broderick said, they can become "hypervigilant."

Most vets who contact her for help with PTSD cancel their appointments, she said, "because avoidance is a way of life.

"They'll tell you, 'I don't have a problem.' But ask their wives and they'll say otherwise," Broderick said.

The Veterans Administration offers trauma services at Hines as well as community based clinics, she said.

Various methods are employed. Broderick said she has great success with cognitive processing therapy (CPT).

"That means we find a stuck point, work it down to find the root of what is causing those feelings and then correct them, change the feelings attached to the memory," she said.

Often, trauma affects the individual's sense of safety, self-esteem, power and control, she said.

"You also look at the illogic of things. Someone may say, 'I can't trust anybody' but you point out they've been married for 40 years, so they can trust people," she said.

At long last, 'respect'

Rich Bukowski, former commander of the Oak Lawn VFW, didn't care for the Burns series.

"I thought it was far-fetched. There was too much political stuff," said Bukowski, who served as a radio operator with the Army in Vietnam from 1967-68. "It's hard for me to watch shows like that. There are too many bad memories. It was hard when I came home, especially at (O'Hare) airport when I got told I was a baby killer.

"I came in early in the morning and people were pushing me around. They wouldn't let me get a cab or nothing," the Kelly High School graduate said.

He said he felt a bit vindicated after Chicago hosted the Vietnam Vets Welcome Home parade in 1986.

After that, he said, "People started treating me with respect."

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Bill Browne, commander of Benjamin O. Davis VFW Post 311 in Richton Park, said he found the documentary to be "surprising."

"I learned a lot about the things that went on behind the scenes," he said. Of particular interest, he said, were the clips that featured the top brass talking and the interviews with North Vietnam vets.

"It puts things together, explains why we were there," said Browne, who also serves as Cook County director of veterans affairs.

Browne was 20 and living on Chicago's South Side when he realized he was about to be drafted and instead joined the Air Force. He served in both Vietnam and Thailand, he said.

"I did not go in-country, I wasn't in a fox hole or on the front lines. But I was responsible for radio communications and driving a jeep for others who were in those situations," he said.

After he was discharged in California, he said, "They told me not to wear my uniform home. They said people did not appreciate the fact that you were over there killing people for no reason. It was one of those things where I had to come home and go back to work and just keep quiet about it."

It wasn't until that parade in Chicago that things started to turn around, he said. The Vietnam Moving Wall also has been helpful, he said.

"It's good to see. It's good to remind people of the 58,000 people whose names are on it," he said. "A lot of vets appreciate that because some of their friends are on that wall."

Joe Stachon, who served as a Green Beret in Vietnam from 1968-69, was 20 when he was shot.

He was still 20 when he was shot a second time.

The recipient of two purple hearts said he found the PBS series to be "historically correct."

"I took it as a roving history," said Stachon, who lives in Palos Heights.

Today, he said, things are better for Vietnam vets because of the younger generation, who "helped bring the plight of veterans to the forefront.

"And more people spoke to (and appreciated) them than us. I'm not sure why. It might have something to do with volunteerism, the fact that they weren't drafted, that they chose to serve," he said.

After Sept. 11, 2001, he said, there came a sea change in how the public viewed vets.

"It's a whole different feeling now. It's kind of nice. You're standing in the Jewel and someone comes up and says, 'Thanks for your service.'"

Sure, he added, "It was a long time to feel ostracized.

"But we had each other."

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The veterans crisis line is 800-273-8255, press 1.

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4.3 - Chicago Tribune: Resource fair will honor vets (3 November, 23.9M online visitors/mo; Chicago, IL)

Edward Hines, Jr. VA Hospital and Illinois Gov. Bruce Rauner will recognize 10 veterans from the World War II, Korean War, Vietnam War, Gulf War and Operation Iraqi Freedom/Operation Enduring Freedom eras during a Veterans Day ceremony Nov. 10 at 10 a.m. in the hospital front lobby. A resource fair will be held from 10 a.m.–12:30 p.m. in the hospital's north parking lot.

While 10 veterans are being recognized during the ceremony, this event represents the heartfelt thank you that all veterans deserve for their service to our country.

"Every day, we provide essential health care and other services to our veterans," says Steven Braverman, M.D., director, Hines VA Hospital. "Today is an opportunity to honor and say thank you to the millions of men and women who have worn the uniform to protect our freedom."

A brief walking parade will take place outside the hospital immediately following the ceremony. Live entertainment will be provided by Guitars for Vets, and light refreshments wlll be served, courtesy of the Salvation Army Canteen Truck and Veterans Canteen Services.

The Chicago Bears mascot, Staley, and the Chicago Bears Drumline will both be at the event. Also attending will be Miss Illinois USA 2018, Karolina Jasko and Miss Illinois Teen USA 2018, Sydni Bennet.

During the resource fair, Hines VA staff will provide free flu shots to eligible veterans and more than a dozen groups will be on hand to provide information and materials to veterans and their families. This resource fair includes services and programs from Hines, Illinois Department of Veterans Affairs, Cook County Recorder of Deeds, Oak Park Vet Center, Greater Chicago Food Depository and AmeriCorps, AllenForce, and more.

Hines VA Hospital has been designated as a Regional Veterans Day Site by the Veterans Day National Committee for 2017 and is located at 5000 S. 5th Ave., Hines, Illinois.

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4.4 - Military.com: Op-Ed: Will the VA's Transformation End Before it Really Begins? (3 November, Suvas Vajracharya, 9M online visitors/mo; San Francisco, CA)

Suvas Vajracharya, Ph.D., is founder and CEO of Lightning Bolt Solutions, which automatically generates 3 million hours of AI-optimized physician shift schedules for hospitals each month. Prior to founding the company, he worked as a staff scientist at the Los Alamos National Labs, scheduling massively parallel supercomputers.

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David Shulkin, MD, has been a transformative force within the U.S. Department of Veterans Affairs (VA) during his two-year tenure. But now there are rumors in The Washington Post that he interviewed for Tom Price's former Secretary of Health and Human Services role.

Shulkin brings what The New York Times calls a "tireless focus on efficiency" from his private sector career in healthcare management. At the VA, Shulkin has already made waves by setting up online appointment booking for patients, releasing data around patient wait times, and shifting to a surprising electronic health record (EHR) vendor.

He has developed a reputation for making change happen and cutting through bureaucracy. As undersecretary, when his staff said it would take almost a year to plan an event to discuss veteran suicides, Dr. Shulkin said the delay would cost 6,000 veteran lives and successfully pushed to hold the summit in a month instead.

This possible exit comes just as the VA is about to roll out its master plan for ensuring every veteran has access to timely, quality care -- and at a time when the healthcare sector has just started to see the results of what Shulkin's focus on efficiency and technology could deliver.

The VA is roughly the same size as Kaiser Permanente, but easily lags a decade behind the HMO. Where Kaiser manages a physician-to-patient ratio of 554 to 1 -- one doctor for every 554 patients -- the VA is 55% behind at just 356 to 1. Kaiser transformed this metric over a decade through a focus on better matching of projected patient volumes with provider capacities, telemedicine, use of mid-levels, and smarter physician shift scheduling -- the kinds of transformations Shulkin is known for.

If the VA could match Kaiser's physician-to-patient ratio (an initiative which I'm sure Shulkin would be capable of leading), the department would save $1.6 billion a year.

Those savings could be applied to increase VA physician salaries to Kaiser levels -- currently, the VA pays 21% less to primary care physicians and 55% less to surgeons on average -- which, in turn, would help combat the VA's physician turnover issue, which is 4x higher than at Kaiser.

And the VA would still save $427 million a year after these raises. (If this research interests you, there's an 11-page report to download comparing the VA and Kaiser in detail.)

Imagine the technology investments Shulkin could make with these millions in savings. He could restore the department's leadership in health technology and deliver the quality care our nation's veterans deserve. Hopefully, he'll stick around to see the dream of an efficient, high-tech VA come to fruition.

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4.5 - The Baltimore Sun (AP): Inspection of Oklahoma VA Health System finds deficiencies (3 November, Tim Talley and Ken Miller, 4.8M online visitors/mo; Baltimore, MD)

The Oklahoma City VA Health Care System has suffered from the lack of stable, permanent leadership and basic elements of patient safety programs that have not been consistently completed as required, according to a health care inspection of the facility released Thursday.

The inspection, conducted by the U.S. Department of Veterans Affairs' Office of Inspector General at the request of Oklahoma U.S. Sen. Jim Inhofe, evaluated clinical, supervisory and administrative practices at the facility, which serves veterans in 48 counties in Oklahoma as well as two counties in north central Texas and includes the Oklahoma City VA Medical Center.

"Today's report is a step in the right direction, but we must do more to provide Oklahoma veterans with the quality of health care they deserve. That starts by using outside oversight to hold VA facilities to the same standards as private hospitals," Inhofe said in a statement.

The report stated that between April 2012 and November 2014, the Oklahoma City facility had five acting or permanent director and that, beginning in December 2014, the associate director served as system director for about 18 months.

"We found that the lack of a stable, permanent system director contributed to a weakened organizational environment, as did the leadership and management approaches of other senior leaders," the report said. A permanent director has been in place since May 2016, the report said.

The report also cited inadequate staffing of nurses with about 87 percent of the authorized number of registered nursing positions were filled, but noting that recruiting and retention programs have been implemented.

It also said that while most of the health care system's patient safety programs were effective, assessments of the root cause and other details of patient conditions did not consistently comply with the agency's requirements.

In addition, steps were not in place to inform a patient or a patient's family when poor outcomes occur due to a system or provider error, according to the report, that unauthorized use of the system's computerized patient record system was found and the emergency departments were falling short of goals.

"The ED (emergency department) was not meeting several performance measures including timeliness of care, and patients leaving without being seen," the report said.

The report added that 7.5 percent of patients left the emergency department without being seen in fiscal year 2015, and 5.8 percent in FY 2016.

The VHA target for patients who leave before being seen is less than 2 percent, but no greater than 4 percent.

It also said that while most of the health care system's patient safety programs were effective, assessments of the root cause and other details of patient conditions did not consistently comply with the agency's requirements.

In addition, steps were not in place to inform a patient or a patient's family when poor outcomes occur due to a system or provider error, according to the report.

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4.6 - KCTV (CBS-5, Video): Former Leavenworth VA doctor sentenced to 15.5 years in prison for sex crimes against veterans (3 November, Daniel Barnett, Caroline Sweeney and Zoe Brown, 598k online visitors/mo; Fairway, KS)

LEAVENWORTH, KS - A former VA doctor has been ordered by a judge to spend 187 months in prison on five charges of sex crimes against veterans.

Mark Wisner, 66, was sentenced Friday for aggravated criminal sodomy, aggravated sexual battery, and three counts of sexual battery.

Originally, the jury sentenced Wisner to 223 months in prison, but after speaking with the district attorney's office it was decided that three of the years would be served concurrently, reducing the total months served to 187.

"Judge Gunnar Sundby followed the Kansas Sentencing Guidelines when handing down his sentence," a release said. Specifically, Wisner was sentenced to 155 months for aggravated criminal sodomy, and 32 months for aggravated sexual battery. The judge ruled that the three misdemeanor sexual battery charges will run concurrently.

A jury found Wisner guilty of sexual misconduct involving four patients at the Leavenworth, Kansas VA Medical Center when he was a physician's assistant. His medical license was revoked in 2015, shortly after he resigned from the VA.

Wisner was convicted of sex crimes several decades ago.

Separate lawsuits have also been filed against the Veterans Administration, claiming it did not investigate Wisner’s record or oversee his practice at the hospital.

Wisner did not testify during his trial over the summer and he also had nothing to say on Friday. Wisner's attorney asked the court to take mercy on his client. He said Wisner's age should be considered in the sentencing.

The judge disagreed.

Two of the victims provided written statements.

One said, “I’ve had to run away to find peace in a disaster zone.” Another said he felt “sadness, madness and complete devastation" after the assault. “I was afraid to show I was vulnerable as a man and as a Marine." “You won’t break me," he said. "You can’t break me. You tried everything to break me and you didn’t."

Another victim addressed Wisner and the court. He referred to Wisner as a father figure and said how he gave him 23 medications at one time in one month. He said, "I felt safer in Iraq than I did with you." "I'm not a victim here," he said. "I'm a United States veteran. I was victimized."

Mike Jones, Assistant County Attorney, said he hopes the case gives survivors of sexual assault and abuse hope that they can get justice. “These men showed that these men

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persevered and you can do it. So, the message would be, if you can get yourself in to law enforcement or someone to talk about it, do it." "Like all sex offenses," he said, "the victims struggled to come forward. It doesn't matter if they're male or female or the circumstances; it's hard for them to come forward."

"I always hate to characterize these things as wins and losses," he said with regard to the sentence, "but it's what we hoped he would do."

"I hope it doesn't discourage any veterans from going to hospitals and doctors," he added, "but that's a question for another day."

Todd Thompson, Leavenworth County Attorney, said, "This was just a horrific crime. Not only the despicable acts Wisner performed, but also violating the trust of patients, U.S. Veteran patients. All the men that testified served our country heroically, and they deserved the best care, not victimization."

Usually, judges will prepare a statement before sentencing. On Friday, however, the judge did not and said the facts of the case stand alone and that the court had nothing else to add.

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4.7 - WDAF (FOX-4, Video): Victims speak in court after former V.A. physician's assistant who sexually assaulted vets gets 15 years in prison (3 November, Kera Mashek, 441k online visitors/mo; Kansas City, MO)

LEAVENWORTH, Kan. -- A former Veterans Affairs physician's assistant convicted of sexually abusing patients will spend more than 15 years behind bars. In court Friday, some of Mark Wisner's victims talked about their continued hurt and healing.

The details of the case against Mark Wisner are cringeworthy.

War veterans who fought for our country came home, turning to the VA for care, only to end up being abused by Wisner. In August, the former physician's assistant was found guilty of aggravated sodomy and sexual battery for performing repeated and unnecessary, aggressive genital exams.

"Like all sex offenses, victims struggle to come forward," Leavenworth Assistant County Attorney said. "It doesn't matter if they're male or female or the circumstances. It's hard for them to come forward and talk about what happened. A lot of times, they're victimized over and over and over -- and it's difficult. These men show you can persevere, and you can do it."

Two victims sent in written statements that were read during Wisner's sentencing Friday. One of them said he's now finding new outlets to serve and heal by volunteering with hurricane relief in Texas, Florida and Puerto Rico. In his letter, he said Wisner should've taken a plea deal when he had the chance to "save victims from years of heartache."

A second victim said his encounters with Wisner have inflicted lasting damages, including a divorce, custody battle, gambling addiction and foreclosure on his home.

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A third man, who spoke in court, didn't want his face shown. He stood behind a podium and spoke directly to Mark Wisner, saying he is not a victim but a U.S. military veteran who was victimized.

"You still sit there with your eyes forward. Scared," he said. "Look at me. I stand here today smiling. Strong. You couldn't break me. You won't break me."

He said Wisner medicated him "more than most cancer patients" and told the court he even overdosed once. Despite severe post-traumatic stress disorder, also claims Wisner once bought him a gun.

"Yet I sit on this stand and tell the truth, and you don't have the audacity to speak on your behalf," he said.

Wisner's attorney didn't allow his client to talk because the ongoing legal challenges Wisner faces.

"But that does not mean that he does not express remorse," Wisner's attorney said.

The judge denied a motion for a new trial.

"There's really nothing much I can say that would acknowledge the feelings of disbelief, embarrassment and anger that the victims and this location, this country, has felt about the actions against these veterans," the judge said.

Instead, the judge handed down the maximum sentence of 15 years and 5 months. Wisner will also have to register as a sex offender. He could be eligible for parole in less than three years; however, Wisner still faces several lawsuits and potentially additional criminal charges.

Fox 4 has done many stories on the accusations against Mark Wisner and on the veterans he targeted. Watch Fox 4 John Holt's special report with several of the men, who sat together and heard each other's stories.

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4.8 - WISH (CBS-8, Video): Roudebush medical center doctor: Opioids hit veterans hard
(3 November, 322k online visitors/mo; Indianapolis, IN)

Earlier this year, President Donald Trump proclaimed this November as National Veterans and Military Families Month.

On Friday, veterans' health officials in Indiana held an open house to highlight the health care efforts being done for veterans. It took place at the Richard L. Roudebush Veterans Administration Medical Center.

The acting chief of staff at the center said veterans have been hit hard by the opioid crisis, but the VA has been able to hit back.

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Dr. Imtiaz Munshi said, “This has not come easily. It’s challenging both on the veterans’ part, the patients’ part, but also on the staff’s part. Stopping opioids is a challenging and difficult process for anyone who had been taking them for a long period of time.”

More than 60,000 veterans are taken care of by the VA in Indianapolis.

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4.9 - The News-Review: **Rosburg VA drops from two star rating to one** (3 November, Carisa Cegavske, 160k online visitors/mo; Roseburg, OR)

Doug Paxton became interim director of the Roseburg Veterans Affairs Medical Center in 2014 and was appointed director in 2015. He inherited a VA with poor staff retention and morale. He said he wanted to change the VA's culture, and talked about building a culture of respect for both staff and the veterans they treat.

Committees were formed, and recommended changes by front line staff were implemented. Wait times were reduced. Members of the Douglas County Veterans Forum, who had called for the previous director's resignation, expressed optimism about Paxton's approach.

In 2016, he succeeded in raising the facility from a one-star rating to a two-star rating (out of a possible five stars), and in January this year the VA was named one of the Fastest Improved Hospitals in Healthcare Quality. In a March interview with The News-Review, Paxton said he wanted the VA to work its way up to five stars.

But last month the Roseburg VA got some bad news. It had dropped back down to a one-star hospital.

Paxton told The News-Review Friday that the VA is just on the cusp of being a two-star facility. About 30 VA facilities are in the one-star category, and there's a range. The Roseburg VA still ranks higher among VAs across the country now than it did three years ago.

"That was probably at the bottom of the barrel when I got here. You couldn't get any lower," he said.

He anticipates the VA will have no problem getting back up to a two-star facility in the next couple of months, and "hopefully by the end of the year, a three star."

"It just took some time to get the right resources in place to work on these things," he said.

Paxton said the Roseburg VA's performance has improved in many areas. It has reduced nursing turnover rates, scored better on employee satisfaction in the All Employee Survey, and made improvements in inpatient flow, length of stay and mental health, he said.

"In the past six months, the Roseburg VA ... has been working diligently to push our system into the top 100 facilities in the country. We firmly believe we are on the right path and will soon regain our two-star status," he said.

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He said the facility has "focused a great deal" on primary care for Ambulatory Care Sensitive Conditions—a measure that's highly weighted in the ranking system and has been an area of concern at the Roseburg VA. The goal is to manage high risk conditions well to avoid the need for hospitalization. The Roseburg VA implemented systemwide training, had specialists review high risk veteran care and improved staffing levels across its clinics. It has seen significant improvement over the past six months, Paxton said.

Paxton said five stars is still his goal, but the VA needs to get to two and three first.

"We're highly competitive here, so we're doing everything we can to move that data point," he said.

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5. Improve Timeliness of Service

5.1 - The Tennessean: Quality VA care: Letters to the editor, Nov. 3 (3 November, 2.1M online visitors/day; Nashville, TN)

I received quality VA care

Reading about the Veterans Affairs hospital rating in the newspaper lately, I have to report my experience with the VA hospitals in Nashville and Murfreesboro and the VA clinic in Clarksville over the past 20 years or more.

I get my routine care at the VA clinic in Clarksville, and I have always received good, courteous care there. In 2003 at the VA hospital in Nashville, I had bilateral knee joint replacement done the same day. I spent a week there, and all the care I received there was great. Doctors, nurses, aides and staff were the best I could have imagined.

After a week in Nashville, I went to the Murfreesboro VA hospital for almost two weeks of rehab. My care there was equally good, and I have never had a problem with my knees since.

Recently, in August, I had open heart surgery to replace my aortic valve performed by Doctors Choi and Lou. Being now 70 years old, this was serious surgery. Again the care I received was superior. Especially Dr. Chris Lansing, who was there from my operation on Thursday through Sunday practically around the clock, and I saw him almost every day until my discharge.

Due to the outstanding care I received following my operation, five weeks later on a return appointment I brought the staff who cared for me a dozen doughnuts and bagels with cream cheese as a small token of my appreciation.

Walter Cerwinske, Clarksville 37042

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5.2 - WFED (AM-1500, Audio): VA hopes to RAMP up claims review process for vets (3 November, Terry Wing, 831k online visitors/mo; Washington, DC)

The Department of Veterans Affairs has announced the launch of the Rapid Appeals Modernization Program (RAMP), which aims at a more efficient benefit claims review process. The program is voluntary, but the VA said it expects veterans to receive a speedier review of initial claims decisions than the slow and complex legacy process. Under RAMP, VA said a reviewer can overturn previous decisions based on a difference of opinion, or return it for correction. Participants can also submit new evidence and receive VA's assistance in support of their claim.

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5.3 - KAKE (ABC-10, Video): VA delays adding new ailments to list of presumptive conditions linked to Agent Orange (3 November, Monica Castro, 825k online visitors/mo; Wichita, KS)

Shane Davis is proud to have served his country during the Vietnam war. He was exposed to Agent Orange, a herbicide sprayed to kill foliage so troops could get around Vietnam. He's one of many suffering complications from the chemical.

He said, "I am a diabetic and we've already asserted that that comes from Agent Orange."

His condition is covered by Veterans Affairs but many who suffer from Agent Orange conditions don't have those benefits. And it's going to be even longer before they have answers.

Vietnam vets still fighting effects of Agent Orange

After an 18-month study from the VA to add certain health problems, there's yet more delays.

Davis said, "When you are dealing with the government it's kind of like molasses down a brick, it's just going to be slow."

In a statement the VA's secretary, David Shulkin said, "After thoroughly reviewing the National Academy of Medicine(NAM)'s latest report regarding veterans and Agent Orange, and associated data and recommendations from [VA's] NAM Task Force, I have made a decision to further explore new presumptive conditions for service connection that may ultimately qualify for disability compensation. I appreciate NAM's work and the commitment and expertise of [my] Task Force, and look forward to working with the [Trump] administration on the next steps in the process."

Right now, Veterans Affairs recognizes only about a dozen health issues as presumptive conditions associated with Agent Orange. Some of those include diabetes, Parkinson's disease, and prostate and respiratory cancers.

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Many veterans have been pushing to get more illnesses, like bladder cancer, associated with Agent Orange added to the list. But some vets fear they'll never get the help they're looking for.

Davis said, “They are going to delay, delay, delay because when they do most of the guys like myself in another 15-20 years will be probably dead. And they won't have to deal with it.”

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5.4 - WFLA (NBC-8, Video): Veteran’s appeal for benefits drags on for 7 years (3 November, Steve Andrews, 702k online visitors/mo; Tampa, FL)

RIVERVIEW, Fla. — Navy veteran Frank Clark is barely making it.

The American flag is proudly displayed outside of Frank’s Riverview home. Inside, it is far from the American dream — his walls are crumbling.

“My roof is leaking really bad, I have holes in the floor, I have electricity only on one side of the house,” said Frank.

If the Department of Veterans Affairs had approved his service-related disability claim, he might not have to live counting pennies.

Records show Frank filed the claim in 2008 after suffering a head injury during his time in the Navy. He says he received a letter the following year from the agency containing some very disturbing information: “They had lost or misplaced the one military medical record that had proved my case,” he said.

Frank contacted the National Personnel Records Center in St. Louis where all military personnel records are stored, but the response they gave him didn’t make Frank feel any better. He was informed his medical records were “lent to the Department of Veterans Affairs.” Gone.

In 2010, the VA denied Frank’s claim.

His case has now lingered in their appeal process for seven years. The entire ordeal has dragged on for nine years.

“I’ll be 70 years old this month and like the saying goes, delay, deny until I die. And I think that’s exactly what’s happening,” added Frank. “Their response is we’re working on it, we’re still working on it.”

Frank has reached out to his Congressional representatives, but he says they haven’t been able to accomplish much.

So while the flag still flies proudly in front of Frank Clark’s home, he worries by the time the VA gets around to doing anything, he may have nothing left. We will reach out to the agency on Frank Clark’s behalf.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Chicago Tribune: Tips for veterans battling financial challenges (3 November, 23.9M online visitors/mo; Chicago, IL)

Mastering personal finance is a challenge for many average Americans. Imagine the personal finance hurdles faced by military people.

Having enlisted in many cases right from high school, they often end up stationed hundreds or thousands of miles from home. Right outside the base, opportunists are ready to pounce, separating them from their take-home pay.

If that weren't enough, servicemen and women aren't typically the type to seek assistance. So says Michael Meese, chief operating officer of the American Armed Forces Mutual Aid Association in Ft. Myer, Virginia, and a retired Brigadier General who spent 32 years in the U.S. Army. "They want to be self-reliant, and sometimes don't want to admit they might need help from a financial counselor," he says. "They see themselves as victors, not victims."

Just as active-duty service people face difficulties avoiding credit card debt and payday loan outlets, military veterans confront their own personal finance obstacles. These can extend from budgeting for retirement to homelessness. Fortunately, growing numbers of programs aim to help enlisted people and veterans enhance their financial literacy.

Retirement budgeting
If veterans served until retirement from the military, their pensions are fixed amounts, Meese says. "Budgeting is even more important for them," he adds. "It goes up with cost of living, and is a very good and consistent pension, but still a fixed income that can't be changed. So with retirement pay based on a fixed income from the military and a fixed income from Social Security, they may want to be relatively more aggressive with their 401(k)s from the non-military portion of their careers. That will be the growth component of their portfolio."

Ensuring spouses are protected is another issue. "When I die, my retirement pay ends," Meese says. "My spouse now needs life insurance to cover the difference. That is especially true if I didn't enroll in the Survivor Benefit Plan (SBP), which can provide up to 55 percent of my retirement pay. The decision to choose SBP comes when I retire from the military."

Another aspect of planning is consolidating military documents that provide proof of military service, and permit your spouse to document your service once you die. "You must have that paperwork," Meese says. "If someone retired from the military maybe 15 years ago, he may not be keeping track of it. It's tucked away and not thought of. But it's important to have it together years before you might pass away."

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Using that paperwork to document military service is important for several reasons. If the veteran died of prostate cancer, Type II diabetes, Parkinson's Disease or multiple myeloma, the spouse can receive $1,250 monthly in veterans' benefits. The documents can ensure a veteran is eligible to be buried in a military cemetery, and that the spouse is eligible for health care the remainder of his or her life.

Little-known benefit

According to Glenview, Illinois-based holistic elder law attorney Marty Fogarty, founder of ElderSmart.com, most veterans have never heard of the V.A. Improved Pension Program. If you served in the Persian Gulf War, Vietnam War, Korean War or World War II, or your spouse did, you may be eligible to collect up to $2,127 in monthly benefits, he says.

"The program was created to help ailing, low-income veterans and their spouses, widows and widowers," Fogarty reports. "It provides a tax-free monthly benefit to vets with smaller incomes and large medical expenses. It's not tied to service-related injuries."

To be eligible, veterans must have served at least one day during a war period, served at least 90 days of active duty and received a better than dishonorable discharge.

They must be 66 or older, or permanently or totally disabled. Their monthly medical expenses must exceed their monthly income and they must require help with daily living requirements. The Department of Veterans Affairs encourages potential applicants to work with attorneys who assist families through the application process, Fogarty says.

Financial literacy

At Edward Hines Jr. V.A. Hospital in Hines, Illinois, a program launched last February seeks to help veterans with financial literacy challenges that impact ability to maintain stable housing.

Each training program is six weeks long. Four or five veterans age 25 to 60 have successfully completed each of the four programs to date. They have secured rental housing using Housing Choice Vouchers, primarily in suburban Cook County.

"Our hope is these skills will enhance their ability to maintain housing long term," says Jessica Wilkie, housing specialist and licensed clinical social worker, who heads the program.

The program brings veterans together in small groups and helps those who have fallen victim to, for instance, payday loans, bankruptcy filings or a series of evictions.

"If we're talking about evictions, it might be because they struggled with budgeting," Wilkie says. "We talk about tracking spending, cash flow in and out, paying bills most efficiently and on time, and we also talk about ways to increase income. We'll remind veterans we have employment resources to help them find a full-time or part-time additional source of income."

Each vet completing training is awarded a certificate to present to landlords. "It states that yes, they may have a history of evictions, but they have gained skills that increase their ability to pay their rent and be good tenants," Wilkie says. The need for the program is fundamental because, she says, "Financial literacy impacts every aspect of your life."

Future veterans may be better prepared for the personal finance hurdles awaiting them.

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“On every base and post in the military, they now have personal finance readiness counselors to help service members, especially those away from home, learn basic financial planning, including budgeting, retirement planning, credit card and debt management. But it’s a big problem, and they need to continue working on it and become better at it,” Meese says.

That’s even more important given a new retirement system the military will begin to implement in 2018. Every service member will have a defined contribution plan like a civilian 401(k). The new system will require soldiers “be better informed about financial issues,” Meese says.

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7.2 - Lincoln Journal Star: Apartments for low-income veterans almost finished at Victory Park (3 November, Nancy Hicks, 2M online visitors/mo; Lincoln, NE)

When a friend first suggested he move to Nebraska, Rich Taylor said he reacted like a typical New Yorker.

"Nebraska? That’s somewhere in the Midwest right," he thought.

But Taylor discovered that Lincoln is a friendly, not too-big city, with great services for veterans.

Taylor will be among the first veterans to move into the almost completed Victory Park Veterans Residence, a three-story apartment complex on the VA campus near 70th and O Streets.

The Marine Corps and Merchant Marine veteran led the Pledge of Allegiance at the ribbon-cutting ceremony for the project on Friday afternoon.

The apartment complex, for low-income veterans, is the first private project on the Lincoln VA campus, where developers hope someday to build rental town homes, additional apartments, office space, medical clinics and renovate the former VA hospital.

But redevelopment will not change the parade grounds on the campus. That is going to remain untouched, said Maj. Gen. Roger Lempke, a former adjutant general of the Nebraska National Guard.

It's taken a number of groups and hundreds of people almost a decade to get to this first phase of redevelopment on the VA campus.

"There were times we thought the picture (of the apartment building) was the closest we would get to veterans' housing," said Mark Richardson, president of the nonprofit Seniors Foundation of Lincoln and Lancaster County, which has a lease for the VA campus property.

Burlington Capital, formerly America First Real Estate Group, is the project's developer. Sampson Construction of Lincoln is building the apartments for low-income and homeless veterans.

The 70-apartment complex is Lincoln’s first available VASH housing, named after the voucher program that helps subsidize the rent for veterans.

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The apartment complex was expected to be an $8.6 million investment, with about $320,000 coming from local tax increment financing.

Victory Park apartments will be managed by Burlington Capital, which also manages a VASH complex called Victory Apartments in Omaha.

The partnership for operating the apartments includes the private developer, the VA and the Lincoln Housing Authority.

Case managers at the VA handle the assessment process, determining whether a veteran qualifies for the apartment, said Tom York, with Burlington Capital.

Veterans, who meet income limits and other guidelines, are eligible for the subsidized apartments, where the rent is about 27 percent of the person's monthly income.

Almost 40 veterans have already qualified for an apartment and many will be moving in within the next month, York said in a telephone interview.

"We hope veterans can start moving in around Dec. 1," he said.

Taylor, who has done construction work, said he saw the apartments going up and found out from the construction workers it was to be an apartment building for veterans.

Taylor says his new apartment will be a little smaller than where he is currently living, but he will have much more peace of mind.

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7.3 - The Bellingham Herald: Betrothed or not, co-buyers should be careful when taking title to a new home (3 November, David W. Myers, 849k online visitors/mo; Bellingham, WA)

DEAR MR. MYERS: My boyfriend and I are planning to get married next June, but we signed an offer to buy a house together two weeks ago, and our offer was accepted. Now the representative who is handling the deal's closing wants to know whether we want to take ownership of the home as joint tenants or tenants-in-common. What would be best?

ANSWER: Most married couples who buy a house choose to take title as joint tenants, which usually means that the spouse who dies first will automatically leave his or her entire interest in the home to the survivor. The survivor can then do whatever he or she wants with the property, whether keep it, sell it or leave it to any other person upon death.

It's usually best, though, for unmarried buyers – whether they are star-crossed lovers or dispassionate co-investors – to take title to the home as tenants-in-common.

A tenants-in-common arrangement, commonly known as "TIC," would allow you to sell or will your interest in the home to whomever you wish. That's a particularly important consideration if you have a child from a previous marriage and want to ensure that your kid, not your future spouse, would eventually inherit your estate.

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Pardon me if I seem unromantic, but taking title to the home as tenants-in-common rather than joint tenants could provide another benefit: Should you break the engagement before the planned wedding day, your TIC ownership would make it much easier to buy your fiancee's interest in the house or to sell your stake to an unrelated investor.

REAL ESTATE TRIVIA: Arizona and Hawaii are the only two states that don't observe the federal government's suggested Daylight Saving Time rules, which require other Americans to set their clocks one hour forward in the spring and set them back one hour in the fall. DST was established in the United States in 1918 to save electricity and to preserve oil and fuel needed by the military during World War I.

DEAR MR. MYERS: If I make a full-price offer to buy a house, is the seller legally required to accept it?

ANSWER: Generally, no. It's the owner's right to accept or reject an offer, even if the buyer is willing to pay more than the seller originally asked.

DEAR MR. MYERS: I am a veteran of the U.S. Air Force. I purchased my home with a mortgage guaranteed by the Veterans Administration in 2014, then refinanced when interest rates dropped earlier this year. Now I'm getting bombarded (sorry, Dave, that's "Air Force humor") with phone calls and letters urging me to refinance again. Most of the sales pitches say that I can get a new VA loan, and maybe even get cash for my equity, without paying any of the usual refinancing costs. Are these offers legit?

ANSWER: Some are, but others might not be. Complaints filed by vets about aggressive or misleading marketing tactics engineered by lenders have soared to the point where the U.S. Department of Veterans Affairs and a related agency, Ginnie Mae, announced the creation of a joint task force in late October to investigate such alleged abuses.

It's sad that at a time when we should be celebrating the brave men and women who have served our country, as Veterans Day approaches, there apparently is a growing number of lenders hoping to bilk them instead.

The VA and the federal Consumer Financial Protection Bureau say they have received complaints from thousands of veterans about relentless calls from lenders and mortgage brokers that urge the vets to refinance, even if they have done so in the past few months. A common sales pitch is that the new loan would carry an interest rate as low as 2.25 percent and won't require the vet to pay any out-of-pocket cash.

There is one, and often two, big catches to these proposals. The first is that the bargain-basement interest rate that's offered usually is variable, which could allow it to skyrocket in the months or years ahead. The other is that, although there may be little or no out-of-pocket costs to refinance, hefty fees may be tacked on to the outstanding balance of the mortgage – sometimes so high that the loan becomes more than the house is worth.

Not surprisingly, telemarketers and others who are touting these loans aren't forthcoming with such negative information.

Ginnie Mae, the VA's partner in the new task force, doesn't make loans directly to consumers. Instead, the agency purchases government-backed mortgages from lenders, pools them with

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other loans that it buys, and then sells shares in the pools to investors. This process helps to ensure that money will be available to future buyers and mortgage refinancers.

Officials leading the task force are already collecting information about fraudulent or misleading loan practices, and vow to refer the names of the most egregious offenders to the Consumer Financial Protection Bureau and similar regulatory agencies. Those agencies, in turn, can file huge lawsuits against unscrupulous lenders in federal court and even yank their ability to make VA loans in the future.

In the meantime, officials are urging veterans to view any refinance offers they receive with a healthy amount of skepticism. Though legitimate offers can be a money-saving godsend for vets, the devil is always in the details of a new mortgage contract.

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7.4 - Lima News: **VA event helps connect veterans in need to supplies, services** (3 November, Craig Kelly, 167k online visitors/mo; Lima, OH)

For a variety of reasons, the transition from military service to civilian life can often be a difficult one for American veterans, which can result in a lower standard of living, even to the point of homelessness.

To help address the issue of veterans in need, the U.S. Department of Veterans Affairs has held events known as Stand Downs to both help veterans meet immediate needs as well as link them to services to help improve quality of life in the long term.

“Our goal is to find homeless veterans or people who may be imminently homeless or living without the resources we can provide for them,” according to Katina Stone-Jones, chief of social work for the Dayton VA. “A Stand Down is when we bring all our services out to try to look at how we can connect veterans or families with financial services, counseling services, nursing home or medical foster homes, and we invite the community partners out to join out because this is not something that the VA can conquer on its own.”

Supplies for veterans included such items as sleeping bags, thermal gear, boots, toiletries and other items, with agencies and organizations like Ohio Means Jobs and Lots for Soldiers on hand to educate veterans about available services. Medical examinations, haircuts and even nail care were made available for veterans during the event.

“I love this,” Patricia Markowski of the Ohio National Guard Troop and Family Assistance Center said. “It’s my passion. The more people know what’s available to them, the more we can help. I want every veteran to know that once you’ve entered the military and you’re out, you’re still part of a family. If we can help one veteran connect with a service they didn’t know was available, it’s worth it.”

The event also gave area veterans the chance to get reconnected to each other, according to Allen County Veterans Commission President Steve Montgomery.

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"I'm enjoying this, the camaraderie of being around them," he said. "This is a great thing, bringing all these things in for all the veterans. The ones I have talked to in here have said that this is fantastic."

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7.5 - Task & Purpose: Changing VA's Motto Could Hurt The Actual Needs Of Women Veterans (3 November, Kayda Keleher, 102k online visitors/mo; New York, NY)

In 2007, I joined the Marine Corps and proceeded to spend five years resenting the term "Female Marine" — or more simply "Females." Even at the age of 19, I considered myself a feminist, but to me that meant being equal to my male peers, not segregated by my gender. The day I humped back from the Crucible and my drill instructor gave me my Eagle, Globe and Anchor, Sgt. Joint didn't say, "Congratulations, you're now a Female Marine." Joint said, "Congratulations, you're now a Marine."

Now, I work in Washington, D.C., representing nearly 2 million members of the Veterans of Foreign Wars (VFW) and their families on Capitol Hill. I have a portfolio specifically focused on women veterans, and I now say "women" instead of "female" because I respect the difference between sex and gender. Up until recently, women made up such a small percentage of the veterans population that VA simply didn't have enough of us around to be the subject matter experts in gender-specific care. Now they're willfully playing catch-up. Women veterans are expected to have a larger population than that of the entire population serving in the military by 2030.

Recognizing in 2016 that veterans service organizations lacked the necessary information to effectively represent women veterans' needs and challenges, VFW's women's committee conducted an extensive survey and gathered data from thousands of women. We then used the results to identify four major areas of concerns across all generations: 1) a lack of access to gender-specific health care, 2) limited outreach to older generations, 3) more recognition as veterans who selflessly served their country, 4) and more solutions to the specific barriers homeless women veterans face.

These are complex problems that require advocacy, funding, awareness, research, and collaboration between Congress and the VSOs in order to bring to fruition — no small task in 2017. Still, one veterans group has decided a much more important issue is to change the VA's motto: "To care for him who shall have borne the battle and for his widow, and his orphan." — a quote from President Abraham Lincoln, which the organization deems "sexist" and "ignores and obscures the needs of women veterans."

While the cause is noteworthy, the actual implementation will cost money. Not pennies, not quarters – but most likely millions in taxpayer dollars. The cost of updating every pamphlet, every website, every letter head, every "Welcome to VA" sign, and the infrastructure of every chiseled motto will financially add up quicker than some may think. Meanwhile, there are dozens of other legislative changes needed to improve the quality of care women veterans receive, which all also cost money.

Additionally, nowhere in the thousands of open-ended responses VFW received in 2016 did anyone request to change the pronoun used in VA's motto or to change the quote at all.

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What we did read over and over again is that one of the biggest barriers homeless women veterans face when trying to overcome homelessness is child-care access because they can't make appointments without making sure their kids can go somewhere safe. Women aren't going to worry about the VA's motto on a sign if they can't get to an appointment.

Private-sector insurance does not charge copayments for preventive medicine because it's cheaper to prevent disease than it is to treat it. Yet, thanks to law written by Congress, the VA is required to charge for nine out of the 11 of these medicines, three of which are women-specific: prenatal vitamins, contraceptives, and breast cancer-prevention pills.

There's also a dire need by former servicewomen for group-therapy access for sexual-assault survivors, but not all VA facilities have enough female patients to warrant this resource. Therefore, at the very least, the VA needs to expand telehealth services and allow more women to electronically partake in these sessions.

In other words, women veterans need health-care providers who understand our gender-specific needs. They also need advocates who will hold Congress accountable and make sure the VA has the funding necessary to not only fill shortages but train more providers. This includes everything from pap smears to postpartum counseling. VFW is doing that and won't give up until women receive the same treatment and high-quality care as men.

All these inequities require money, a lot of money. The priorities for where taxpayer dollars for women veterans must go are clear: care and benefits. Resolve the inequities.

I use VA for all my health care, whether it's related to my sexual assault, mental health, primary care, gynecology, or physical therapy. Sure, it would be nice to one day walk into my clinic and see a motto that acknowledges my service too. Or get to a point where we don't need gendered pronouns at all — but not at the expense of improved services.

Action is a gender-neutral verb; and action, not words, is what we should all be focusing on.

Kayda Keleher served in the Marine Corps from 2007-2012 with one tour in Afghanistan. She works as an Associate Director for National Legislative Services at VFW where her legislative portfolio covers health care, homelessness, and women veterans.

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7.6 - Scotsman Guide: **Ginnie Mae faces risks from VA loan churning** (3 November, 54k online visitors/mo; Bothell, WA)

Over the past year, there have been reports that lenders have aggressively solicited veterans and military personnel to repeatedly refinance Veterans Affairs (VA) loans, a practice known as churning. Ginnie Mae, which insures the bonds underpinned by government-backed loans, has been investigating this practice. Scotsman Guide News recently discussed the issue with Joseph Murin, a former president of Ginnie Mae at the end of the George W. Bush Administration, and he offered his thoughts on how Ginnie Mae might stamp out the practice. Murin also is chairman emeritus at NewDay USA.

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Do you perceive VA loan churning as a serious problem?

joemurinI do. It is taking advantage of the veterans at this stage in the game, continually refinancing their same loan. Unfortunately, what is happening is that [the loan] is not just getting refinanced once, it is getting originated sometimes two and three times. Each time, somebody is charging fees, and those fees are most likely being rolled into the unpaid balance.

So, I have a problem with two things. No. 1, the way it is being done, and the mode of solicitation — [offers to the borrower to] skip two payments, move into an ARM [adjustable-rate mortgage]. Look, most of these veterans have a higher interest rate because they had a lot of debt that was consolidated, so a lot of them were turned down by a major bank or a credit union, like Navy Federal or Pentagon Federal, because [those lenders] only do 80 percent [loan-to-value] type loans. They [the veterans] finally go to a lender who puts them in a loan who charges them a little bit more for the risk, and then this churning begins, where they are cherry picked out of these [Ginnie Mae insured loan] pools and they are solicited and solicited, and solicited. And, I think, that is just not good for the veteran, nor is it good for the mortgage business.

Does this present any risk to Ginnie Mae?

The risk to Ginnie Mae is that the investors who buy the bonds get upset when prepayment speeds accelerate like that. This began to happen, to this level, only since the end of last year when interest rates spiked, after basically eight or nine years of unconditional refinance. When interest rates spiked, people [originators] started to panic, and they looked for a means to continue to refinance. So, they started to solicit bonds, where these VA loans were located. They began a campaign to solicit on a very rigorous basis. Now, the prepayment speeds upset the investors. Ginnie has to pay attention to their investors because that is the liquidity being used to finance the bonds to roll back into the market to produce more loans. So, it does present a problem to Ginnie Mae.

Wouldn’t the practice of churning disappear naturally as interest rates rise?

Absolutely. There are a couple of ways it could go away. Obviously a rising interest rate environment will stop it in its tracks. After being in this interest rate environment for the past decade, it is hard to say when that will occur. Unfortunately, our 10-year bond isn’t necessarily tied to the Fed anymore. It is basically tied to the global markets. As long as there seems to be threats in the global market, people will run to safety, which is the 10-year bonds. So, it is kind of hard to determine when that interest rate rise will occur.

The other thing that could slow it down is for the VA to change their program, and not allow fees on a refinance of a VA loan. The other thing that could happen is that Ginnie Mae decides not to allow a refinanced loan in their pools within the first 12 months of its origination. I don’t know if we want to wait around for an interest rate rise to occur, but certainly that would put the brakes on it if we started to see a 50 to 100 [basis] point rise in the interest rates.

Do you believe that Ginnie Mae or the agencies will make changes to stop this practice?

I do believe, to some degree. Now, Ginnie Mae last year decided that they were going to put a six-month moratorium on loans being re-pooled. However, what they did was add the exception that you could do it if you put it into a specified pool or a custom pool. Well, that didn’t really do

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anything because many VA loans were pulled out within the first six months and re-entered into specified pools. It really didn't stop the folks that were very eager to continue this practice.

I believe the first thing that Ginnie Mae can do, and may do, is eliminate the specified pool option on the six-month moratorium [the mandatory six-month waiting period before Ginnie will allow a loan into a pool]. I think they will consider, and probably take into consideration, not only what they want to do, but also what [Federal Housing Administration] as well as VA wants to do, and make a determination whether a 12-month moratorium makes more sense. It certainly makes a lot of sense to me. I think there is more chance of Ginnie changing the moratorium process than there is for the VA to change their program.

Given that this issue affects veterans and a lot of people care about that, do you believe Ginnie will tighten its rules to restrict lenders from doing quick turnover refinance, or does that overstate your position?

No, and I support that. The first thing that Ginnie could do is eliminate the custom pool on the six-month moratorium that they already have in place. That would certainly slow it down. The second thing I would consider is a 12-month moratorium on those loans. Look, if you are cleaning up the debt of a veteran, and you put him into a little higher interest rate and, because you have given [the veteran] more residual income every month because you have cleaned up the credit card debt, I would want to see if they perform over the next 12 months.

If they perform over the next 12 months, then the risk of them going bad is minimized. Then, you can go in and refinance the loan at a lower rate if there is a lower rate available. But the fact of the matter is the veteran already has been put in a better position today [through the original refinanced loan] by cleaning up all their debt. So, they are already in a good position. If the rates remain lower, you can even improve their position. But you have got to give them time to perform, and that is why I think the 12-month moratorium makes a lot of sense.

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8. Other

8.1 - U.S. News & World Report (Reuters): No Prison for U.S. Army Deserter Bergdahl, Who Trump Wanted Dead (3 November, Greg Lacour, 24M online visitors/mo; Washington, DC)

FORT BRAGG, N.C. (Reuters) - U.S. Army Sergeant Bowe Bergdahl on Friday was spared prison for endangering his comrades in arms when he deserted in Afghanistan in 2009, a sentence swiftly condemned by President Donald Trump, who while seeking election had called for his execution.

"The decision on Sergeant Bergdahl is a complete and total disgrace to our Country and to our Military," Trump posted on Twitter from Air Force One as he flew to Asia at the start of a lengthy tour of the region.

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A military judge recommended that Bergdahl should be dishonorably discharged from the service, demoted to private and forfeit $10,000 in pay. Army Colonel Jeffery Nance took less than a minute to render his decision and made no other comment.

Bergdahl was captured eight years ago by the Taliban after walking off his combat outpost. He endured torture and malnutrition while held prisoner by the insurgent group for nearly five years. His case sparked a national debate over whether he was a victim or a villain.

The soldier, who had pleaded guilty to desertion and misbehavior before the enemy, faced a maximum term of life in prison.

Late Friday morning, the 31-year-old Hailey, Idaho, native trembled as he waited to hear his punishment in a courtroom in Fort Bragg, North Carolina.

Defense lawyers, who had urged Nance to show leniency, said after sentencing that Bergdahl was relieved and eager to move on, though they would not discuss his plans. Bergdahl has remained on active duty at Fort Sam Houston in San Antonio, Texas.

"This has been a terrible ordeal," said one of his lawyers, Eugene Fidell.

Neither Bergdahl nor prosecutors, who had sought a 14-year prison term, commented.

Soldiers who testified about the hardships and injuries suffered in the hunt for Bergdahl after he walked off his post in Paktika province in June 2009 without permission said they were disappointed by the sentence.

"It’s definitely a slap in the face," former Army Specialist Jonathan Morita said in a phone interview. Morita's right hand was mangled by a rocket-propelled grenade during a July 2009 raid seeking intelligence on Bergdahl's whereabouts.

Along with criticism over the years from U.S. political leaders and fellow soldiers over the dangerous searches prompted by Bergdahl's actions, the conditions of his release sparked controversy.

In May 2014, Bergdahl was handed over to U.S. special operations troops in Afghanistan in exchange for five Taliban detainees, who were released from the Guantanamo Bay prison and flown to Qatar.

Last year, as a Republican presidential candidate, Trump called Bergdahl "a no-good traitor who should have been executed."

Responding to a defense motion on Trump's comments, Colonel Nance ruled they had not influenced him nor affected Bergdahl's chances of a fair sentence. However, the judge said he would consider them a mitigating factor.

Defense attorney Fidell said on Friday that Americans should be offended by Trump's behavior.

"President Trump's unprincipled effort to stoke a lynch-mob atmosphere while seeking our nation's highest office has cast a dark cloud over the case," he said.

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A dishonorable discharge, issued for the most serious offenses, cuts off all military and veterans benefits, including healthcare from the Department of Veterans Affairs.

That could pose difficulties for Bergdahl, who, according to testimony, suffered significant nerve damage while a Taliban prisoner and has several mental health conditions.

His punishment must be approved by the commanding general of the U.S. Army Forces Command and then will automatically be reviewed on appeal. The discharge will not take effect until an appellate court affirms Bergdahl's conviction and sentence.

Two portraits of Bergdahl emerged during the sentencing proceedings.

Defense lawyers said he was a young, hardworking soldier who did not understand the full consequences of his actions when he left to report what he said were problems in his unit.

Bergdahl apologized in court this week for the pain he caused fellow service members and admitted he had made "a horrible mistake."

But prosecutors said Bergdahl knew he would trigger alarm in the war zone. They acknowledged he suffered during his years as a Taliban prisoner, but argued it resulted from his choices and did not diminish the harm he caused others.

Retired Army Lieutenant Colonel Jeffrey Addicott said he was surprised by the judge's decision.

"You had several members of our military who have been maimed for the rest of their life because of what Bergdahl did, so he should have received jail time, in my opinion," said Addicott, now a law professor at St. Mary's University in San Antonio, Texas.

(Reporting by Greg Lacour; Additional reporting by Jim Forsyth, Colleen Jenkins and Makini Bruce; Writing by Colleen Jenkins; Editing by Jonathan Oatis)

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8.2 - KUSA (NBC-9): Bomb squad investigates after VA says 'disgruntled client' threw package into clinic (3 November, Allison Sylte, 3.1M online visitors/mo; Denver, CO)

The Arapahoe County bomb squad was called in to investigate after employees at the Veteran's Affairs clinic in Burlington says a "disgruntled client" threw a suspicious package into the facility Thursday afternoon.

The package in question, which turned out to just be a pill bottle, was thrown into the lobby just after 3 p.m. on Thursday, according to a news release from the Burlington Police Department.

Burlington officers evacuated the building, which is at 1177 Rose Ave., and the surrounding area, fearing for the public's safety and what the package may have contained.

The Arapahoe County Sheriff's Office bomb squad and the Colorado State Patrol hazardous materials team were then called in to identify what exactly the mysterious item was.

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Once they learned that it was harmless, police allowed people to return to the area at around 8:30 p.m. that night.

In the news release, Burlington Police said “it’s always good to err on the side of caution when dealing with suspicious items such as this” and reminded the public not handle devices they believe could be explosive.

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8.3 - Scene: **Stokes Cleveland VA Center Under Scrutiny for Running 'Invasive Lung Experiments' on Dogs (And You're Funding Them)** (3 November, Eric Sandy, 839k online visitors/mo; Cleveland, OH)

A new federal lawsuit puts the spotlight on the Louis Stokes Cleveland VA Medical Center and its apparently secretive track record of running lung experiments on dogs ("mongrels" in VA parlance, according to the department's own records). The civil complaint was filed by White Coat Waste Project, a bipartisan taxpayer watchdog group.

The central argument is that the VA's position as a public agency involves some responsibility in disclosing how it conducts tax-funded experiments on dogs. Stokes is one of only three VA centers in the U.S. that runs these animal experiments. (The other two are in Milwaukee and Richmond, where surgical experiments involve hearts and brains and spines. The facility in Los Angeles recently stopped animal testing under pressure from U.S. Congressional reps.)

Because of the centers' obfuscation with public records requests, which is the tentpole allegation in this lawsuit, it's impossible now to know what is really happening to these dogs. Media reports and WCW statements (unconfirmed by Scene) have described brain, spine and heart surgeries on puppies that, often enough, are ultimately killed.

"Because the Cleveland VA has refused to provide us with the approved application for its invasive and deadly taxpayer-funded experiments on young hound dogs, public details on their current project is limited," Justin Goodman tells Scene. He's the vice president of advocacy and public policy for WCW.

He did, however, cite an October 2017 report authored by Stokes Cleveland VA experiments and other local medical researchers, in which "lung inflation" procedures are documented. The paper describes the process of anesthetizing 14 adults dogs, then "suturing" an endotracheal tube into their bodies. The experiment involved periodic inflation of the lungs with carbon dioxide, the result being distorted breath cycles that were studied as reflexes that "might be significant in understanding respiratory control mechanisms in newborn infants." (There is no mention of veterans in the paper.)

From the subject and methodology of the experiments to the public tax dollar underpinning, there's a spectrum of information that WCW has been seeking in its watchdog efforts. But where Los Angeles terminated its dog experiments and the other two facilities being more forthright in their records, the Stokes Cleveland Center remains a source of difficulty.

"Unlike Stokes," Goodman says, "other VA facilities using dogs have provided us with the project applications which show, for instance, that at the Richmond VA, five-month-old puppies

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have latex injected into their arteries to induce heart attacks and are then forced to run on treadmills to stress their damaged hearts, after which they're killed and dissected."

In Cleveland, records of any surgical experiments are almost nonexistent.

"We first learned about the VA's secretive and wasteful dog experimentation program by reviewing government contracts and databases," Goodman says, "and have since ascertained additional details via VA whistleblowers, Congress and Freedom of Information Act requests like the one we're contesting in Cleveland."

With FOIA on one hand, WCW has turned to the public in getting out its message that this information is in the broader interest of American taxpayers. Billboards, paid for by the White Coat Waste Project, arrived in Cleveland this year to publicly announce that these experiments were taking place without a sense of real public transparency. Litigation is ongoing.

The lawsuit specifically attacks the VA's public records management and responsiveness. There are two public records requests that the WCW is tracking, though neither has resulted in full compliance yet. (The group is seeking established protocol measures that the VA follows when carrying out dog experiments.) One of those requests yielded "169 heavily redacted responsive pages" in August.

Those documents led to the revelation that the VA had run "invasive and deadly lung experiments" on 30 mixed-breed hounds purchased between 2016 and early 2017 with public tax dollars. Some of those puppies were later killed before they had turned 1. At least one was described as "friendly" just two weeks before being euthanized.

In a separate WCW lawsuit, also filed in federal court, the U.S. VA Department has filed a motion for summary judgment, asserting that it has followed FOIA compliance policy and taking a right-to-privacy argument in defending its redactions. (VA personnel have received death threats in light of this dog-testing information making it into major media outlets, like USA Today.)

Included in that defense is an outright denial of any records relating to where (and from whom) these puppies are being purchased and where these experiments are taking place. Details made available through USASpending.gov federal contract records point to dog breeders in New York, Indiana and Pennsylvania selling "hounds" and "canines" and "mongrels" to the federal government. Marshall Farms Group (NY), LBL Kennels (IN) and Covance Research Products (PA) sold multiple dogs to the Cleveland VA to the tune of $600 to $2,000 each. Marshall Farms and Covance are USDA-licensed "Class A" animals breeders; LBL is "Class B," which denotes different breeding and distribution protocol.

But outside of WCW's cross-referencing work, it's not like the VA has supplied those details to the public. In court, the VA defense remains adamant.

In response this legal action (and the billboards) earlier this year, the VA issued the following statement:

"Research studies to advance medical treatment for our veteran patients will sometimes involve the use of animals.

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"After the scientific merit of the research study is established by independent scientific reviewers, Cleveland VA animal research is subject to a strict system of review and oversight to ensure compliance with ethical and regulatory standards for the care and use of the animal subjects. Like university and private animal research programs, Cleveland VA programs comply with the USDA (U.S. Department of Agriculture) Animal Welfare Act Regulations and the Public Health Service Policy."

Across the three testing facilities, the VA insists that these dog experiments are serving the benefit of paralyzed veterans, among other patient sectors. "The notion of legislating hope and scientific potential based on emotion, imagery, and layman sensibilities is presumptuous," Sherman Gillums, executive director of Paralyzed Veterans of America, told Cleveland.com this past summer. "The scientific community has already drawn those boundaries, and we simply need to enforce them, not kill all hope for the millions of human beings who stand to benefit from continued research."

Elsewhere, U.S. Secretary for Veterans Affairs David Shulkin, appointed by President Donald Trump, has defended the dog experiments:

"VA's canine research program represents a great example of why the department exists, as one of our current canine research studies illustrates. The study focuses on ways to prevent serious and potentially fatal lung infections that affect some veterans with spinal cord injuries because they are unable to cough effectively.

"The commercial demand for this type of study is almost non-existent. The patient population affected by this condition is simply too small to motivate private companies to pursue such research on their own. That's why VA and its canine research efforts — efforts that in many cases are not replicated in the private sector — are so important."

Animal testing is not a new or novel scientific course at either the federal level, nor at major public universities. But this case reveals how secretive the researching agencies can be. And with a brighter spotlight comes an increased sense of awareness among taxpayers and their political representatives.

There's a bill working its way through the U.S. House now — the PUPPERS Act of 2017 — that would specifically prohibit federal agencies like the VA from conducting the most "unkind and painful procedures and experiments" on dogs. The bill would put an end to the most intense tiers of USDA pain descriptions: categories "D" and "E," which include water deprivation, infliction of burns, terminal cardiac blood collection, post-operative distress, exposure to extreme environmental conditions and more. (The bill goes beyond just the VA experimentation that we're talking about here. As of now, the USDA permits the federal government writ large to carry out those sorts of procedures in a variety of settings. Class "E," to be clear, includes legal procedures that can cause death.)

The PUPPERS Act was introduced in July. It's presently in subcommittee; 53 representatives have signed on as co-sponsors from both major parties.

In July, the U.S. House unanimously approved an amendment to the Make America Secure Appropriations Act (the 2018 federal budget) that would defund these dog experiments at the VA. In practice, that amendment mirrors elements of the PUPPERS Act.

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"As a combat-wounded veteran, its alarming that the VA is spending taxpayers' money abusing dogs in unnecessary experiments when veterans are still unable to get the treatment and care they need," co-sponsor U.S. Rep. Brian Mast (R-FL) said in a statement provided to Scene. (Mast helped introduce both the budget amendment and the PUPPERS Act.) "I'm proud that the House of Representatives unanimously passed my legislation to defund these wasteful and cruel dog tests and am urging my colleagues in the Senate to do the same."

Locally, the Cleveland Animal Protective League is publicly supportive of WCW's campaign and the PUPPERS Act. "Our interest stems from the fact that in this day and age we really don't see the necessity of using dogs for this incredibly invasive and painful and distressful type of research," APL CEO Sharon Harvey tells Scene. "We're heading into 2018, and this is man's best friend. We do believe that medical research offers options now, and that there's no indication that these studies are truly producing information that is helping veterans. We believe veterans deserve the absolute best medical care and support from this country. We're not convinced that this experimentation using dogs is the way to deliver care to veterans."

And certain segments of the American veteran population certainly agree; this issue has been gaining serious public traction, and a recent op-ed from a disabled U.S. Air Force vet raises concerns over the secrecy around this sort of experimentation at the VA and urges a closer look from congressional representatives. "Despite my repeated requests to VA press secretary Curt Cashour," Benjamin Krause writes, "VA has yet to name a single veteran-focused medical advancement that has ever resulted from dog testing in nearly 100 years of VA research."

We'll be following these lawsuits and the public involvement as things move on. We've embedded the full WCW complaint, filed on Wednesday, below.

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Document ID: 0.7.10678.390905

From: (b) (6)

Cc:
Bcc:
Subject: [EXTERNAL] 21 November Veterans Affairs Media Summary and News Clips
Date: Tue Nov 21 2017 04:15:30 CST
Attachments: 171121_Veterans Affairs Media Summary and News Clips.docx
171121_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

21 November 2017

1. Top Stories

1.1 - Wall Street Journal: Veterans Affairs Chief Wants Bigger Role for Private Health Care, David Shulkin says hospital system should compete with outside providers (20 November, Ben Kesling and Peter Nicholas, 43.5M online visitors/mo; New York, NY)
The top official at the Department of Veterans Affairs said he wants private-sector providers to play a larger role in veterans' health care, a view likely to draw opposition for a Trump cabinet member who has enjoyed rare bipartisan support. David Shulkin said in an interview that he wants to make the VA's hospital system compete with private-sector providers for military veteran customers…

Hyperlink to Above

1.2 - U.S. News & World Report (AP): Omaha VA Official Acknowledges Longtime Use of Waiting Lists (20 November, 24M online visitors/mo; Washington, DC)
— Officials have acknowledged that secret waiting lists for psychotherapy appointments at Omaha's U.S. Veterans Affairs Department hospital were used far longer than previously reported. The Omaha World-Herald reports that a VA investigation dated Sept. 30, 2015, says the lists were used as far back as 2006 and were still used after the VA prohibited them in 2010 and after a 2014 scandal that eventually showed chronic delays…

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Alaska VA to Hire More Workers, Continue Cutting Wait Times (21 November, 24M online visitors/mo; Washington, DC)
The Alaska agency that provides health care services to all veterans in the state is planning to expand its workforce. Alaska Veterans Health Care System Director Dr. Timothy Ballard said the agency is looking to expand its staff from about 550 employees to 650. The Peninsula Clarion reports that Ballard met with staff at the Kenai VA clinic last week, where he hosted a town hall for veterans.

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1.4 - Austin American-Statesman: Carter 'shocked, outraged' after Statesman report on Temple VA abuses (20 November, Jeremy Schwartz, 11.9M online visitors/mo; Austin, TX)
U.S. Rep. John Carter sent a letter to Department of Veterans Affairs Director David Shulkin on Monday demanding answers regarding findings of abuse of veterans, equipment theft, abuse of power and potential financial crimes at the VA's Temple campus. On Sunday, the American-Statesman detailed the results of an internal investigation into issues at the Temple VA's motor pool and grounds crew, where investigators detailed years of mistreatment of veterans undergoing substance abuse treatment…

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1.5 - MSNBC (The Rachel Maddow Show, Video): Trump moving stealthily to privatize the VA, alarming vets groups (20 November, 11.8M ovm; New York, NY)
Rachel Maddow relays reports that the Donald Trump White House is looking at the possibility of merging the VA with the private health care system used by the Pentagon.

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1.6 - Military.com: **Pentagon Plans Changes to Post-9/11 GI Bill Transferability** (20 November, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)
A rule allowing troops to transfer their post-9/11 GI Bill benefits to their children or spouse may soon see changes, a Defense Department official said in testimony submitted to lawmakers last week. "The Department of Defense intends to issue a policy change to the 'Post-9/11 GI Bill' regarding the transferability of benefits to eligible family members," Anthony Kurta, acting deputy under secretary of defense for personnel and readiness…

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2. Greater Choice for Veterans

2.1 - The Hill: **VA Secretary Shulkin seeks larger role for private health care** (20 November, Brett Samuels, 11.8M online visitors/mo; Washington, DC)
Veterans Affairs Secretary David Shulkin said Monday that he would like to see private sector providers play a larger role in veterans' health care. "The direction I'm taking this is to give veterans more choice in their care, and be the decision maker for their care, which I fundamentally believe is a concept that has to be implemented," Shulkin told The Wall Street Journal.

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2.2 - Patriot-News: **VA clinic will be moving into larger site next year** (20 November, Barbara Miller, 3.1M online visitors/mo; Mechanicsburg, PA)
A new Veterans Affairs clinic will be opening next year in Upper Allen Township to replace the existing community clinic in Camp Hill. The new clinic at 5070 Ritter Road will be approximately 25,000 square feet, and is being created in existing space in the Rossmoyne commercial development area. It is projected to serve more than 9,300 enrolled Veterans within the first year.

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2.3 - Fierce healthcare: **VA considers healthcare merger with the Pentagon** (20 November, Paige Minemyer, 141k online visitors/mo; Washington, DC)
The Department of Veterans Affairs may merge its healthcare system with the Pentagon's, a move that would essentially unite VA healthcare with the Tricare program. VA spokesman Curt Cashour told the Associated Press that the move would be a "game-changer" and would "provide better care for veterans at a lower cost," but veterans groups aren't convinced.

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3. Modernize Our System

3.1 - WFED (AM-1500): **Congress keeping close watch on EHR as DoD celebrates initial rollout** (20 November, Scott Maucione, 831k online visitors/mo; Washington, DC)
As the Defense and Veterans Affairs Departments celebrate the initial launch of the electronic health record in four medical facilities, Congress is keeping a close eye on the continued

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development of the $4.3 billion program. Senate Armed Services Committee Chairman John McCain (R-Ariz.) is watching the DoD and VA joint venture, especially when it comes to IT challenges.

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3.2 - WFED (AM-1500): DoD marks successful EHR rollout at initial sites, but long road ahead to full deployment (20 November, Jared Serbu, 831k online visitors/mo; Washington, DC)
In a ceremony in Tacoma, Washington last week, defense officials marked a milestone in their rollout of a new $4.3 billion electronic health record. It's now live at the four medical facilities the Defense Department picked for its initial deployment. But there's still a lot left to do before DoD begins the process of deploying MHS Genesis to the 205,000 military health personnel who will eventually use it around the rest of the globe.

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3.3 - WFED (AM-1500): Ask the CIO: Online Chat with DJ Kachman, VA (21 November, 831k online visitors/mo; Washington, DC)
DJ Kachman, the Veterans Affairs Department's director of Mobile Technology and Endpoint Security Engineering in the Office of Information and Technology, joined Federal News Radio for a free online chat. Kachman took part in the online chat after his appearance on Federal News Radio's Ask the CIO program the week before on Federal News Radio 1500 AM in the Washington metro area and online everywhere.

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4. Focus Resources More Efficiently

4.1 - Omaha World-Herald: Editorial: VA leaders must be transparent to be effective (21 November, Editorial Board, 2.1M online visitors/mo; Omaha, NE)
Leaders of the Omaha-Western Iowa Veterans Administration, by keeping quiet about years of secret wait lists for psychotherapy patients, failed veterans and VA employees. Their decisions not to hold employees publicly accountable for these shortcomings gave the VA a black eye as much as the underlings who were using hidden wait lists that obscured how long veterans waited for care.

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4.2 - Arkansas Democrat-Gazette: In Little Rock, Arkansas veterans meet with congressmen (20 November, Hunter Field, 871k online visitors/mo; Little Rock, AR)
Arkansas veterans had the chance to meet face to face with the chairman of the U.S. House Committee on Veterans Affairs on Monday morning. U.S. Rep. Phil Roe, R-Tennessee, joined U.S. Rep. French Hill, R-Little Rock, at the John L. McClellan Memorial Veterans Hospital in Arkansas' capital city for a town hall-style meeting. The congressmen talked about coming initiatives, recent legislation and took questions and comments from veterans in attendance.

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4.3 - WLOS (ABC-13, Video): Blues musician sings man's praises for giving fellow veterans a hand up (17 November, John Le, 480k online visitors/mo; Asheville, NC)
Our Person of the Week uplifts veterans at the lowest point in their lives. Mike Eisenhower's a case worker in the Compensated Work Therapy (CWT) program at the VA. He sees many veterans wind up playing the same disheartening tune. "It ain't the Asheville I heard about on the brochure," observed Reggie Best, who was homeless just a year ago.

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4.4 - WGRZ (NBC-2, Video): 17th annual Thanksgiving meal at VA Hospital (19 November, 439k online visitors/mo; Buffalo, NY)
Thanksgiving dinner was served to a number of homeless veterans in need at the VA Hospital on Sunday. It's the 17th year the dinner has been put on. "This is our way of making Thanksgiving holiday a special time for veterans, who may be having a difficult time," said Kristen Weese, VA Health Care for Homeless Veterans Coordinator.

Hyperlink to Above

4.5 - KWTX (CBS-10): Local congressman wants answers on reports of VA criminal activity (20 November, 315k online visitors/mo; Waco, TX)
U.S. Rep. John Carter, R- Round Rock, is demanding answers after newspaper reports of misuse of authority, theft and other possible criminal activity involving a vocational program at the motor pool at the Temple VA Medical Center. The Austin-American Statesman reported Friday that a preliminary report from a three-member board assigned by Central Texas VA Health Care System Director Christopher Sandles to investigate the allegations found that supervisors stole equipment from the VA…

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4.6 - KARK (NBC-4, Video): Congressmen Hear Concerns from Arkansas Veterans at Annual Council Meeting (20 November, Jessi Turnure, 312k online visitors/mo; Little Rock, AR)
A congressman, doctor and veteran from Tennessee traveled to the capital city Monday to share his frustrations and hear others from dozens of fellow service men and women. Phil Roe, the chairman of the House Committee on Veterans Affairs, joined Congressman French Hill, R-2nd District, at his annual Veterans Advisory Council meeting at the VA Hospital.

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4.7 - KVAL (CBS-13, Video): VA health facilities investigation: Third round of interviews scheduled for next week (20 November, 301k online visitors/mo; Eugene, OR)
A third round of interviews is coming up at the Veterans Administration/Health facilities in Eugene and Roseburg. Press representatives for Congressman Peter DeFazio say more interviews of VA employees are scheduled for the week after Thanksgiving. Staff from the VA Office of the Medical Inspector are in charge of the investigation.

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4.8 - Temple Daily Telegram: Congressman wants answers on Temple VA (20 November, Janice Gibbs, 157k online visitors/mo; Temple, TX)

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Reacting to a news report on preliminary finding of abuse of power and criminal actions at the Olin E. Teague Veterans' Medical Center in Temple, U.S. Rep. John Carter, R-Round Rock, wants answers. Carter sent a letter to Department of Veterans Affairs Secretary David Shulkin and VA Inspector General Michael Missal on Monday, demanding answers on questionable activities at the Temple VA, part of the Central Texas VA Medical Center.

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4.9 - Killeen Daily Herald: Carter wants answers on Temple VA, Congressman reacts after report issued citing corruption, intimidation (20 November, Janice Gibbs, 156k online visitors/mo; Killeen, TX)
Reacting to a news report on preliminary finding of abuse of power and criminal actions at the Olin E. Teague Veterans' Medical Center in Temple, U.S. Rep. John Carter, R-Round Rock, wants answers. Carter sent a letter to Department of Veterans Affairs Secretary David Shulkin and VA Inspector General Michael Missal on Monday, demanding answers on questionable activities at the Temple VA, part of the Central Texas VA Medical Center.

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4.10 - North Carolina Health News: Veterans Treatment Court Gives Vets a Second Chance (20 November, Taylor Knopf, 59k online visitors/mo; Chapel Hill, NC)
As offenders came before district court Judge Jacquelyn Lee on Wednesday, she asked if they would be going somewhere for Thanksgiving and who in the family would cook the turkey. To one, she asked to see photos of his baby, born the week before. Everyone from the district attorney to the judge fawned over the pictures. They are all veterans of the U.S. military. All have broken the law.

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4.11 - Ohio Valley ReSource (Audio): Serving Those Who Served: Veterans Pantry Program Reaches Out To Hungry (20 November, Nicole Erwin, 900 online visitors/day)
DeCarli is the kitchen supervisor and has been at the center for five years. Each day she prepares hot meals for the 50 veterans residing at the temporary housing facility. As the weather turns colder and the holidays get closer, more hungry veterans are expected to reach out to the center for a warm meal and a place to lay their heads.

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5. Improve Timeliness of Service

5.1 - WUNC (NPR-91.5, Audio): Does The Military Do Enough For Veterans With Mental Health Issues? (20 November, Charlie Shelton and Frank Stasio, 165k online visitors/mo; Chapel Hill, NC)
There are five categories ranging from "honorable" to "dishonorable" discharge. For service members who receive "other than honorable," "bad conduct" and "dishonorable," mental health care options are limited. This was the case for Devin Kelley, who killed 26 people at a church in Sutherland Springs, Texas earlier this month. Kelley received a "bad conduct" designation after he was courtmartialed for domestic assault in 2012.

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5.2 - WUNC (NPR-91.5, Audio): Without An Honorable Discharge, Mental Health Options Are Limited (20 November, Carson Frame, 165k online visitors/mo; Chapel Hill, NC)
When service members separate from the military, their futures depend on something called a characterization of service. There are five different possibilities: honorable, general under honorable conditions, other than honorable, bad conduct, and dishonorable. "Other than honorable" means the service member has had a pattern of misconduct or has been convicted by a civilian court of a crime.

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5.3 - The Chronicle: Reps. Herrera Beutler, Roe Hold Roundtable on Veterans Affairs Issues (20 November, Patty Hastings, 54k online visitors/mo; Centralia, WA)
Long wait times. Prescriptions not getting filled. Claims not addressed until after a veteran dies. Trouble getting to the nearest clinic. These are some of the issues with the U.S. Department of Veterans Affairs that veterans discussed Saturday morning with Rep. Jaime Herrera Beutler, R-Battle Ground, at 40 Et 8, a nonprofit bingo parlor and veterans organization in Hazel Dell.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KUSA (NBC-9, Video): Colorado homeless female veterans undercounted, underserved (20 November, Marybel Gonzalez, 3.2M online visitors/mo; Denver, CO)
For decades, Navy veteran Leslie Sanchez suppressed traumatic memories of an incident that harmed her early in her military career. “I put them in a box, and I locked the box, never to open it,” Sanchez said. At 19 years old, she was raped and impregnated by a fellow sailor. The stress of a home burglary brought back the emotional pain.

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7.2 - KSDK (NBC-5): Gateway Blue Star Moms hoping to decorate 5,000 gravestones, So far the Gateway Blue Star Moms have raised enough money for 1,600 wreaths, but they’re hoping to place at least 5,000. (20 November, Jenna Barnes, 1.5M online visitors/mo; Saint Louis, MO)
– A group of St. Charles moms is honoring veterans this holiday season by placing wreaths on headstones at Jefferson Barracks National Cemetery. The Gateway Blue Star Moms, a group made up of the moms of service members and veterans themselves, said they know how important it is to remember those who’ve served.

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7.3 - KDFW (FOX-4, Video): Veterans who donated bodies to science honored at DFW National Cemetery (20 November, 1.2M online visitors/mo; Dallas, TX)
Americans who answered the call of duty were remembered in a patriotic ceremony on Monday day at DFW National Cemetery. Their sacrifice to country included both military service, plus donating their bodies to science after their deaths. A total of 13 soldiers, seven sailors, seven

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airmen and one Coast Guard member helped training for doctors through UNT's Health Sciences Department.

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7.4 - KCTV (CBS-5, Video): Multi-city initiative claims to have ended veteran homelessness; some say that's a bold statement (20 November, Chris Oberholtz and Natalie Davis, 598k online visitors/mo; Fairway, KS)
Local leaders say they've eliminated homelessness among area veterans, but some organizations that work closely with veterans say the numbers tell a different story. Two years ago, the mayors of Kansas City, MO, Kansas City, KS and Independence, MO joined a nationwide initiative. A coalition of more than 60 local agencies worked together to get homeless veterans off the streets. Army veteran Duane Smith was homeless for three years.

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7.5 - WECT (NBC-6, Video): Wilmington National Cemetery looks for wreath sponsors (20 November, 475k online visitors/mo; Wilmington, NC)
The Wilmington Natiosnal Cemetery is looking for sponsorships and donations to place wreaths on all of the graves for the holidays. The cemetery is working with Wreaths Across America to cover the more than 5,000 graves in the cemetery. Each wreath costs $15 and can be given in honor of someone for an additional $2.

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7.6 - KERO (ABC-23, Video): Americans who answered the call of duty were remembered in a patriotic ceremony on Monday day at DFW National Cemetery. (20 November, Chloe Nordquist, 302k online visitors/mo; Bakersfield, CA)
Exactly 74 years after he lost his life in World War II, Marine Sargent William David Ball Jr. has been buried in his final resting place. “We’ve never known for sure what happened we assumed that Uncle Billy was killed but we never knew for sure,” Ken Stevens, nephew of the fallen Marine, said.

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7.7 - KQED (PBS-9): The Plan to Get Women Vets to Use More Health Services (20 November, Libby Denkmann, 7.9k online visitors/mo; San Francisco, CA)
Denise Berry remembers the day a mortar blew up part of the hospital in Iraq where she was working as a U.S. Army combat medic. The explosion claimed a person in a portable toilet next to her, blew up her truck, and made the ambulance she was working underneath, doing a maintenance check, bounce on top of her. “I am lucky to be alive,” Berry said.

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8. Other

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1. Top Stories

1.1 - Wall Street Journal: **Veterans Affairs Chief Wants Bigger Role for Private Health Care, David Shulkin says hospital system should compete with outside providers** (20 November, Ben Kesling and Peter Nicholas, 43.5M online visitors/mo; New York, NY)

WASHINGTON—The top official at the Department of Veterans Affairs said he wants private-sector providers to play a larger role in veterans' health care, a view likely to draw opposition for a Trump cabinet member who has enjoyed rare bipartisan support.

David Shulkin said in an interview that he wants to make the VA's hospital system compete with private-sector providers for military veteran customers, which he said would give veterans greater choice over their health care.

His view on the future of the VA resembles that of the politically conservative Koch brothers, who recently announced they are launching a major effort to reshape the future of the nation's largest health-care system.

"The direction I'm taking this is to give veterans more choice in their care," Dr. Shulkin said, speaking from his office, "and be the decision maker for their care, which I fundamentally believe is a concept that has to be implemented."

House and Senate committees on veterans affairs are crafting legislation that would steer the future of private care at the VA. It would replace a law passed in 2014 in the wake of a wait time scandal. That law dramatically increased the number of appointments veterans get in the private sector using VA funding.

While lawmakers and major veterans advocates have praised Dr. Shulkin's efforts at the department, a number of Democrats and veterans organizations have said they would oppose what they consider to be steps toward privatization. Some say this approach increases access to health care, while opponents argue it slowly chokes off funding to government-run facilities.

Other major veterans advocacy groups have pledged to fight privatization moves, though some said Dr. Shulkin's vision for the department is a seemingly new position for him.

"We have not heard Secretary Shulkin say that, and we are pleased with how transparent he's been," said Kayda Keleher, spokeswoman for Veterans of Foreign Wars, a major advocacy organization.

She said her organization's position is that the VA has to remain at the center of care. "There is no provider and there's no health-care insurance that doesn't have someone watching over their insurance plan," she said.

Dr. Shulkin said the main impediment under the existing VA structure to giving veterans what he called "full, unrestricted choice"—or minimizing the VA's role as the coordinator or gatekeeper of health care—is cost. The Congressional Budget Office has estimated that extensive outsourcing of veterans care to the private sector would balloon budgets at the VA by tens of billions of dollars.

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The VA serves as the coordinator of care, meaning veterans typically must go through a provider at the VA and either get care there or head to the private sector. Under current VA programs, some 30% of all appointments are with private-sector providers.

Proponents of the system say it ensures that veterans get care only through properly vetted providers and ensures doctors know how to interact with veterans. Detractors say veterans ought to have unfettered access to the health provider they choose.

The top Democrat on the Senate Committee on Veterans Affairs, Montana's Jon Tester, has long maintained that the VA needs to remain at the center of care in order to allow for congressional oversight, among other reasons.

"Our nation promised veterans that we would provide care and benefits for them when they return from service," Mr. Tester said. "So, even when veterans go into their communities for care, we can't outsource the VA's responsibility to deliver on our promise."

Dr. Shulkin said the push for more private-sector care would be a "graduated approach," and he wants veterans eventually to not have to rely on VA to approve or coordinate their care. At his confirmation hearing earlier this year, Dr. Shulkin vowed to extensively change the department, while pledging to oppose privatization.

For now, the VA must coordinate care until veterans are given full transparency about their health options in order to make informed decisions, he said. Those familiar with the secretary's thinking said the goal of far-greater choice isn't imminent and could take years.

Dr. Shulkin also has said his ultimate goal is to ensure VA health care is of such quality that veterans will willingly choose it over private sector care except for what he calls "commodity care"—services more affordable to outsource, like podiatry, audiology and eyeglasses. The department needs to focus on the pillars of its expertise such as prosthetics, treating traumatic brain injury and other wounds of war, he has said.

VA documents reviewed by the Journal define even many such "foundational services" in a way that would allow the private sector to eventually provide more of them. Currently, the documents say there is "limited expertise and/or access to care in the national market" for some of those services.

"We're trying to not only let veterans increasingly have more choice and decision making," he said. "We're trying to let the VA understand under that system for them to remain strong, they have to be veteran-centric. They have to treat their veterans like customers, and they have to have quality of services and access to services that is equal to or better than the private sector."

Dr. Shulkin, formerly a CEO of a private health care system who was tapped by former President Barack Obama to lead the VA's health-care system, said he is focused on transparency, which includes publishing statistics about quality of outcomes, wait times and other factors to allow veterans to compare VA hospitals with one another, and with private hospitals. That transparency, he said, would force the VA to better serve veterans as customers who can choose where to get care.

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When a reporter noted that Dr. Shulkin's approach to VA care seems to agree with what the fiscally conservative Koch-aligned group has proposed, the VA secretary said, "Well if it is, that's by coincidence."

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1.2 - U.S. News & World Report (AP): Omaha VA Official Acknowledges Longtime Use of Waiting Lists (20 November, 24M online visitors/mo; Washington, DC)

OMAHA, Neb. (AP) — Officials have acknowledged that secret waiting lists for psychotherapy appointments at Omaha's U.S. Veterans Affairs Department hospital were used far longer than previously reported.

The Omaha World-Herald reports that a VA investigation dated Sept. 30, 2015, says the lists were used as far back as 2006 and were still used after the VA prohibited them in 2010 and after a 2014 scandal that eventually showed chronic delays, false paperwork and secret lists at VA hospitals across the nation.

The World-Herald reported last month the discovery of a separate, unauthorized Omaha list earlier this year.

VA Nebraska-Western Iowa Health Care System Director Don Burman told the newspaper the VA made changes after the 2015 investigation. But he says some problems weren't fixed properly, allowing use of a waiting list to recur.

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1.3 - U.S. News & World Report (AP): Alaska VA to Hire More Workers, Continue Cutting Wait Times (21 November, 24M online visitors/mo; Washington, DC

KENAI, Alaska (AP) — The Alaska agency that provides health care services to all veterans in the state is planning to expand its workforce.

Alaska Veterans Health Care System Director Dr. Timothy Ballard said the agency is looking to expand its staff from about 550 employees to 650.

The Peninsula Clarion reports that Ballard met with staff at the Kenai VA clinic last week, where he hosted a town hall for veterans.

Ballard said President Donald Trump's administration increased the Veterans Affairs budget by about 6 percent, which provided Alaska with the funds to hire more workers.

Ballard says cutting down wait times is also being tackled. He says the agency has started a program that assures veterans seeking mental health care are seen the same day they come in.

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1.4 - Austin American-Statesman: Carter 'shocked, outraged' after Statesman report on Temple VA abuses (20 November, Jeremy Schwartz, 11.9M online visitors/mo; Austin, TX)

U.S. Rep. John Carter sent a letter to Department of Veterans Affairs Director David Shulkin on Monday demanding answers regarding findings of abuse of veterans, equipment theft, abuse of power and potential financial crimes at the VA's Temple campus.

On Sunday, the American-Statesman detailed the results of an internal investigation into issues at the Temple VA's motor pool and grounds crew, where investigators detailed years of mistreatment of veterans undergoing substance abuse treatment, as well a "complex scheme" to profit off of fraudulent purchase orders and questionable contracts.

READ: Investigation finds corruption, intimidation at Temple VA campus
Veterans in the VA's Compensated Work Therapy program described being sent to the homes of high ranking VA officials to perform landscaping work. They also reported being forced to do odd jobs for supervisors and their family members on the Temple campus, such as car washing and auto repair, during work hours.

According to an administrative board's preliminary report, which was obtained by the Statesman, employees at the motor pool had funneled business to a small Killeen firm that investigators said made at least $400,000 by padding purchases with 30 percent surcharges. In all, the report found, more than $1.3 million was "funneled through" the business, Whitetail Industrial Parts and Service, in recent years.

"I am shocked, outraged, and exasperated to hear of these issues, and I expect the VA to work quickly to right the wrongs done to our heroes," Carter, a Round Rock Republican who represents the Temple area, wrote in a letter to VA Director David Shulkin and VA Inspector General Michael Missal. "According to media reports, many of the veterans that were subjected to this behavior were participating in a substance abuse rehabilitation program, and trying their best to get their lives back on track, only to be mistreated by the very people meant to help them. It is inexcusable."

Carter demanded the VA send him copy of a "comprehensive final report" on the situation in Temple promptly, as well as a full briefing on "the VA's plan of action to right the wrongs done to our veterans."

Carter also praised the actions of newly appointed Central Texas top administrator Christopher Sandles, who launched the internal investigation shortly after hearing of complaints at the motor pool earlier this year.

"However, I must express my exasperation and outrage at the continuing problems plaguing our VA system, especially as it pertains to serving the veterans of the Central Texas area," Carter wrote.

Two Temple VA employees no longer work at the VA following the internal investigation and local officials say the VA's inspector general is investigating allegations involving financial misdeeds that could result in criminal charges.

One VA employee, Oarrin Nash, the motor pool supervisor, has confirmed in an interview with the Statesman that he has been fired. Nash denied any wrongdoing and said he had no knowledge of financial activities regarding Whitetail.

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1.5 - MSNBC (The Rachel Maddow Show, Video): Trump moving stealthily to privatize the VA, alarming vets groups (20 November, 11.8M ovm; New York, NY)

Rachel Maddow relays reports that the Donald Trump White House is looking at the possibility of merging the VA with the private health care system used by the Pentagon. Video Duration: 2:21

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1.6 - Military.com: Pentagon Plans Changes to Post-9/11 GI Bill Transferability (20 November, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)

A rule allowing troops to transfer their post-9/11 GI Bill benefits to their children or spouse may soon see changes, a Defense Department official said in testimony submitted to lawmakers last week.

"The Department of Defense intends to issue a policy change to the 'Post-9/11 GI Bill' regarding the transferability of benefits to eligible family members," Anthony Kurta, acting deputy under secretary of defense for personnel and readiness, told members of the Senate Armed Services Committee in a written statement.

"Effective one year from this change, the ability to transfer benefits will be limited to service members with less than 16 years of total service," he wrote.

Currently, service members can transfer their post-9/11 GI Bill benefits to a dependent family member if they have at least six years in service and agree to serve an additional four years.

Those with at least 10 years in service can also transfer the benefit without serving the extra four years if they are blocked by policy from doing so.

Transfers can be made only while troops are still in service. The Montgomery GI Bill is not transferable.

Kurta, whose nomination to permanently fill the deputy role was approved by the committee last week, said making the change allows the transfer option to better work as a "retention incentive."

The proposal was first reported by Military Times.

Army Maj. David Eastburn, a Pentagon spokesman, declined to offer further details on the change.

Although the ability to transfer the benefit is allowed by law, the rules surrounding who can transfer and when are set by DoD policy.

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A 2015 report from the congressionally mandated Military Compensation and Retirement Modernization Commission (MCRMC) noted that the benefit is meant to be used as a retention tool, not as an entitlement.

The commission recommended that the Pentagon increase the time in service before allowing a transfer to 10 years with a two-year additional service obligation. It did not recommend eliminating the benefit for those with more than 16 years in service.

While the GI Bill is administered and paid for through the Department of Veterans Affairs, the Defense Department controls the transferability benefit.

More than 420,000 service members had transferred the benefit by 2014, the last year for which such data are readily available, and the VA had spent $5.6 billion on dependents who received the benefit.

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2. Greater Choice for Veterans

2.1 - The Hill: **VA Secretary Shulkin seeks larger role for private health care** (20 November, Brett Samuels, 11.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin said Monday that he would like to see private sector providers play a larger role in veterans' health care.

"The direction I'm taking this is to give veterans more choice in their care, and be the decision maker for their care, which I fundamentally believe is a concept that has to be implemented," Shulkin told The Wall Street Journal.

Introducing private sector providers could take years, the newspaper reported. Shulkin said his ultimate goal is for veterans to not have to rely on the VA to approve or coordinate their care.

Currently, veterans go through a provider at the VA for their health needs.

Opponents to Shulkin's plan argue that it is a step toward privatization, which would limit funding to government-run facilities.

A spokeswoman for Veterans of Foreign Wars was critical of Shulkin's plan, telling The Wall Street Journal that the organization has not heard from the secretary about his health-care concept.

Shulkin previously worked as CEO of a private health-care system. Former President Obama named him undersecretary of Veterans Affairs for health and President Trump nominated him as secretary of Veterans Affairs in January.

"We're trying to not only let veterans increasingly have more choice and decision making," Shulkin said Monday. "We're trying to let the VA understand under that system for them to remain strong, they have to be veteran-centric. They have to treat their veterans like customers,

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and they have to have quality of services and access to services that is equal to or better than the private sector."

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2.2 - Patriot-News: VA clinic will be moving into larger site next year (20 November, Barbara Miller, 3.1M online visitors/mo; Mechanicsburg, PA)

A new Veterans Affairs clinic will be opening next year in Upper Allen Township to replace the existing community clinic in Camp Hill.

The new clinic at 5070 Ritter Road will be approximately 25,000 square feet, and is being created in existing space in the Rossmoyne commercial development area. It is projected to serve more than 9,300 enrolled Veterans within the first year.

The Lebanon VA Medical Center held a groundbreaking ceremony Thursday for the new Cumberland County VA Community Clinic, which will provide a full range of primary care and telehealth services for veterans in Cumberland and surrounding counties.

Services will include mental and behavioral health, laboratory and women's health services, said Douglas Etter, VA spokesman. The project is estimated to cost about $2.8 million.

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2.3 - Fierce healthcare: VA considers healthcare merger with the Pentagon (20 November, Paige Minemyer, 141k online visitors/mo; Washington, DC)

The Department of Veterans Affairs may merge its healthcare system with the Pentagon's, a move that would essentially unite VA healthcare with the Tricare program.

VA spokesman Curt Cashour told the Associated Press that the move would be a "game-changer" and would "provide better care for veterans at a lower cost," but veterans groups aren't convinced. Four of the largest veterans groups—the American Legion, Veterans of Foreign Wars, AMVETS and Disabled American Veterans—have said they oppose the idea, according to the article.

"VA is a healthcare provider and the VFW would oppose any effort to erode the system specifically created to serve the healthcare needs of our nation's veterans by reducing VA's role to a payer of care for veterans," Bob Wallace, executive director of VFW's Washington office, told the publication.

Cashour said that the conversations about a potential merger reflect President Donald Trump's goals to transform how government runs, and the approach is "precisely the type of businesslike, commonsense approach that rarely exists in Washington.

The VA has taken steps to privatize parts of health system over the past several months. It was revealed in May that it may close more than 1,100 facilities to move more care into the private sector. Its Choice program has also been extended; it allows veterans who may not have nearby access to a VA facility to instead see private providers.

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During his confirmation hearing in February, Shulkin told a Senate committee the “Department of Veterans Affairs will not be privatized under my watch,” but indicated he was willing to expand private-care partnerships with VA hospitals in order to avoid building costly new medical centers.

OIG finds wait time issues at two VA facilities

Meanwhile, two new reports from the VA Office of the Inspector General found that the issues with the department's health system that kicked off a nationwide scandal in 2014 persist at some of its facilities.

In the first report, the OIG details the story of a longtime patient at the Atlantic County Community Based Outpatient Clinic, who visited in late 2015 to schedule an appointment with a psychologist. He was told he would have to wait three months for the appointment, and committed suicide in the interim.

The OIG investigation identified multiple points at which staff failed to ensure patients had timely appointments. Staff members failed to follow-up on cancellations and no-shows, and failed to provide adequate supervision for a number of clinic processes.

In a second report, the OIG found that wait times Eastern Colorado Health Care System used unofficial wait lists, and leaders were uninformed on accurate wait time information for patients in the system.

The VA, however, said that these are isolated issues, according to an article from The Wall Street Journal.

"Neither of these issues is system or persistent and the reports in no way reflect the current state of play at VA," Cashour told the WSJ.

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3. Modernize Our System

3.1 - WFED (AM-1500): Congress keeping close watch on EHR as DoD celebrates initial rollout (20 November, Scott Maucione, 831k online visitors/mo; Washington, DC)

As the Defense and Veterans Affairs Departments celebrate the initial launch of the electronic health record in four medical facilities, Congress is keeping a close eye on the continued development of the $4.3 billion program.

Senate Armed Services Committee Chairman John McCain (R-Ariz.) is watching the DoD and VA joint venture, especially when it comes to IT challenges. McCain asked the two departments to update him on best practices and lessons learned by VA that will avoid upgrade challenges.

“VA is working with DoD to assess existing business process and determine what changes may be necessary throughout the contract life cycle,” a letter to McCain late last month from VA Secretary David Shulkin and Deputy Defense Secretary Patrick Shanahan stated. “DoD is

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making available senior acquisition, testing and project management experts who were instrumental in DoD's own transformation to assist VA with initial contract implementation."

The letter goes on to say those resources will allow VA to adopt DoD's best practices and lessons learned through the requirements and acquisitions phase.

VA established a dedicated program office for EHR, which will be staffed with subject matter experts in contracting, health IT and business innovation, the letter stated.

VA and DoD also assured Congress the project is on track with its timeline. VA is currently standing up its initial program efforts and is developing an acquisition and implementation timeline. The letter stated VA is currently in the midst of "focused negotiations" with Cerner to finalize a contract. Genesis is based on Cerner's software.

Meanwhile, DoD began deploying MHS Genesis to patient care sites earlier this year, with full deployment scheduled for 2018 and completion in 2022.

The first four sites are now officially live.

At the first four "go-live" sites, Genesis has now supplanted three different aging health IT systems. By the time it's deployed worldwide, officials say it will have made DoD patient care "seamless" in that it will be interoperable with both private-sector medical providers and VA, and will give clinicians real-time access to the entirety of a patient's medical history, plus decision-support tools that are far beyond the grasp of the current systems, some of which date to the 1980s.

"We are in the midst of a transformation in health care," said Vice Adm. Forrest Faison, the Navy's surgeon general. "Today, because of the miraculous inventions that have surrounded us over the past 20 or 30 years, the volume of medical knowledge in the world is doubling every two years. We are rapidly approaching the point where we can't make good on the promise of delivering the best health care our nation can offer without driving these clinical practice guidelines to the point of care, and that's what Genesis is allowing us to do."

While DoD is excited about its launch, Congress wants to make sure there is proper oversight of the commercial off-the-shelf system, fearing it may fall prey to excessive customization that forces VA and DoD to have completely different record systems as time goes on.

The letter stated VA is adopting DoD clinical workflows to the greatest extent possible, while adding some necessary VA-specific functions that are not performed by DoD.

"This will minimize customization and system differences and ensure consistency of processes and practices. Joint governance will facilitate standardization among the technical and functional components of the EHR system," the letter stated.

McCain asked specifically if DoD or VA needed any legislative help with the program. The departments stated changes may be required to the law to allow DoD and VA to have a single healthcare record from a privacy and system of record notifications standpoint. The departments stated there also may be differences in title funding between DoD and VA.

Both departments still have a long way to go before they are at full capability.

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The VA needs congressional help to reshuffle VA resources and get the project off the ground in 2018.

To foot the bill for the first year of the new contract with Cerner, the department first wants Congress to finish and include funds in the agency's 2018 appropriations bill. But if Congress doesn't pass all appropriations bills and develops an omnibus or another continuing resolution for the rest of the fiscal year, VA wants Congress to transfer $782 million from its other appropriations accounts to initiate the EHR modernization project in this year. About $92 million would come from VA's Office of Information and Technology (OI&T) and the remaining $692 million come from unobligated balances in medical care accounts.

And because of certain funding restrictions under the continuing resolution, VA will ask for a smaller transfer — $373.8 million in fiscal 2018.

On the DoD side, the Pentagon's independent Office of Operational Test and will conduct assessments of how well the commercial-off-the-shelf software meets DoD's stated requirements and how it's performing. All the while, DoD will be harvesting lessons from the first four IOC sites, delivering more training to users, and deciding which business processes the military health system needs to change to get the most out of the new system.

Defense officials expect to make a formal decision to fully deploy Genesis sometime in 2018. Once that milestone is reached, they expect installations at hospitals and clinics to move at a faster pace than they did at the initial deployment sites over the past year.

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3.2 - WFED (AM-1500): DoD marks successful EHR rollout at initial sites, but long road ahead to full deployment (20 November, Jared Serbu, 831k online visitors/mo; Washington, DC)

In a ceremony in Tacoma, Washington last week, defense officials marked a milestone in their rollout of a new $4.3 billion electronic health record. It's now live at the four medical facilities the Defense Department picked for its initial deployment. But there's still a lot left to do before DoD begins the process of deploying MHS Genesis to the 205,000 military health personnel who will eventually use it around the rest of the globe.

At the first four "go-live" sites, Genesis has now supplanted three different aging health IT systems. By the time it's deployed worldwide in 2022, officials say it will have made DoD patient care "seamless" in that it will be interoperable with both private-sector medical providers and the Veterans Affairs Department, and will give clinicians real-time access to the entirety of a patient's medical history, plus decision-support tools that are far beyond the grasp of the current systems, some of which date to the 1980s.

"We are in the midst of a transformation in health care," said Vice Adm. Forrest Faison, the Navy's surgeon general. "Today, because of the miraculous inventions that have surrounded us over the past 20 or 30 years, the volume of medical knowledge in the world is doubling every two years. We are rapidly approaching the point where we can't make good on the promise of delivering the best health care our nation can offer without driving these clinical practice guidelines to the point of care, and that's what Genesis is allowing us to do."

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But there are still a lot of steps in between last week's ceremony and the worldwide rollout, including at the four facilities where Genesis has already been installed: Fairchild Air Force Base, Bremerton Naval Hospital, Oak Harbor Naval Health Clinic and Madigan Army Medical Center.

Next, the Pentagon's independent Office of Operational Test and Evaluation will conduct its own assessments of how well the commercial-off-the-shelf software meets DoD's stated requirements and how it's performing. All the while, DoD will be harvesting lessons from the first four IOC sites, delivering more training to users, and deciding which business processes the military health system needs to change to get the most out of the new system.

"We've also learned that we definitely need to look at our IT infrastructure development and our ability to make sure that we have the right kind of platform for MHS Genesis in our MTFs," said Vice Adm. Raquel Bono, the director of the Defense Health Agency. "We also need to look at our adoption of clinical and business workloads — I think that's a large part of our transformation — and be able to address any of the challenges that come up in the trouble tickets from our users. Those are the main areas that we've identified."

The trouble tickets users are already submitting don't just have to do with technical glitches. DoD is also using them to help figure out which of the workflows that developed around its legacy systems no longer make sense in the context of a modern health record, and how to adapt them to the "team-based" approach to health care delivery that Genesis is based on.

"For example, we need to make sure our clinical teams understand the transitions of care between seeing a patient in the emergency department when they're admitted to the intensive care unit and that everyone understands their roles in the team, from the front desk clerk to the people doing vital signs to the people discharging a patient from the clinic," said Dr. Paul Cordts, DHA's chief strategic planner and the military health system's "functional champion."

"We understand that there are risks associated with deploying a brand-new electronic health record, and we've been studying that," he said. "We have very good mechanisms in my mind to identify these potential risks. The staff have been extremely aware of these risks and just absolutely excellent in documenting them and providing that information to us. "

Defense officials expect to make a formal decision to fully deploy Genesis sometime in 2018. Once that milestone is reached, they expect installations at hospitals and clinics to move at a faster pace than they did at the initial deployment sites over the past year.

Once the system is broadly deployed, officials see one of its main benefits as interoperability, particularly with the Department of Veterans Affairs.

VA officials said last week that they are in the final stages of talks with Cerner, the health IT firm on whose software Genesis is based, to sign a 10-year contract for a system of their own that closely resembles DoD's.

Stacey Cummings, the program executive officer for defense health management systems, said VA will also conduct its first deployments in the Pacific Northwest, and from there, follow a deployment schedule that matches DoD's.

"And the great thing about that is the opportunity to partner up in the deployment of training and follow-up training to make sure the infrastructure is optimized for the region as we bring on this

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body of new users," Cummings said. "We're also going to take advantage of the investments DoD has already made in a common data center so that DoD and VA data will reside in a single platform. When a service member transitions, the data won't have to move, it won't have to be interoperable. The veteran truly becomes the center, and it's the provider that comes in."

But DoD is also trying to use the technology rollout to make its health system more interoperable with itself.

It comes at a time when the Defense Health Agency is under congressional orders to prepare to take over the management of military treatment facilities from the Army, Navy and Air Force, and Bono says DHA wants to use it as an opportunity to drive out some of the unnecessary variability in how MTFs are operated and managed.

Officials said that convergence around a common set of business processes is already starting to happen in the Pacific Northwest, where the initial deployment sites include two Navy hospitals, an Air Force clinic and a large Army medical center.

"The rollout was deliberate," said Capt. Jeff Bitterman, the commander of Naval Hospital Bremerton. "We started at a small clinic, then went to a naval health clinic that also does ambulatory surgery and labor and delivery, then to a community hospital, and now to a medical center. We've rolled out the workflows incrementally, and as we refine them, they're not being reinvented at every site. So I think we have achieved that goal to a large extent."

One aspect of the goal has been to make those business process changes without demanding expensive and time-consuming changes to the software itself. So far, officials say they've imposed enough discipline to accomplish that, and are using the EHR in essentially the same way its commercial designers intended.

Adapting clinical practices around the software — rather than the other way around — has been challenging, said Col. Michaelle Guerrero, the commander of the 92nd Medical Group at Fairchild Air Force Base.

"The biggest change has been just a mindset. We've gone from a rotary phone to an iPhone X, and our comfort zone is the rotary phone," she said. "It's a work in progress as we continue to improve the system and move forward, but it takes a different way of thinking. The new system is very powerful and very customizable, like an iPhone, but again, it's out of our comfort zone."

But the tradeoff is a massive leap ahead in capability, said Capt. Christine Sears, the commander of Oak Harbor Naval Health Clinic.

"For example, just having a seamless health record from the outpatient to the inpatient is incredible," she said. "That's not something we had in the former system. The ability to see someone in the outpatient arena and have all that same data available in the inpatient arena as they move back and forth is truly life-changing for us."

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3.3 - WFED (AM-1500): Ask the CIO: Online Chat with DJ Kachman, VA (21 November, 831k online visitors/mo; Washington, DC)

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DJ Kachman, the Veterans Affairs Department's director of Mobile Technology and Endpoint Security Engineering in the Office of Information and Technology, joined Federal News Radio for a free online chat.

Kachman took part in the online chat after his appearance on Federal News Radio's Ask the CIO program the week before on Federal News Radio 1500 AM in the Washington metro area and online everywhere.

Kachman discussed how he is helping VA address enterprise mobile challenges, implement better authentication on the network using smart identity cards and integrate mobile devices and services with enterprise desktops, apps and infrastructure.

During the chat, participants asked questions live or submitted them in advance by emailing moderator, Executive Editor Jason Miller.

GUEST BIOGRAPHY:

Donald R. Kachman Jr. (DJ) serves at the director of mobile and security assurance for solutions delivery, IT operations and services at the Veterans Affairs Department, focusing on integration of mobile devices into the VA to enhance the VA core mission. His group's motto is that "we should secure the user experience, not prevent it." Additionally, Mr. Kachman is currently in charge of developing the infrastructure for the VA's endpoint security solutions.

Mr. Kachman's VA career started in 1998 working at the Battle Creek VA Medical Center in Battle Creek, Michigan. Starting as a PC tech, he moved his was up to gain more responsibility until he was the medical center's technical security officer. In 2007, he joined Enterprise Systems Engineering as the director of security assurance, which develops client solutions for VA's endpoints for the VA's enterprise. In 2010, he became mobile director and was charged with developing integration strategies for mobile devices into the department. Mr. Kachman is also a member of the OIT Transformation team, working to bring an Enterprise Command Center to the organization.

Mr. Kachman is a member of ATARC, ISC2 and has received recognition for his work to bring a secure and functional mobile experience to the VA. Mr. Kachman is the involved in his local church in several outreach programs. He resides in Battle Creek, Michigan, with his wife Tara and five children.

Chat transcript on website.

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4. Focus Resources More Efficiently

4.1 - Omaha World-Herald: Editorial: VA leaders must be transparent to be effective (21 November, Editorial Board, 2.1M online visitors/mo; Omaha, NE)

Leaders of the Omaha-Western Iowa Veterans Administration, by keeping quiet about years of secret wait lists for psychotherapy patients, failed veterans and VA employees.

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Their decisions not to hold employees publicly accountable for these shortcomings gave the VA a black eye as much as the underlings who were using hidden wait lists that obscured how long veterans waited for care.

The local VA could have healed faster from this controversy if its leaders had accepted their responsibility by revealing that mistakes had been made not only in 2017 but earlier and for much longer — from 2006 until an investigation in 2015. The failure to divulge a serious problem is one of the most avoidable gaffes made by people at every level of government.

Leaders underestimate the value of publicly admitting mistakes as soon as they are discovered.

Omaha VA Director Don Burman declined to be interviewed by World-Herald reporter Steve Liewer before an Oct. 15 article about the 2017 wait lists. Nor did he acknowledge the wait lists from 2006-15 in a Nov. 2 Midlands Voices he wrote for The World-Herald defending his response.

He finally agreed to an interview last week, after the decade-plus of wait lists came to light.

Burman told Liewer then that he had communicated the importance of using official channels to schedule psychotherapy appointments to staff in 2015.

But the issue might not have bubbled up again this year if Burman had exposed the wrongdoing publicly the first time.

He said he took steps at the time to strengthen internal accountability and that he disciplined employees. While those steps are helpful, they are rarely enough in matters of wide public interest.

The unauthorized waiting list discovered earlier this year resulted in delayed care to 87 veterans. Unauthorized wait lists from 2006 to 2015 could have affected the mental health care of hundreds of veterans. These older lists distorted the wait-time data sent to the national VA, prevented veterans from more timely access to outside care and likely put veterans' health at risk.

Burman told Liewer he "didn't want to be classified as another Phoenix." He clearly cares about making sure veterans get access to the health care they need.

On that score, the Omaha-area VA appears to have done a strong job. And no allegations of delays leading to deaths have been made in Omaha.

In his Nov. 2 column, he wrote about doing "the right thing." But doing the right thing also involves public transparency when things go wrong. Burman's failure to embrace that philosophy damages public trust in his leadership.

Burman now says he ordered changes in scheduling procedures and has beefed up internal oversight after investigations he ordered were completed.

Those are good steps to take.

But VA leaders will need to work hard over time to repair the damage done to the public's trust.

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Part of doing that includes being more transparent when the system falls short.

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4.2 - Arkansas Democrat-Gazette: In Little Rock, Arkansas veterans meet with congressmen (20 November, Hunter Field, 871k online visitors/mo; Little Rock, AR)

Arkansas veterans had the chance to meet face to face with the chairman of the U.S. House Committee on Veterans Affairs on Monday morning.

U.S. Rep. Phil Roe, R-Tennessee, joined U.S. Rep. French Hill, R-Little Rock, at the John L. McClellan Memorial Veterans Hospital in Arkansas' capital city for a town hall-style meeting. The congressmen talked about coming initiatives, recent legislation and took questions and comments from veterans in attendance.

Afterward, Roe said that he heard some good ideas.

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4.3 - WLOS (ABC-13, Video): Blues musician sings man's praises for giving fellow veterans a hand up (17 November, John Le, 480k online visitors/mo; Asheville, NC)

ASHEVILLE, N.C. (WLOS) — Our Person of the Week uplifts veterans at the lowest point in their lives.

Mike Eisenhower's a case worker in the Compensated Work Therapy (CWT) program at the VA. He sees many veterans wind up playing the same disheartening tune.

"It ain't the Asheville I heard about on the brochure," observed Reggie Best, who was homeless just a year ago.

He's worked at Goodwill Industries on Patton Avenue for about a year, and joined us to sing Mike's praises.

"Let me see what she do," he said, pulling out his guitar. "My guitar's named Grandma." Then he belted out a blues tune that'll stay in your head for days.

"Well, I don't know, just don't know, y'all," he sings with a booming voice.

Best's life was once a worst-case scenario with no job, and no hope.

"But mostly the guitar's just another arm to tell my story," he explained. "When I was homeless on the street, this was my way out."

"Looking around this room, the people I see are people that inspired me," Mike points out. "We have people in this room from current wars in Afghanistan and Iraq, going back to Vietnam."

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Reggie's voice echoes so many other stories in the CWT program. Many of those veterans gathered to tell us how much Eisenhower means to them.

"When I was at a point in my life where I was giving up," explained Candice Matelski.

"I came from a place where life was falling apart," said Bruce Tucker.

"When you're homeless and recovering from drug addiction, it's hard to trust," John Alexander says.

They all said it's Mike who cultivated their comeback. As a former Marine, Mike served in Iraq, but for the past seven years in CWT he made his job his mission.

"The program that's geared toward short-term work training, and moving on to get a job," he said. "That's the whole point, trying to get a job."

But it's more than that, says Bruce. Mike's people get a confidant, too.

"We get love and someone who really cares. And I think that's important for every veteran," Bruce stressed.

"We've called ourselves a hand up, not a hand out," Eisenhower said. "Everybody in here just kinda shook their head, it's something we all know."

That hand up gave John a fighting chance.

"That's all I can say, he's a good guy and he cares about the veterans, and I don't want to get tearful," John said, pausing. "But he helped me a lot."

The faces in the crowd speak volumes about their trust in Mike. It's the bond that gave Reggie something to build on.

"He's old, I'm young. He listens," Reggie said. "And they never said 'You're not gonna make it.'"

"I'd like to give Mike a round of applause, and then I got to get to work!" he added as the crowd dispersed.

When it comes to life, he's changed his tune after many years of singin' the blues.

"I believe in the power of them," Mike said. "With Reggie's story, that resonates."

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4.4 - WGRZ (NBC-2, Video): 17th annual Thanksgiving meal at VA Hospital (19 November, 439k online visitors/mo; Buffalo, NY)

BUFFALO, NY — Thanksgiving dinner was served to a number of homeless veterans in need at the VA Hospital on Sunday.

It's the 17th year the dinner has been put on.

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"This is our way of making Thanksgiving holiday a special time for veterans, who may be having a difficult time," said Kristen Weese, VA Health Care for Homeless Veterans Coordinator.

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4.5 - KWTX (CBS-10): Local congressman wants answers on reports of VA criminal activity (20 November, 315k online visitors/mo; Waco, TX)

WASHINGTON, D.C. (KWTX) U.S. Rep. John Carter, R- Round Rock, is demanding answers after newspaper reports of misuse of authority, theft and other possible criminal activity involving a vocational program at the motor pool at the Temple VA Medical Center.

The Austin-American Statesman reported Friday that a preliminary report from a three-member board assigned by Central Texas VA Health Care System Director Christopher Sandles to investigate the allegations found that supervisors stole equipment from the VA and that veterans in a vocational training program were assigned to do repair and landscaping work at the homes of certain supervisors and members of their families.

The Statesman reported that investigators reported a scheme to profit secretly from VA purchase orders used to funnel business to a small firm in Killeen that the newspaper said made at least $400,000 by padding purchases.

“Preliminary reports of criminal activity, mistreatment of our veterans, and serious abuses of power at the Central Texas VA Medical Center have come to light recently,” Carter said in a press release Monday.

“I am shocked, outraged, and exasperated to hear of these issues, and I expect the VA to work quickly to right the wrongs done to our heroes,” he said.

Carter said he sent letters Monday to VA Secretary David Shulkin and VA Inspector General Michael Missal “demanding answers on reported misconduct, abuse of power, and criminal actions” at the medical center.

“According to media reports, many of the veterans that were subjected to this behavior were participating in a substance abuse rehabilitation program, and trying their best to get their lives back on track, only to be mistreated by the very people meant to help them. It is inexcusable,” Carter said.

Carter said he’s encouraged by Sandles’ “strong condemnation of the behavior by these employees, including his comment that a ‘day of reckoning” has come for those employees that have mistreated veterans.’”

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4.6 - KARK (NBC-4, Video): Congressmen Hear Concerns from Arkansas Veterans at Annual Council Meeting (20 November, Jessi Turnure, 312k online visitors/mo; Little Rock, AR)

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LITTLE ROCK, Ark. - A congressman, doctor and veteran from Tennessee traveled to the capital city Monday to share his frustrations and hear others from dozens of fellow service men and women.

Phil Roe, the chairman of the House Committee on Veterans Affairs, joined Congressman French Hill, R-2nd District, at his annual Veterans Advisory Council meeting at the VA Hospital.

VETERAN ILLNESSES

"I've been diagnosed with a blood disorder, and my doctor does not know what caused it," a veteran told the congressmen.

Gulf War illness quickly took center stage Monday morning.

"I see this as the Agent Orange of today," said Retired Col. Mike Ross, the chairman of the board for Veterans Villages of America.

Col. Ross called it the chronic, multi-symptom, unexplainable illness.

A report from the U.S. Governmental Accountability Office found the VA denies 80 percent of benefit claims in Gulf War illness, while 90 percent of VA doctors have no training on how to examine it.

"We're trying to get some science behind it," said Roe, R-Tennessee. "The secretary [Veterans Affairs Secretary David Shulkin] is focused on it like a laser beam."

"Get that scientific research on what are are the symptoms and then what are ways to test that against the population where those service people were in theater," Hill said.

Col. Ross, among other veterans, urged the congressmen for more education and a nationwide database.

"I've fussed about that for the nine years I've been in Congress," Roe said. "Let's study those young men and women and find out if they are coming down with something different so we can adequately compensate them later. The Congress and the country kind of didn't pay attention until Agent Orange came along."

Now lawmakers in Washington are listening. Sen. John Boozman, R-Arkansas, is part of a recent push to give more Vietnam-era veterans the opportunity to qualify for benefits.

Congressman Hill believes the legislation has support.

"The challenge has been how do you get that done in the right way financially and in the right way from a communication point of view across the country," he said.

The congressmen also reassured the crowd Secretary Shulkin could soon add more conditions to the Agent Orange list, such as bladder cancer.

OPIOID EPIDEMIC

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"I have five medical problems that are legit on paper, but they treat me more like an addict instead of a patient," a Vietnam veteran told the congressmen. "Whether they like it or not, you're taking their medicine, and you leave them there in limbo not knowing what to do."

Something else Congressman Roe has fussed about for the past nine years is including the VA in prescription drug monitoring programs. He called it the first step in curbing opioid abuse.

"Look, it's ridiculous for the doctor inside the VA to be able to look at the database that the state has, but you can't look the other way," Roe said. "That has to change. We're losing a lot of people, and all of these deaths are preventable."

Congressman Roe believes Secretary Shulkin is open to the idea.

BENEFIT CLAIMS

"Every time we would go in, they would tell us, 'You don't qualify,'" the wife of a veteran who is blind, deaf and disabled told the crowd. "I do everything for him."

"Time and time again, I'd say the appeals process for a disability claim is the most frustrating effort," Hill said.

However, Congressman Hill touted legislation President Donald Trump recently signed, which he called the first reform in the appeals process in years.

The Veterans Appeals Improvement and Modernization Act helps veterans challenge rejected bids for benefits and mitigate the backlog of appeals.

"That will shorten the time that people can get their claim adjudicated through the VA and determine what their disability payment can be," he said. "I think that will really help a lot of the kinds of casework we see here in Arkansas."

ACCESS TO CARE

"We have health departments, multiple health departments in some counties, to do telemedicine," St. Sen. Eddie Joe Williams, R-Cabot, told the congressmen.

Roe responded the House recently approved a bill that allows VA doctors to practice telemedicine across state lines.

If passed, the Veterans E-Health and Telemedicine Support (VETS) Act of 2017 would:

Create a VA state licensure exemption to allow VA-credentialed health care professionals to work across state borders to perform telemedicine without having to obtain a new license in that state
Expand the definition of exempt health care professionals to include VA doctors
Remove the location requirement to allow for care regardless of where the health care professional or patient is located
Congressman Roe is also about to introduce Choice 2.0, an update to the Obama administration's Choice Program.

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The program was set to expire this summer, but President Donald Trump signed off on an extension at least until the funding ran out.

Choice 2.0 would give veterans more flexibility to seek private care outside the VA health system.

Congressman Roe calls it a managed care model, where the VA will act as the gatekeeper.

The plan has received mixed reviews from veterans who have had to "navigate a bureaucratic maze" to get approval for non-VA care.

"We're creating a model, we think, for better care," Roe said. "What I want to do is push the care out of these big hospitals and get more and more care out to where the veteran actually lives."

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4.7 - KVAL (CBS-13, Video): VA health facilities investigation: Third round of interviews scheduled for next week (20 November, 301k online visitors/mo; Eugene, OR)

EUGENE, Ore. -- A third round of interviews is coming up at the Veterans Administration/Health facilities in Eugene and Roseburg.

Press representatives for Congressman Peter DeFazio say more interviews of VA employees are scheduled for the week after Thanksgiving.

Staff from the VA Office of the Medical Inspector are in charge of the investigation.

Congressman DeFazio has pushed for an investigation of the VA regional centers based on allegations of mismanagement of personnel, alleged threats to patient safety, and reports of retaliation against employees who speak up.

About 60 employees have been interviewed so far in the investigation.

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4.8 - Temple Daily Telegram: Congressman wants answers on Temple VA (20 November, Janice Gibbs, 157k online visitors/mo; Temple, TX)

Reacting to a news report on preliminary finding of abuse of power and criminal actions at the Olin E. Teague Veterans' Medical Center in Temple, U.S. Rep. John Carter, R-Round Rock, wants answers.

Carter sent a letter to Department of Veterans Affairs Secretary David Shulkin and VA Inspector General Michael Missal on Monday, demanding answers on questionable activities at the Temple VA, part of the Central Texas VA Medical Center.

"Preliminary reports of criminal activity, mistreatment of our veterans, and serious abuses of power at the Central Texas VA Medical Center have come to light recently," Carter's letter said.

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“I am shocked, outraged and exasperated to hear of these issues, and I expect the VA to work quickly to right the wrongs done to our heroes.”

According to the report by the Austin American-Statesman, many of the veterans that were subjected to this behavior were participating in a substance abuse rehabilitation program, and trying their best to get their lives back on track, only to be mistreated by the very people meant to help them.

The newspaper’s account is based on a 70-page preliminary report documenting a wide-ranging investigation, including findings that sparked a wider VA inquiry.

In the report, investigators claimed they uncovered a complex scheme involving the VA motor pool that had funneled business to a Killeen firm, Whitetail Industrial Parts and Service, that made at least $400,000 by padding purchases with 30 percent surcharges. More than $1.3 million was funneled through Whitetail, the Statesman reported.

Oarrin Nash, head of the motor pool and an 18-year VA employee, denied wrongdoing. “A lot of malicious things have been said against me,” he told the newspaper. “97.7 percent of them are lies.”

Nash confirmed that he was fired after the report and he hired a lawyer to fight the dismissal.

Carter said he expects changes to be made at the VA.

“Our military men and women have bravely served our nation, and I expect the VA system to provide the very best care when they return to civilian life,” Carter wrote. “I am encouraged by Central Texas VA Health Care System Director Christopher Sandles’ strong condemnation of the behavior by these employees, including his comment that a ‘day of reckoning’ has come for those employees that have mistreated veterans.

“I look forward to working with Sandles to ensure that our veterans are receiving the highest quality care at the Central Texas VA.”

“This behavior will not be tolerated” of any VA employee who underperformed, mistreated our warriors and abused their power, Carter wrote in his letter on Monday to Shulkin and Missal.

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4.9 - Killeen Daily Herald: Carter wants answers on Temple VA, Congressman reacts after report issued citing corruption, intimidation (20 November, Janice Gibbs, 156k online visitors/mo; Killeen, TX)

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4.10 - North Carolina Health News: Veterans Treatment Court Gives Vets a Second Chance (20 November, Taylor Knopf, 59k online visitors/mo; Chapel Hill, NC)

As offenders came before district court Judge Jacquelyn Lee on Wednesday, she asked if they would be going somewhere for Thanksgiving and who in the family would cook the turkey.

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To one, she asked to see photos of his baby, born the week before. Everyone from the district attorney to the judge fawned over the pictures.

They are all veterans of the U.S. military. All have broken the law. Most struggle with substance abuse. And they are all there for Harnett County's special two-year diversion program called Veterans Treatment Court.

One veteran earned a gift card for following the rules of the court. Lee asked if he wanted one for iTunes, McDonalds or Starbucks.

To another, she congratulated on starting a new job and asked for his vision statement.

As another veteran advanced to the final stage of treatment court, he told the judge he would like to mentor future veterans through the program.

One received a compliance excellence award.

"I can't find the words," the man said accepting his certificate. "You all saved my life. God led me to this court. You did so much for me and others.

"It's easy to get discouraged in the beginning, but you take it in increments," he continued. "You all are angels. You volunteer and help us out."

After congratulating the veteran, Lee encouraged him to come back and visit.

This is not an average courtroom. Typically, the district attorney and judge know little about an offender's personal life. Almost no one sincerely thanks a judge. And surely, few offenders want to go back and visit a court.

But in this court, special relationships form. Veterans Treatment Court is an all-encompassing support network for the individual.

"I tell them, keep your hands, your feet, legs and arms inside the car and we will help you get to where you need to go," Lee said.

How it works

Veterans Treatment Court is a diversion program for military men and women who break the law and have committed a crime related to something that happened during their time of service. For example, many veterans abuse substances while self-medicating Post Traumatic Stress Disorder or an injury sustained in the military. Judge Lee said they see a range of crimes, such as drug possession, petty crimes related to obtaining drugs and driving under the influence.

Harnett County started the first veterans court in North Carolina in 2013. There are two others in North Carolina in Cumberland and Buncombe counties. The first in the U.S. was established in 2008 in Buffalo, N.Y., and there are more than 300 similar courts across the country.

Harnett County's veterans court is a regional bench serving locations as far as 60 miles from Lillington, where the court is based. Since receiving a federal grant in 2016, Lee said she sees veterans from as far away as New Hanover, Nash, Edgecombe, Durham and Duplin counties. Lee said there are 44 veterans making their way through the program in Harnett right now.

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The motto of the court is “keeping free those who kept us free.” Every court session begins with a reading from that day in military history.

The program takes a veteran about two years if he or she stays on track. There are five phases, each with different requirements.

Daily call-ins are required. At the beginning, a veteran is tested for drugs and alcohol twice a week. They must meet with their case manager, veteran mentor and the judge weekly during the first few phases. There are court assignments, such as weekly journaling. The veterans go through mental health, substance abuse or anger management treatment as necessary.

Each phase requires a certain duration of sobriety in order to move to the next. By phases three and four, the veterans are supposed to get a job or volunteer. They create a care plan for themselves and are required to meet all their financial obligations.

Although Lee said she cannot reduce a sentence for DUI in the veterans court, many vets choose to go through the program anyway to help maintain their sobriety.

There are incentives and sanctions ranging from gift cards and sobriety wristbands to 500-word essays and three days in jail.

Program participation could lead to a reduced sentence for the veteran, or a felony dismissal if they graduate. So far, no graduates have committed another crime.

According to Mark Teachy, the Veterans Treatment Court coordinator, the average age of participants is 32. About 60 percent served in the Army and 20 percent in the Marines. Most had multiple deployments to the Middle East.

Life changing

Coordinating this program in Harnett was the first job Teachy, an Army vet, got four years ago after returning from Iraq. He said it’s life changing for people in a way he understands. He said he struggles with some similar issues after exiting the military.

“This way I can give back to the veterans,” he said.

For Jacob Ocker, the program is changing the trajectory of his life. Ocker medically retired from the Air Force in 1999 with a traumatic brain injury. He said a shell case from an airplane knocked in a piece of his skull, damaging his brain. Last year, someone stabbed him in the neck, requiring multiple surgeries to repair the damage.

Ocker became dependent on alcohol and drugs to deal with the pain.

The first day he came into veteran treatment court in March, Ocker said he was scared and still using at the time.

Ocker said he’s going through substance abuse treatment and the court is helping him with the expenses.

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“But since I’ve been clean, everything has been going great,” Ocker said. “My life is turning around for the better. Everything is looking up. I have a relationship with a beautiful woman I love with all my heart.”

He said before, he had never been able to talk to her because his alcohol dependence got in the way. But now, his girlfriend Tina comes with him to many of his Wednesday court hearings.

“I’m proud of him,” she said. “Three years ago, we couldn’t have been a couple.”

Keeping rapport

Before court goes into session, Teachy, the judge, the DA, a minister, a social worker, a probation officer, veteran mentors, a Veteran Affairs representative and others meet around a table in a closed room.

At the end of the table, there are binders of various thicknesses with last names of veterans printed on the spines. The group talks about the progress each one of these veterans has made over the past week or so. They share their interactions with the individual, talking about what he needs or wants and making recommendations for next steps.

“It’s a holistic approach,” Lee said. “You have to be aware of what’s going good in their life or that’s causing stress in their life.”

Lee’s husband served in Vietnam, so she said she recognizes the unique issues veterans have. She’s been involved with the veteran court in Harnett for four years and took over as the lead judge two years ago.

“It’s just something that I needed to do so that it would be the right person in here,” she said. “The rapport between the veteran and the judge, through the training that I have, is one of the most important factors for this court.”

She aims to spend at least three minutes each week with every veteran to build a relationship and show them that even the judge cares about them. Every week, the veterans present their journals to Lee in court and she said she learns much about their lives this way.

Lee said she had no idea one of her veterans was an excellent drummer because he was very private. But she read it in his journal and asks about it regularly.

“I love to read what they write,” she said. “Some are very brief. One guy, if i give him a topic, he researches it and writes three or four pages.”

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4.11 - Ohio Valley ReSource (Audio): Serving Those Who Served: Veterans Pantry Program Reaches Out To Hungry (20 November, Nicole Erwin, 900 online visitors/day)

Napoleon famously said that an army marches on its stomach; troops must be fed in order to fight. But what happens when that army faces hunger after marching back home?

Federal statistics show tens of thousands of U.S. military veterans struggle with homelessness, hunger and food insecurity. As the holiday season approaches, a pilot program in the Ohio Valley aims to serve those who served their country.

“Sad to See”

Everyone at Pennyroyal Veterans Center in Hopkinsville, Kentucky, knows Sandra DeCarli.

“I am almost the favorite because I am the cook,” she said with a laugh.

DeCarli is the kitchen supervisor and has been at the center for five years. Each day she prepares hot meals for the 50 veterans residing at the temporary housing facility. As the weather turns colder and the holidays get closer, more hungry veterans are expected to reach out to the center for a warm meal and a place to lay their heads.

“I see that on a weekly basis,” she said. “It’s a sad thing to see. They come in, down and out and hungry, skinny, and when they leave they are happy, fat and, hopefully, out to live a successful life.”

The Department of Housing and Urban Development estimates 39,000 veterans were homeless in 2016. In the Ohio Valley region estimates show around 1,500 homeless veterans. In an effort to reach out to those veterans, Feeding America, the nation’s largest hunger relief organization, has partnered with the U.S. Department of Veterans Affairs in the first Veterans Pantry Pilot Program.

“They feel used”

A veteran at Pennyroyal shared his story. Because of his circumstances, he did not want to share his full name and instead went by his initial, H.

“I served in the late ‘80s. United States Air Force, Forward Eagle Strike and Mobility Center, in South America and Central America,” he said.

He is recovering from double-bypass heart surgery after several years on the move from one job to next. As he traveled the country he met pockets of veterans who he said could really benefit from the pantry program. But he said they can be hard to reach.

“They don’t like the government, any government,” “H” said. “They feel used and betrayed and reaching out to them is extremely difficult.”

However, some do visit VA clinics, centers and hospitals for health screenings. That is where Chad Morrison, executive director at the Mountaineer Food Bank in Martinsburg, West Virginia, said he and other food providers can step in.

“We started asking the question, ‘Are there veterans that are coming to their hospital that are having food insecurity issues?’ And the answer was yes,” Morrison said. “We started brainstorming what could we do about it.”

Morrison said not all VA locations have the resources to provide the space for food or the additional staff. Under the pantry program, VA health care providers ask patients whether they

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have run out of food or struggled to pay for it within the past three months. If they say yes, patients are connected to a local food pantry or community program.

“So we just decided we were going to make it happen,” Morrison said. “It was something that was important to us and it was important to them and we have been fortunate enough to keep the program rolling.

Only 10 hospitals in the U.S. have signed up for the pilot. Three of those are located in the Ohio Valley region. West Virginia has two participating VA hospitals, in Martinsburg and Beckley, and Ohio has one in Cincinnati.

“We cook with love”

At Pennyroyal Veterans Center, DeCali is preparing dinner.

“Got the broccoli and cheese and have some garlic bread here,” she said, looking over the steaming pots and dishes. “Ms. Dora is making Chicken Alfredo and we have lima beans boiling back here, seasoned with bacon grease. Like I said, we cook with love.”

Mr. “H” said he will be standing in line. He said he doesn’t know what he would do without a place like Pennyroyal, which is providing the around-the-clock care needed after his extensive surgery.

As he spoke, he shared some of the conflicted feelings many veterans have when they find themselves in need.

“Being here is not a privilege, it’s not a right, it’s an accessible honor,” he said. “It’s something I earned, but it doesn’t mean I am entitled. Nothing is free.”

Like any pilot project, the veterans pantry program will have to find funding if hospitals want to increase participants. The Moutaineer Food Bank estimates one food box for the pantry program will cost around $25 a month.

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5. Improve Timeliness of Service

5.1 - WUNC (NPR-91.5, Audio): Does The Military Do Enough For Veterans With Mental Health Issues? (20 November, Charlie Shelton and Frank Stasio, 165k online visitors/mo; Chapel Hill, NC)

When service members are discharged from the military, the degree to which they can receive benefits from Veterans Affairs depends largely on their characterization of service.

There are five categories ranging from “honorable” to “dishonorable” discharge. For service members who receive “other than honorable,” “bad conduct” and “dishonorable,” mental health care options are limited. This was the case for Devin Kelley, who killed 26 people at a church in Sutherland Springs, Texas earlier this month. Kelley received a “bad conduct” designation after he was courtmartialed for domestic assault in 2012.

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Host Frank Stasio talks with Carson Frame, military and veterans issues reporter for Texas Public Radio and correspondent for the American Homefront Project, about veterans' access to mental health care with the VA.

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5.2 - WUNC (NPR-91.5, Audio): Without An Honorable Discharge, Mental Health Options Are Limited (20 November, Carson Frame, 165k online visitors/mo; Chapel Hill, NC)

When service members separate from the military, their futures depend on something called a characterization of service. There are five different possibilities: honorable, general under honorable conditions, other than honorable, bad conduct, and dishonorable.

"Other than honorable" means the service member has had a pattern of misconduct or has been convicted by a civilian court of a crime.

Meanwhile, "bad conduct" and "dishonorable" result when a service member commits a felony-level offense. Those two categories, the lowest on the military scale, are also known as "punitive discharges."

Military discharges are a reward system. Serving without bad behavior or crime earns service members support from the VA. But if they cause trouble, they're mostly on their own.

"When you get an other than honorable discharge or a bad conduct discharge or a dishonorable discharge, you lose virtually all of your access to VA benefits," said South Texas College of Law Professor Geoffrey Corn. "They're supposed to be reserved for service members who served under honorable conditions."

In July, the VA revised its policies and began offering 90 days of emergency mental health care to veterans with other than honorable discharges - people who it says are at greater risk of suicide and homelessness.

But there are still limits. Ex-service members with punitive discharges - bad conduct or dishonorable - are not included. They can only access short-term humanitarian services from the VA, which have to be repaid.

That would have been true for Devin Kelley, who killed 26 people at a Sutherland Springs, Tex. church Nov.5. Kelley - a former Air Force airman - received a bad conduct designation after being courtmartialed for domestic assault in 2012.

At a National Press Club meeting shortly after the shooting, VA Secretary David Shulkin said he considered Kelley a criminal, not a veteran.

"Those with bad conduct or discharges, such as this gentleman, have violated the law, have violated our morals and ethics, and I do not believe deserve services and benefits," he said.

Shulkin laid the responsibility for care elsewhere.

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"They have other systems where I believe they could get the help that they need, whether they're prison systems or other community-based systems," he said. "But not the Department of Veterans Affairs."

But some say VA treatment should be available even for people who have received punitive discharges. Dr. Stephen Xenakis is a psychiatrist and retired Army brigadier general who used to administer Army hospitals.

"I don't see treatment to someone who has a serious problem and committed an offense as a benefit. I see it as a responsibility," Xenakis said. "In this particular case, it was a responsibility we dropped, and we had horrendous consequences from that."

Xenakis argues that the military justice system doesn't offer adequate treatment for offenders transitioning back to civilian life. He said the VA should help coordinate care for newly discharged people.

"In the cases I've seen and worked with, there hasn't been much coordination between the military services and the local communities or the states," Xenakis said. "It really has varied a lot in terms of how closely the people are monitored and what the circumstances of parole are."

Geoffrey Corn said service members with bad conduct discharges do get help during transition. Often that takes the form of rehabilitation, counseling, and anger management while in military confinement.

He also said the military shouldn't be held to a higher standard for providing care than the rest of the government.

"I mean, if you commit a serious felony, you might have a mental disorder or something that would benefit from treatment. But when you get released from the state penitentiary, or the federal prison, you don't have automatic access to medical care," Corn said.

The defense spending budget passed by Congress this month requires a mental health exam and treatment plan for all service members when they leave active duty.

It's unclear where some of them would go for care.

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5.3 - The Chronicle: **Reps. Herrera Beutler, Roe Hold Roundtable on Veterans Affairs Issues** (20 November, Patty Hastings, 54k online visitors/mo; Centralia, WA)

Long wait times. Prescriptions not getting filled. Claims not addressed until after a veteran dies. Trouble getting to the nearest clinic.

These are some of the issues with the U.S. Department of Veterans Affairs that veterans discussed Saturday morning with Rep. Jaime Herrera Beutler, R-Battle Ground, at 40 Et 8, a nonprofit bingo parlor and veterans organization in Hazel Dell.

As of September, she said, more than 8.5 percent of veterans are still waiting more than 30 days to receive care at both the Portland and Vancouver VA campuses.

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The congresswoman held the roundtable with Rep. Phil Roe, R-Tenn., who is chairman of the U.S. House Committee on Veterans Affairs and was visiting area VA campuses. He served two years in the U.S. Army Medical Corps during the Vietnam War.

"The United States of America spends more money on its veterans than every other nation in the world put together," Roe said. "It is a not lack of money that the VA has -- I can flatly tell you that. A lot of it is a management issue and how the money is spent."

The Committee on Veterans Affairs looks at where the VA is failing and where it's doing a good job. There are 168 VA medical centers, more than 800 outpatient clinics across the country and about 340,000 employees, he said. Roe encouraged those attending Saturday's event to tell Herrera Beutler about issues at the VA, which can be investigated. After hearing of an issue at the Spokane VA campus, an investigative team was sent out.

"They're fixing everything that should've been fixed five years ago," said Roe, who visited the campus Friday.

Despite being committee chairman, he's encountered his own issues at the VA. The VA called Roe three days after he'd buried his wife (who died of cancer) and told him she was eligible to be buried at the Mountain Home National Cemetery in Tennessee.

"I can say it now and kind of chuckle at how they did it, but at the time it was very hurtful when I got that call," he said.

A friend who served in the Air Force in Thailand and developed cancer as a result of exposure to Agent Orange didn't get his disability claim until 15 months after he died.

"That's wrong. We've got veterans out there waiting three, five, seven years. There are 470,000 claims out there that are under appeal," Roe said. "We hear what you're saying and we're trying to do something."

But, he said, change within the VA is like "turning an aircraft carrier around" because it's such a "big, slow organization."

Judy Russel, president of Clark County Veterans Assistance Center and a claims officer for the American Legion, said that many of her clients like the VA and are willing to wait more than 30 days to see their doctor, but there are still problems.

"Every day we see veterans who come in and talk about how long their appeals process is taking," she said.

When her husband needed to go to the emergency room because he couldn't breathe, it was an out-of-network claim that she said the VA initially denied. At first she also had trouble getting his prescription filled at the VA. Not every veteran has someone like her to advocate for them through the process.

It shouldn't be that way, Herrera Beutler said.

Matt Hoerner spent 22 years in the Army. After he retired, he struggled to hold down a job in the civilian world.

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"What I discovered is running a tank platoon is nowhere similar to running a business," he said. "My struggle still continues to this day."

His problems started with the amount of time it took to get seen by a vocational rehabilitation specialist, and he knows he's not the only former soldier dealing with these kinds of issues. In another instance, he called the mental health clinic when he was in crisis saying he needed immediate help and they told him he could get an appointment for next month.

Another veteran in the crowd chimed in: "His story is my story."

Some recent legislative changes include the Accountability and Whistleblower Protection Act becoming law over the summer. The bill protects whistleblowers and gives the VA authority to remove employees for misconduct or performance reasons. A bill was recently introduced to amend the Veterans Access, Choice and Accountability Act of 2014 in order to improve treatment.

Roe said things are improving at the VA but those in D.C. won't know what the issues are in Southwest Washington and how to address them until people here notify Herrera Beutler.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KUSA (NBC-9, Video): Colorado homeless female veterans undercounted, underserved (20 November, Marybel Gonzalez, 3.2M online visitors/mo; Denver, CO)

DENVER - For decades, Navy veteran Leslie Sanchez suppressed traumatic memories of an incident that harmed her early in her military career.

“I put them in a box, and I locked the box, never to open it,” Sanchez said.

At 19 years old, she was raped and impregnated by a fellow sailor.

The stress of a home burglary brought back the emotional pain.

“I seriously didn't want to live. I had those same feeling again of being vulnerable,” she said. “Of not being in control of my own destiny.”

Sanchez’s assault went unreported and her trauma untreated.

For months after the break-in, Sanchez was emotionally paralyzed, unable to leave her home. She lost her job and was eventually evicted. She became homeless, living out of her car for the next four years.

Fast forward several years, and Sanchez became homeless again when she couldn’t afford the large rent increases that are common in Denver’s red-hot housing market.

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Now, she is living in a shelter for homeless female veterans.

Sanchez is one of the 628 veteran women in Colorado who are homeless or at-risk of being homeless so far this year, according to the U.S. Department of Veteran Affairs.

Despite successful efforts by the agency to reduce the overall homeless population by nearly half in the last decade, the national number of female veterans who are homeless or at-risk of becoming homeless is increasing. It's projected to jump 9 percent, from 36,443 in 2015 to 39,686 by 2025.

Homeless female veterans face unique challenges that differ from their male counterparts. For example, one in four women report experiencing sexual harassment or assault while in service, according to VA.

These incidents, known as military sexual trauma, has been linked to mental health conditions, including post traumatic stress disorder. Both MST and PTSD are known risk-factors for homelessness.

The national number of female veterans who are homeless or at-risk of becoming homeless is increasing. It's projected to jump 9 percent, from 36,443 in 2015 to 39,686 by 2025.

Advocates like Brenton Hutson, division director of veteran and supportive services at Volunteers of America Colorado, acknowledges the VA's recent efforts to address gender-specific risk factors, but says there still is more to be done.

"We have failed in this state to develop a good system for accounting for them," he said of homeless female veterans. "A good system to locate them. A good system to ultimately connect them with the services that they're needing."

Hutson says the numbers of homeless female vets in Colorado are likely much higher, particularly in rural parts of Colorado.

"We can never hope to end homelessness as a state if we don't have that data," Hutson said. "We can ever hope to connect veterans to the services they need, until we have that data."

The nonprofit VOA independently keeps track of the number of women veterans in Colorado who identify as homeless or are on the brink of it.

The data gap is one that Michelle Lapidow, section chief of homeless programs at the VA Eastern Colorado Health System, is trying to bridge.

"It's the veterans that we don't know about that we very much want to find," she said. "We felt like the best way to do that is to be part of our community to support their efforts and to make sure that we're involved in and finding all the veterans."

Homeless female veterans face unique challenges that differ from their male counterparts. For example, one in four women report experiencing sexual harassment or assault while in service, according to VA.

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The VA funds several programs to house female veterans, including short-term and long-term housing. The latter program, known as supportive housing, provides shelter to homeless veterans for up to two years. This had been the VA model, but effective October 2017, the agency is shifting to short-term housing, not to exceed 90 days.

Currently, there are only two shelters in Colorado exclusively for homeless female veterans, both funded by the VA and managed by Volunteers of America.

The two shelters – a three-home property known as the Claremont Commons and a family motel, both in Denver -- can collectively house up to 22 female veterans and their children at any given time.

Veteran Leslie Sanchez, who currently lives at Clermont Commons, says this capacity is not nearly enough.

“What you see now is just the tip of the iceberg, and you'll have to build 20 more Clermont Commons to accommodate the female veterans that are going to be on the streets.”

Sanchez advocates for more preventative services, like gender-specific mental health therapy, to support female veterans in crisis before they reach the point of homelessness.
Lapidow of the VA echoes that concern.

“We want to be sensitive to what the female veterans’ needs are,” she said. “If you're a woman veteran and you've experienced trauma, certainly you may not want to be around men and you may not want to be in a facility at all that even has men present.”

Meanwhile, Sanchez is moving out of the all-female veteran shelter and into her own apartment. Her new home will be subsidized through a HUD-VASH voucher, a program that provides rental assistance from the Department of Housing and Urban Development and case management from the VA.

“It's almost unreal to think that that help is so close and now I try to pinch myself sometimes in knowing that this is my life and that I will get better and things will be safe,” she said. “And that's one of the happiest thoughts that I can have, to know that I am safe in a place to call my own.”

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7.2 - KSDK (NBC-5): Gateway Blue Star Moms hoping to decorate 5,000 gravestones, So far the Gateway Blue Star Moms have raised enough money for 1,600 wreaths, but they’re hoping to place at least 5,000. (20 November, Jenna Barnes, 1.5M online visitors/mo; Saint Louis, MO)

ST. LOUIS COUNTY, Mo. – A group of St. Charles moms is honoring veterans this holiday season by placing wreaths on headstones at Jefferson Barracks National Cemetery.

The Gateway Blue Star Moms, a group made up of the moms of service members and veterans themselves, said they know how important it is to remember those who’ve served.

“It’s amazing to learn these little snippets and realize this person lived that dash between those dates on that headstone,” the group’s first vice president, Janelle Eveld, said.

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Each wreath costs $15 to sponsor. So far the Gateway Blue Star Moms have raised enough money for 1,600 wreaths, but they're hoping to place at least 5,000. They're collecting donations through November 27.

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7.3 - KDFW (FOX-4, Video): Veterans who donated bodies to science honored at DFW National Cemetery (20 November, 1.2M online visitors/mo; Dallas, TX)

Americans who answered the call of duty were remembered in a patriotic ceremony on Monday day at DFW National Cemetery.

Their sacrifice to country included both military service, plus donating their bodies to science after their deaths. A total of 13 soldiers, seven sailors, seven airmen and one Coast Guard member helped training for doctors through UNT's Health Sciences Department.

"It's endless what these donors do for medical education and research and we cannot thank them enough for their donations to the program," said Claudia Yellott, UNT Health Science.

Yellott received an honorary flag for the Army Veterans.

"I personally have never been a part of anything like this. I was awestruck," Yellott said.

Kenneth Meier, Marine Corps League, received the honorary flag for the Navy veterans.

"It was just an awesome moment of appreciation and reverence for this service," Meier said.

From the medical community, to military veterans, there was no shortage of patriotism even though none of these people have any personal connections to the men and women they were honoring.

"We just want to come out here and show our support her and be a part of this," said Cutter Thompson, Brotherhood of Marine Corps Riders. "And they're not alone."

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7.4 - KCTV (CBS-5, Video): Multi-city initiative claims to have ended veteran homelessness; some say that's a bold statement (20 November, Chris Oberholtz and Natalie Davis, 598k online visitors/mo; Fairway, KS)

KANSAS CITY, MO (KCTV) - Local leaders say they've eliminated homelessness among area veterans, but some organizations that work closely with veterans say the numbers tell a different story.

Two years ago, the mayors of Kansas City, MO, Kansas City, KS and Independence, MO joined a nationwide initiative.

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A coalition of more than 60 local agencies worked together to get homeless veterans off the streets. Army veteran Duane Smith was homeless for three years.

"You kind of feel worthless. You keep trying, but you can't get ahead," said Smith.

Thanks to work by the Greater Kansas City Coalition to End Homelessness, he now has a roof over his head.

“Takes a load off. Got a place of your own, turn the key, you go in, cook yourself something to eat, get a good night’s sleep, get up and go to work and live my life," said Smith.

Army veteran Rick Mahaney also benefited from new permanent housing options.

"It's made a big difference in my life. It's the first time in my life I've ever had my own house and I've got my two kitty cats and a puppy, my family. It's very nice to have your own place to live and to have that security for the first time in my life," said Mahaney.

The Coalition claims to have ended homelessness. The mayors recently received confirmation from the U.S. Interagency Council on Homelessness, the Department of Housing and Urban Development (HUD) and the Department of Veteran Affairs: "We are pleased to confirm that the Greater Kansas City Coalition to End Homelessness . . . has effectively ended homelessness among Veterans. We are confident that the infrastructure and systems you have built will ensure that any Veteran experiencing homelessness in the region will get the support they need to quickly obtain a permanent home."

“To be in a position where we can declare a functional zero is something that maybe even a couple years ago, we never thought possible,” said Scott Wagner, mayor pro tem of Kansas City, MO.

So what is “functional zero?”

According to the Department of Housing and Urban Development, “functional zero” is reached when the number of homeless veterans is less than the average number of vets being connected with permanent housing each month.

It's a bold statement to say they’ve ended veteran homelessness in the community. Some local organizations who work to combat veteran homelessness disagree with their progress report.

“My main concern is that it minimizes the need that still exists. People hear 'functional zero' and they think the problem’s gone away, and it hasn’t,” said Art Fillmore, founder of Stand Down.

Just two weeks ago, Fillmore hosted an event that offers resources to homeless vets. He says 408 veterans attended. Of those, more than half - 56 percent - were homeless.

It comes down to their differing definitions of homelessness. For Stand Down, the definition is more broad and includes people who might be couch surfing or living in motels.

"You’re homeless because you don’t have the same bed, the same roof to go home to every night," said Fillmore.

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For the VA and HUD, Evie Craig - president and CEO of reStart - told KCTV5 you're only homeless if you live on the street or in a shelter.
Tremendous progress has been made, but there's more work to be done.

"It's great that we're getting there, but we're not there yet by any means for those that you see out on the street every day. There are a lot of them; way too many," Fillmore said.

The mayors who spoke at Monday's event agree that this is just a starting point.

"We're in it for the long haul," said Independence mayor Eileen Weir.

Sly James, mayor of Kansas City, Missouri, left a video message because he had other obligations in Columbia Monday. He said the problem of homelessness is an ongoing battle.

"Just because it's good today doesn't mean it won't crop up again tomorrow so we have to be continuously vigilant," said James.

They hope to use what they've learned from this process to end all homelessness.

"If we take the model of what we've learned with ending veteran homelessness and apply it to other sectors of our community with the same courage and the same passion and the same power that we've done with veterans homelessness, we can end it across this country," said Mark Holland, mayor of the Unified Government of Kansas City, KS and Wyandotte County.

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7.5 - WECT (NBC-6, Video): Wilmington National Cemetery looks for wreath sponsors (20 November, 475k online visitors/mo; Wilmington, NC)

WILMINGTON, NC (WECT) - The Wilmington National Cemetery is looking for sponsorships and donations to place wreaths on all of the graves for the holidays.

The cemetery is working with Wreaths Across America to cover the more than 5,000 graves in the cemetery.

Each wreath costs $15 and can be given in honor of someone for an additional $2.

An official wreath laying ceremony will be held on December 16 at noon.

In 2016, Wreaths Across America and its national network of volunteers laid over 1.2 million memorial wreaths at nearly 1,200 locations in the United States and beyond.

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7.6 - KERO (ABC-23, Video): Americans who answered the call of duty were remembered in a patriotic ceremony on Monday day at DFW National Cemetery. (20 November, Chloe Nordquist, 302k online visitors/mo; Bakersfield, CA)

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Exactly 74 years after he lost his life in World War II, Marine Sargent William David Ball Jr. has been buried in his final resting place.

“We’ve never known for sure what happened we assumed that Uncle Billy was killed but we never knew for sure,” Ken Stevens, nephew of the fallen Marine, said.

Uncle Billy to family and Sargent William David Ball Jr. to the Marines. He lost his life at the Battle of Tarowa in 1943.

He was killed on a Japanese island on the way to an aid station. The wounds were so severe he was not able to be identified.

Many of the soldiers lost in that battle were buried in an unmarked grave, until recently.

“There was 80 something from Tarowa that were put in the punchbowl in 1949 as unknown soldiers,” Stevens said.

But new forensics advancements in 2016 and a combination of other factors led to a match, and the family’s decision to bring him back from Hawaii where he was buried.

The fallen Marine was escorted by the Los Angeles and Bakersfield Patriot Riders. They accompanied him from Los Angeles International Airport to the mortuary in Bakersfield on November 16.

“It was a sense of closure that we finally got the whole story,” Stevens said.

On Monday, Sgt. Ball received full military honors, being brought to Bakersfield National Cemetery and properly honored by family, friends, and fellow Veterans.

“I just know his parents would’ve been so proud with the way the community responded today,” Stevens said after the service.

Parents who never got to see their son return home here to Kern County.

“Their whole life you could see the hole it left there,” he said. “and my mother -- his sister -- when service men give their life for the country there’s a hole in the family forever after that.”

Sgt. Ball will be laid to rest next to his brother who served in the 101st Airborne Division. A family reunion over 70 years in the making.

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7.7 - KQED (PBS-9): The Plan to Get Women Vets to Use More Health Services (20 November, Libby Denkmann, 7.9k online visitors/mo; San Francisco, CA)

Denise Berry remembers the day a mortar blew up part of the hospital in Iraq where she was working as a U.S. Army combat medic.

The explosion claimed a person in a portable toilet next to her, blew up her truck, and made the ambulance she was working underneath, doing a maintenance check, bounce on top of her.

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“I am lucky to be alive,” Berry said.

She woke up a while later, unsure how long she’d been unconscious. Berry suffered memory loss related to traumatic brain injury, and later, symptoms of PTSD.

After demobilizing and leaving the service, Berry waited. Despite worsening mental health effects from the bombing and her time working in the high-stress environments of emergency rooms and prisons in Iraq, she hesitated to reach out.

“The resources didn’t come to you. So if you weren’t a very proactive person, you weren’t going to get any help,” she said. “And I would have to say that’s for most veterans coming back.”

The same thing that made her successful on deployment — the strength to keep it together and handle any obstacle that came her way — motivated Berry to try to tough out the disturbing dreams and anxiety alone.

She also wondered why her difficulties deserved attention ahead of scores of wounded service members. Berry remembered thinking, “How could I possibly receive benefits when this person over here is dealing with the ramifications of Agent Orange, or lost a leg?”

Opening up combat jobs to women in the military is bringing a greater need for resources to treat the trauma and mental health challenges that echo after service.

But the National Institutes of Health has found women veterans underutilize VA health care compared with men. It says many report delaying getting care, and that when they do receive treatment, it’s inadequate. Other women aren’t seeking help at all, according to the government researchers.

A group of nonprofits is testing a new outreach program in Los Angeles County, dubbed Women Vets on Point, which aims to overcome the barriers keeping female veterans from connecting with services.

Experts say there are many possible reasons women don’t avail themselves of veteran-specific resources. They may not think of themselves as part of a veteran community that’s dominated by men. Parenthood duties often fall to women and make it difficult to find time to reach out or travel for care. And many women have experienced sexual assault or harassment while serving, an experience that alienates them from military institutions that may have protected their assailants.

The VA has made strides in welcoming the growing number of female veterans and addressing their unique health needs. But for some, the system still feels like a testosterone-only space.

“Male veterans, their style of banter and communication is very different,” said Dr. Miatta Snetter, a clinical psychologist with the housing and services nonprofit U.S.VETS. “Sometimes it can be triggering for female veterans, and they don’t feel comfortable being in that kind of an environment.”

U.S.VETS and Education Development Center (EDC), a nonprofit research organization, are partnering to develop and test Women Vets on Point.

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The program is meant to specifically serve women veterans' needs by overcoming barriers to care, and connect veterans with a range of services in their community, including mental health care, substance abuse treatment, child care, professional development and educational resources.

One of those services is a U.S.VETS program called Outside the Wire, in which Snetter works with student veterans providing counseling and mental health services on college campuses in Orange County.

She'd like more women to knock on her office door.

"Oftentimes even in civilian populations, females are more of the nurturers. They're more apt to take care of others," she said. "They see the problems and concerns that others have, and [don't] really seek help for themselves."

As part of its pilot program, Women Vets on Point is building a network of partners that have resources for veterans, and will offer small grants to help improve or tailor that care for women vets.

"There are a lot of clinicians who would love to be able to provide services to female veterans," Snetter said. "They don't know how."

The biggest outreach tool will be a new website, ideally a one-stop shop for female veterans to find resources.

"To educate, to connect people, to help people choose what they want to do next in their own time, when they're ready," said Rebecca Stoeckle with EDC.

EDC's research has shown peer-to-peer encouragement is an important motivator for female veterans seeking help, so they're tapping interviews and focus groups to develop a site women will feel comfortable sharing with their social network.

With these goals in mind, Stoeckle said the biggest challenge is to restore trust in the help that's available.

Some women veterans feel the system has let them down. They weren't taken seriously when they suffered mental health difficulties, or the effects of military sexual harassment and assault.

When Denise Berry finally went to the VA to address her own psychological wounds of war, she felt her doctors saw a fresh-faced young woman—not a veteran recovering from war-zone trauma.

"The first psychiatrist I went to kind of rolled their eyes at me, and said, 'You know, I really don't know why you're wasting my time, because there's nothing wrong with you,' " Berry said.

"We need to do better than that," Stoeckle said.

After an initial testing period, the developers of Women Vets on Point want to expand the program nationwide. They hope a new kind of outreach spearheaded by community nonprofits outside the VA system may be the on-ramp women need to get back into care, or start it for the first time.

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“Because we are an entity that is not the VA, per se, we may have an opportunity to reopen those doors,” Stoeckle said.

This story was produced by the American Homefront Project — a collaboration of North Carolina Public Radio-WUNC, Southern California Public Radio-KPCC, WUSF-Tampa, KPBS-San Diego, Texas Public Radio and North Country Public Radio.

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8. Other

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Veterans Affairs Media Summary and News Clips

21 November 2017

1. Top Stories

1.1 - Wall Street Journal: Veterans Affairs Chief Wants Bigger Role for Private Health Care, David Shulkin says hospital system should compete with outside providers (20 November, Ben Kesling and Peter Nicholas, 43.5M online visitors/mo; New York, NY)
The top official at the Department of Veterans Affairs said he wants private-sector providers to play a larger role in veterans' health care, a view likely to draw opposition for a Trump cabinet member who has enjoyed rare bipartisan support. David Shulkin said in an interview that he wants to make the VA's hospital system compete with private-sector providers for military veteran customers…

Hyperlink to Above

1.2 - U.S. News & World Report (AP): Omaha VA Official Acknowledges Longtime Use of Waiting Lists (20 November, 24M online visitors/mo; Washington, DC)
— Officials have acknowledged that secret waiting lists for psychotherapy appointments at Omaha's U.S. Veterans Affairs Department hospital were used far longer than previously reported. The Omaha World-Herald reports that a VA investigation dated Sept. 30, 2015, says the lists were used as far back as 2006 and were still used after the VA prohibited them in 2010 and after a 2014 scandal that eventually showed chronic delays…

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Alaska VA to Hire More Workers, Continue Cutting Wait Times (21 November, 24M online visitors/mo; Washington, DC)
The Alaska agency that provides health care services to all veterans in the state is planning to expand its workforce. Alaska Veterans Health Care System Director Dr. Timothy Ballard said the agency is looking to expand its staff from about 550 employees to 650. The Peninsula Clarion reports that Ballard met with staff at the Kenai VA clinic last week, where he hosted a town hall for veterans.

Hyperlink to Above

1.4 - Austin American-Statesman: Carter 'shocked, outraged' after Statesman report on Temple VA abuses (20 November, Jeremy Schwartz, 11.9M online visitors/mo; Austin, TX)
U.S. Rep. John Carter sent a letter to Department of Veterans Affairs Director David Shulkin on Monday demanding answers regarding findings of abuse of veterans, equipment theft, abuse of power and potential financial crimes at the VA's Temple campus. On Sunday, the American-Statesman detailed the results of an internal investigation into issues at the Temple VA's motor pool and grounds crew, where investigators detailed years of mistreatment of veterans undergoing substance abuse treatment…

Hyperlink to Above

1.5 - MSNBC (The Rachel Maddow Show, Video): Trump moving stealthily to privatize the VA, alarming vets groups (20 November, 11.8M ovm; New York, NY)
Rachel Maddow relays reports that the Donald Trump White House is looking at the possibility of merging the VA with the private health care system used by the Pentagon.

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1.6 - Military.com: **Pentagon Plans Changes to Post-9/11 GI Bill Transferability** (20 November, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)
A rule allowing troops to transfer their post-9/11 GI Bill benefits to their children or spouse may soon see changes, a Defense Department official said in testimony submitted to lawmakers last week. "The Department of Defense intends to issue a policy change to the 'Post-9/11 GI Bill' regarding the transferability of benefits to eligible family members," Anthony Kurta, acting deputy under secretary of defense for personnel and readiness…

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2. Greater Choice for Veterans

2.1 - The Hill: **VA Secretary Shulkin seeks larger role for private health care** (20 November, Brett Samuels, 11.8M online visitors/mo; Washington, DC)
Veterans Affairs Secretary David Shulkin said Monday that he would like to see private sector providers play a larger role in veterans' health care. "The direction I'm taking this is to give veterans more choice in their care, and be the decision maker for their care, which I fundamentally believe is a concept that has to be implemented," Shulkin told The Wall Street Journal.

Hyperlink to Above

2.2 - Patriot-News: **VA clinic will be moving into larger site next year** (20 November, Barbara Miller, 3.1M online visitors/mo; Mechanicsburg, PA)
A new Veterans Affairs clinic will be opening next year in Upper Allen Township to replace the existing community clinic in Camp Hill. The new clinic at 5070 Ritter Road will be approximately 25,000 square feet, and is being created in existing space in the Rossmoyne commercial development area. It is projected to serve more than 9,300 enrolled Veterans within the first year.

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2.3 - Fierce healthcare: **VA considers healthcare merger with the Pentagon** (20 November, Paige Minemyer, 141k online visitors/mo; Washington, DC)
The Department of Veterans Affairs may merge its healthcare system with the Pentagon's, a move that would essentially unite VA healthcare with the Tricare program. VA spokesman Curt Cashour told the Associated Press that the move would be a "game-changer" and would "provide better care for veterans at a lower cost," but veterans groups aren't convinced.

Hyperlink to Above

3. Modernize Our System

3.1 - WFED (AM-1500): **Congress keeping close watch on EHR as DoD celebrates initial rollout** (20 November, Scott Maucione, 831k online visitors/mo; Washington, DC)
As the Defense and Veterans Affairs Departments celebrate the initial launch of the electronic health record in four medical facilities, Congress is keeping a close eye on the continued

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development of the $4.3 billion program. Senate Armed Services Committee Chairman John McCain (R-Ariz.) is watching the DoD and VA joint venture, especially when it comes to IT challenges.

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3.2 - WFED (AM-1500): DoD marks successful EHR rollout at initial sites, but long road ahead to full deployment (20 November, Jared Serbu, 831k online visitors/mo; Washington, DC)
In a ceremony in Tacoma, Washington last week, defense officials marked a milestone in their rollout of a new $4.3 billion electronic health record. It's now live at the four medical facilities the Defense Department picked for its initial deployment. But there's still a lot left to do before DoD begins the process of deploying MHS Genesis to the 205,000 military health personnel who will eventually use it around the rest of the globe.

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3.3 - WFED (AM-1500): Ask the CIO: Online Chat with DJ Kachman, VA (21 November, 831k online visitors/mo; Washington, DC)
DJ Kachman, the Veterans Affairs Department's director of Mobile Technology and Endpoint Security Engineering in the Office of Information and Technology, joined Federal News Radio for a free online chat. Kachman took part in the online chat after his appearance on Federal News Radio's Ask the CIO program the week before on Federal News Radio 1500 AM in the Washington metro area and online everywhere.

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4. Focus Resources More Efficiently

4.1 - Omaha World-Herald: Editorial: VA leaders must be transparent to be effective (21 November, Editorial Board, 2.1M online visitors/mo; Omaha, NE)
Leaders of the Omaha-Western Iowa Veterans Administration, by keeping quiet about years of secret wait lists for psychotherapy patients, failed veterans and VA employees. Their decisions not to hold employees publicly accountable for these shortcomings gave the VA a black eye as much as the underlings who were using hidden wait lists that obscured how long veterans waited for care.

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4.2 - Arkansas Democrat-Gazette: In Little Rock, Arkansas veterans meet with congressmen (20 November, Hunter Field, 871k online visitors/mo; Little Rock, AR)
Arkansas veterans had the chance to meet face to face with the chairman of the U.S. House Committee on Veterans Affairs on Monday morning. U.S. Rep. Phil Roe, R-Tennessee, joined U.S. Rep. French Hill, R-Little Rock, at the John L. McClellan Memorial Veterans Hospital in Arkansas' capital city for a town hall-style meeting. The congressmen talked about coming initiatives, recent legislation and took questions and comments from veterans in attendance.

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4.3 - WLOS (ABC-13, Video): Blues musician sings man's praises for giving fellow veterans a hand up (17 November, John Le, 480k online visitors/mo; Asheville, NC)
Our Person of the Week uplifts veterans at the lowest point in their lives. Mike Eisenhower's a case worker in the Compensated Work Therapy (CWT) program at the VA. He sees many veterans wind up playing the same disheartening tune. "It ain't the Asheville I heard about on the brochure," observed Reggie Best, who was homeless just a year ago.

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4.4 - WGRZ (NBC-2, Video): 17th annual Thanksgiving meal at VA Hospital (19 November, 439k online visitors/mo; Buffalo, NY)
Thanksgiving dinner was served to a number of homeless veterans in need at the VA Hospital on Sunday. It's the 17th year the dinner has been put on. "This is our way of making Thanksgiving holiday a special time for veterans, who may be having a difficult time," said Kristen Weese, VA Health Care for Homeless Veterans Coordinator.

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4.5 - KWTX (CBS-10): Local congressman wants answers on reports of VA criminal activity (20 November, 315k online visitors/mo; Waco, TX)
U.S. Rep. John Carter, R- Round Rock, is demanding answers after newspaper reports of misuse of authority, theft and other possible criminal activity involving a vocational program at the motor pool at the Temple VA Medical Center. The Austin-American Statesman reported Friday that a preliminary report from a three-member board assigned by Central Texas VA Health Care System Director Christopher Sandles to investigate the allegations found that supervisors stole equipment from the VA…

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4.6 - KARK (NBC-4, Video): Congressmen Hear Concerns from Arkansas Veterans at Annual Council Meeting (20 November, Jessi Turnure, 312k online visitors/mo; Little Rock, AR)
A congressman, doctor and veteran from Tennessee traveled to the capital city Monday to share his frustrations and hear others from dozens of fellow service men and women. Phil Roe, the chairman of the House Committee on Veterans Affairs, joined Congressman French Hill, R-2nd District, at his annual Veterans Advisory Council meeting at the VA Hospital.

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4.7 - KVAL (CBS-13, Video): VA health facilities investigation: Third round of interviews scheduled for next week (20 November, 301k online visitors/mo; Eugene, OR)
A third round of interviews is coming up at the Veterans Administration/Health facilities in Eugene and Roseburg. Press representatives for Congressman Peter DeFazio say more interviews of VA employees are scheduled for the week after Thanksgiving. Staff from the VA Office of the Medical Inspector are in charge of the investigation.

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4.8 - Temple Daily Telegram: Congressman wants answers on Temple VA (20 November, Janice Gibbs, 157k online visitors/mo; Temple, TX)

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Reacting to a news report on preliminary finding of abuse of power and criminal actions at the Olin E. Teague Veterans' Medical Center in Temple, U.S. Rep. John Carter, R-Round Rock, wants answers. Carter sent a letter to Department of Veterans Affairs Secretary David Shulkin and VA Inspector General Michael Missal on Monday, demanding answers on questionable activities at the Temple VA, part of the Central Texas VA Medical Center.

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4.9 - Killeen Daily Herald: Carter wants answers on Temple VA, Congressman reacts after report issued citing corruption, intimidation (20 November, Janice Gibbs, 156k online visitors/mo; Killeen, TX)
Reacting to a news report on preliminary finding of abuse of power and criminal actions at the Olin E. Teague Veterans' Medical Center in Temple, U.S. Rep. John Carter, R-Round Rock, wants answers. Carter sent a letter to Department of Veterans Affairs Secretary David Shulkin and VA Inspector General Michael Missal on Monday, demanding answers on questionable activities at the Temple VA, part of the Central Texas VA Medical Center.

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4.10 - North Carolina Health News: Veterans Treatment Court Gives Vets a Second Chance (20 November, Taylor Knopf, 59k online visitors/mo; Chapel Hill, NC)
As offenders came before district court Judge Jacquelyn Lee on Wednesday, she asked if they would be going somewhere for Thanksgiving and who in the family would cook the turkey. To one, she asked to see photos of his baby, born the week before. Everyone from the district attorney to the judge fawned over the pictures. They are all veterans of the U.S. military. All have broken the law.

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4.11 - Ohio Valley ReSource (Audio): Serving Those Who Served: Veterans Pantry Program Reaches Out To Hungry (20 November, Nicole Erwin, 900 online visitors/day)
DeCarli is the kitchen supervisor and has been at the center for five years. Each day she prepares hot meals for the 50 veterans residing at the temporary housing facility. As the weather turns colder and the holidays get closer, more hungry veterans are expected to reach out to the center for a warm meal and a place to lay their heads.

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5. Improve Timeliness of Service

5.1 - WUNC (NPR-91.5, Audio): Does The Military Do Enough For Veterans With Mental Health Issues? (20 November, Charlie Shelton and Frank Stasio, 165k online visitors/mo; Chapel Hill, NC)
There are five categories ranging from "honorable" to "dishonorable" discharge. For service members who receive "other than honorable," "bad conduct" and "dishonorable," mental health care options are limited. This was the case for Devin Kelley, who killed 26 people at a church in Sutherland Springs, Texas earlier this month. Kelley received a "bad conduct" designation after he was courtmartialed for domestic assault in 2012.

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5.2 - WUNC (NPR-91.5, Audio): Without An Honorable Discharge, Mental Health Options Are Limited (20 November, Carson Frame, 165k online visitors/mo; Chapel Hill, NC)
When service members separate from the military, their futures depend on something called a characterization of service. There are five different possibilities: honorable, general under honorable conditions, other than honorable, bad conduct, and dishonorable. "Other than honorable" means the service member has had a pattern of misconduct or has been convicted by a civilian court of a crime.

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5.3 - The Chronicle: Reps. Herrera Beutler, Roe Hold Roundtable on Veterans Affairs Issues (20 November, Patty Hastings, 54k online visitors/mo; Centralia, WA)
Long wait times. Prescriptions not getting filled. Claims not addressed until after a veteran dies. Trouble getting to the nearest clinic. These are some of the issues with the U.S. Department of Veterans Affairs that veterans discussed Saturday morning with Rep. Jaime Herrera Beutler, R-Battle Ground, at 40 Et 8, a nonprofit bingo parlor and veterans organization in Hazel Dell.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KUSA (NBC-9, Video): Colorado homeless female veterans undercounted, underserved (20 November, Marybel Gonzalez, 3.2M online visitors/mo; Denver, CO)
For decades, Navy veteran Leslie Sanchez suppressed traumatic memories of an incident that harmed her early in her military career. “I put them in a box, and I locked the box, never to open it,” Sanchez said. At 19 years old, she was raped and impregnated by a fellow sailor. The stress of a home burglary brought back the emotional pain.

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7.2 - KSDK (NBC-5): Gateway Blue Star Moms hoping to decorate 5,000 gravestones, So far the Gateway Blue Star Moms have raised enough money for 1,600 wreaths, but they’re hoping to place at least 5,000. (20 November, Jenna Barnes, 1.5M online visitors/mo; Saint Louis, MO)
– A group of St. Charles moms is honoring veterans this holiday season by placing wreaths on headstones at Jefferson Barracks National Cemetery. The Gateway Blue Star Moms, a group made up of the moms of service members and veterans themselves, said they know how important it is to remember those who’ve served.

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7.3 - KDFW (FOX-4, Video): Veterans who donated bodies to science honored at DFW National Cemetery (20 November, 1.2M online visitors/mo; Dallas, TX)
Americans who answered the call of duty were remembered in a patriotic ceremony on Monday day at DFW National Cemetery. Their sacrifice to country included both military service, plus donating their bodies to science after their deaths. A total of 13 soldiers, seven sailors, seven

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airmen and one Coast Guard member helped training for doctors through UNT's Health Sciences Department.

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7.4 - KCTV (CBS-5, Video): Multi-city initiative claims to have ended veteran homelessness; some say that's a bold statement (20 November, Chris Oberholtz and Natalie Davis, 598k online visitors/mo; Fairway, KS)
Local leaders say they've eliminated homelessness among area veterans, but some organizations that work closely with veterans say the numbers tell a different story. Two years ago, the mayors of Kansas City, MO, Kansas City, KS and Independence, MO joined a nationwide initiative. A coalition of more than 60 local agencies worked together to get homeless veterans off the streets. Army veteran Duane Smith was homeless for three years.

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7.5 - WECT (NBC-6, Video): Wilmington National Cemetery looks for wreath sponsors (20 November, 475k online visitors/mo; Wilmington, NC)
The Wilmington Natiosnal Cemetery is looking for sponsorships and donations to place wreaths on all of the graves for the holidays. The cemetery is working with Wreaths Across America to cover the more than 5,000 graves in the cemetery. Each wreath costs $15 and can be given in honor of someone for an additional $2.

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7.6 - KERO (ABC-23, Video): Americans who answered the call of duty were remembered in a patriotic ceremony on Monday day at DFW National Cemetery. (20 November, Chloe Nordquist, 302k online visitors/mo; Bakersfield, CA)
Exactly 74 years after he lost his life in World War II, Marine Sargent William David Ball Jr. has been buried in his final resting place. “We’ve never known for sure what happened we assumed that Uncle Billy was killed but we never knew for sure,” Ken Stevens, nephew of the fallen Marine, said.

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7.7 - KQED (PBS-9): The Plan to Get Women Vets to Use More Health Services (20 November, Libby Denkmann, 7.9k online visitors/mo; San Francisco, CA)
Denise Berry remembers the day a mortar blew up part of the hospital in Iraq where she was working as a U.S. Army combat medic. The explosion claimed a person in a portable toilet next to her, blew up her truck, and made the ambulance she was working underneath, doing a maintenance check, bounce on top of her. “I am lucky to be alive,” Berry said.

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8. Other

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1. Top Stories

1.1 - Wall Street Journal: **Veterans Affairs Chief Wants Bigger Role for Private Health Care, David Shulkin says hospital system should compete with outside providers** (20 November, Ben Kesling and Peter Nicholas, 43.5M online visitors/mo; New York, NY)

WASHINGTON—The top official at the Department of Veterans Affairs said he wants private-sector providers to play a larger role in veterans' health care, a view likely to draw opposition for a Trump cabinet member who has enjoyed rare bipartisan support.

David Shulkin said in an interview that he wants to make the VA's hospital system compete with private-sector providers for military veteran customers, which he said would give veterans greater choice over their health care.

His view on the future of the VA resembles that of the politically conservative Koch brothers, who recently announced they are launching a major effort to reshape the future of the nation's largest health-care system.

"The direction I'm taking this is to give veterans more choice in their care," Dr. Shulkin said, speaking from his office, "and be the decision maker for their care, which I fundamentally believe is a concept that has to be implemented."

House and Senate committees on veterans affairs are crafting legislation that would steer the future of private care at the VA. It would replace a law passed in 2014 in the wake of a wait time scandal. That law dramatically increased the number of appointments veterans get in the private sector using VA funding.

While lawmakers and major veterans advocates have praised Dr. Shulkin's efforts at the department, a number of Democrats and veterans organizations have said they would oppose what they consider to be steps toward privatization. Some say this approach increases access to health care, while opponents argue it slowly chokes off funding to government-run facilities.

Other major veterans advocacy groups have pledged to fight privatization moves, though some said Dr. Shulkin's vision for the department is a seemingly new position for him.

"We have not heard Secretary Shulkin say that, and we are pleased with how transparent he's been," said Kayda Keleher, spokeswoman for Veterans of Foreign Wars, a major advocacy organization.

She said her organization's position is that the VA has to remain at the center of care. "There is no provider and there's no health-care insurance that doesn't have someone watching over their insurance plan," she said.

Dr. Shulkin said the main impediment under the existing VA structure to giving veterans what he called "full, unrestricted choice"—or minimizing the VA's role as the coordinator or gatekeeper of health care—is cost. The Congressional Budget Office has estimated that extensive outsourcing of veterans care to the private sector would balloon budgets at the VA by tens of billions of dollars.

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The VA serves as the coordinator of care, meaning veterans typically must go through a provider at the VA and either get care there or head to the private sector. Under current VA programs, some 30% of all appointments are with private-sector providers.

Proponents of the system say it ensures that veterans get care only through properly vetted providers and ensures doctors know how to interact with veterans. Detractors say veterans ought to have unfettered access to the health provider they choose.

The top Democrat on the Senate Committee on Veterans Affairs, Montana's Jon Tester, has long maintained that the VA needs to remain at the center of care in order to allow for congressional oversight, among other reasons.

"Our nation promised veterans that we would provide care and benefits for them when they return from service," Mr. Tester said. "So, even when veterans go into their communities for care, we can't outsource the VA's responsibility to deliver on our promise."

Dr. Shulkin said the push for more private-sector care would be a "graduated approach," and he wants veterans eventually to not have to rely on VA to approve or coordinate their care. At his confirmation hearing earlier this year, Dr. Shulkin vowed to extensively change the department, while pledging to oppose privatization.

For now, the VA must coordinate care until veterans are given full transparency about their health options in order to make informed decisions, he said. Those familiar with the secretary's thinking said the goal of far-greater choice isn't imminent and could take years.

Dr. Shulkin also has said his ultimate goal is to ensure VA health care is of such quality that veterans will willingly choose it over private sector care except for what he calls "commodity care"—services more affordable to outsource, like podiatry, audiology and eyeglasses. The department needs to focus on the pillars of its expertise such as prosthetics, treating traumatic brain injury and other wounds of war, he has said.

VA documents reviewed by the Journal define even many such "foundational services" in a way that would allow the private sector to eventually provide more of them. Currently, the documents say there is "limited expertise and/or access to care in the national market" for some of those services.

"We're trying to not only let veterans increasingly have more choice and decision making," he said. "We're trying to let the VA understand under that system for them to remain strong, they have to be veteran-centric. They have to treat their veterans like customers, and they have to have quality of services and access to services that is equal to or better than the private sector."

Dr. Shulkin, formerly a CEO of a private health care system who was tapped by former President Barack Obama to lead the VA's health-care system, said he is focused on transparency, which includes publishing statistics about quality of outcomes, wait times and other factors to allow veterans to compare VA hospitals with one another, and with private hospitals. That transparency, he said, would force the VA to better serve veterans as customers who can choose where to get care.

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When a reporter noted that Dr. Shulkin's approach to VA care seems to agree with what the fiscally conservative Koch-aligned group has proposed, the VA secretary said, "Well if it is, that's by coincidence."

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1.2 - U.S. News & World Report (AP): Omaha VA Official Acknowledges Longtime Use of Waiting Lists (20 November, 24M online visitors/mo; Washington, DC)

OMAHA, Neb. (AP) — Officials have acknowledged that secret waiting lists for psychotherapy appointments at Omaha's U.S. Veterans Affairs Department hospital were used far longer than previously reported.

The Omaha World-Herald reports that a VA investigation dated Sept. 30, 2015, says the lists were used as far back as 2006 and were still used after the VA prohibited them in 2010 and after a 2014 scandal that eventually showed chronic delays, false paperwork and secret lists at VA hospitals across the nation.

The World-Herald reported last month the discovery of a separate, unauthorized Omaha list earlier this year.

VA Nebraska-Western Iowa Health Care System Director Don Burman told the newspaper the VA made changes after the 2015 investigation. But he says some problems weren't fixed properly, allowing use of a waiting list to recur.

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1.3 - U.S. News & World Report (AP): Alaska VA to Hire More Workers, Continue Cutting Wait Times (21 November, 24M online visitors/mo; Washington, DC

KENAI, Alaska (AP) — The Alaska agency that provides health care services to all veterans in the state is planning to expand its workforce.

Alaska Veterans Health Care System Director Dr. Timothy Ballard said the agency is looking to expand its staff from about 550 employees to 650.

The Peninsula Clarion reports that Ballard met with staff at the Kenai VA clinic last week, where he hosted a town hall for veterans.

Ballard said President Donald Trump's administration increased the Veterans Affairs budget by about 6 percent, which provided Alaska with the funds to hire more workers.

Ballard says cutting down wait times is also being tackled. He says the agency has started a program that assures veterans seeking mental health care are seen the same day they come in.

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1.4 - Austin American-Statesman: Carter 'shocked, outraged' after Statesman report on Temple VA abuses (20 November, Jeremy Schwartz, 11.9M online visitors/mo; Austin, TX)

U.S. Rep. John Carter sent a letter to Department of Veterans Affairs Director David Shulkin on Monday demanding answers regarding findings of abuse of veterans, equipment theft, abuse of power and potential financial crimes at the VA's Temple campus.

On Sunday, the American-Statesman detailed the results of an internal investigation into issues at the Temple VA's motor pool and grounds crew, where investigators detailed years of mistreatment of veterans undergoing substance abuse treatment, as well a "complex scheme" to profit off of fraudulent purchase orders and questionable contracts.

READ: Investigation finds corruption, intimidation at Temple VA campus
Veterans in the VA's Compensated Work Therapy program described being sent to the homes of high ranking VA officials to perform landscaping work. They also reported being forced to do odd jobs for supervisors and their family members on the Temple campus, such as car washing and auto repair, during work hours.

According to an administrative board's preliminary report, which was obtained by the Statesman, employees at the motor pool had funneled business to a small Killeen firm that investigators said made at least $400,000 by padding purchases with 30 percent surcharges. In all, the report found, more than $1.3 million was "funneled through" the business, Whitetail Industrial Parts and Service, in recent years.

"I am shocked, outraged, and exasperated to hear of these issues, and I expect the VA to work quickly to right the wrongs done to our heroes," Carter, a Round Rock Republican who represents the Temple area, wrote in a letter to VA Director David Shulkin and VA Inspector General Michael Missal. "According to media reports, many of the veterans that were subjected to this behavior were participating in a substance abuse rehabilitation program, and trying their best to get their lives back on track, only to be mistreated by the very people meant to help them. It is inexcusable."

Carter demanded the VA send him copy of a "comprehensive final report" on the situation in Temple promptly, as well as a full briefing on "the VA's plan of action to right the wrongs done to our veterans."

Carter also praised the actions of newly appointed Central Texas top administrator Christopher Sandles, who launched the internal investigation shortly after hearing of complaints at the motor pool earlier this year.

"However, I must express my exasperation and outrage at the continuing problems plaguing our VA system, especially as it pertains to serving the veterans of the Central Texas area," Carter wrote.

Two Temple VA employees no longer work at the VA following the internal investigation and local officials say the VA's inspector general is investigating allegations involving financial misdeeds that could result in criminal charges.

One VA employee, Oarrin Nash, the motor pool supervisor, has confirmed in an interview with the Statesman that he has been fired. Nash denied any wrongdoing and said he had no knowledge of financial activities regarding Whitetail.

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1.5 - MSNBC (The Rachel Maddow Show, Video): Trump moving stealthily to privatize the VA, alarming vets groups (20 November, 11.8M ovm; New York, NY)

Rachel Maddow relays reports that the Donald Trump White House is looking at the possibility of merging the VA with the private health care system used by the Pentagon. Video Duration: 2:21

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1.6 - Military.com: Pentagon Plans Changes to Post-9/11 GI Bill Transferability (20 November, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)

A rule allowing troops to transfer their post-9/11 GI Bill benefits to their children or spouse may soon see changes, a Defense Department official said in testimony submitted to lawmakers last week.

"The Department of Defense intends to issue a policy change to the 'Post-9/11 GI Bill' regarding the transferability of benefits to eligible family members," Anthony Kurta, acting deputy under secretary of defense for personnel and readiness, told members of the Senate Armed Services Committee in a written statement.

"Effective one year from this change, the ability to transfer benefits will be limited to service members with less than 16 years of total service," he wrote.

Currently, service members can transfer their post-9/11 GI Bill benefits to a dependent family member if they have at least six years in service and agree to serve an additional four years.

Those with at least 10 years in service can also transfer the benefit without serving the extra four years if they are blocked by policy from doing so.

Transfers can be made only while troops are still in service. The Montgomery GI Bill is not transferable.

Kurta, whose nomination to permanently fill the deputy role was approved by the committee last week, said making the change allows the transfer option to better work as a "retention incentive."

The proposal was first reported by Military Times.

Army Maj. David Eastburn, a Pentagon spokesman, declined to offer further details on the change.

Although the ability to transfer the benefit is allowed by law, the rules surrounding who can transfer and when are set by DoD policy.

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A 2015 report from the congressionally mandated Military Compensation and Retirement Modernization Commission (MCRMC) noted that the benefit is meant to be used as a retention tool, not as an entitlement.

The commission recommended that the Pentagon increase the time in service before allowing a transfer to 10 years with a two-year additional service obligation. It did not recommend eliminating the benefit for those with more than 16 years in service.

While the GI Bill is administered and paid for through the Department of Veterans Affairs, the Defense Department controls the transferability benefit.

More than 420,000 service members had transferred the benefit by 2014, the last year for which such data are readily available, and the VA had spent $5.6 billion on dependents who received the benefit.

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2. Greater Choice for Veterans

2.1 - The Hill: **VA Secretary Shulkin seeks larger role for private health care** (20 November, Brett Samuels, 11.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin said Monday that he would like to see private sector providers play a larger role in veterans' health care.

"The direction I'm taking this is to give veterans more choice in their care, and be the decision maker for their care, which I fundamentally believe is a concept that has to be implemented," Shulkin told The Wall Street Journal.

Introducing private sector providers could take years, the newspaper reported. Shulkin said his ultimate goal is for veterans to not have to rely on the VA to approve or coordinate their care.

Currently, veterans go through a provider at the VA for their health needs.

Opponents to Shulkin's plan argue that it is a step toward privatization, which would limit funding to government-run facilities.

A spokeswoman for Veterans of Foreign Wars was critical of Shulkin's plan, telling The Wall Street Journal that the organization has not heard from the secretary about his health-care concept.

Shulkin previously worked as CEO of a private health-care system. Former President Obama named him undersecretary of Veterans Affairs for health and President Trump nominated him as secretary of Veterans Affairs in January.

"We're trying to not only let veterans increasingly have more choice and decision making," Shulkin said Monday. "We're trying to let the VA understand under that system for them to remain strong, they have to be veteran-centric. They have to treat their veterans like customers,

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and they have to have quality of services and access to services that is equal to or better than the private sector."

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2.2 - Patriot-News: VA clinic will be moving into larger site next year (20 November, Barbara Miller, 3.1M online visitors/mo; Mechanicsburg, PA)

A new Veterans Affairs clinic will be opening next year in Upper Allen Township to replace the existing community clinic in Camp Hill.

The new clinic at 5070 Ritter Road will be approximately 25,000 square feet, and is being created in existing space in the Rossmoyne commercial development area. It is projected to serve more than 9,300 enrolled Veterans within the first year.

The Lebanon VA Medical Center held a groundbreaking ceremony Thursday for the new Cumberland County VA Community Clinic, which will provide a full range of primary care and telehealth services for veterans in Cumberland and surrounding counties.

Services will include mental and behavioral health, laboratory and women's health services, said Douglas Etter, VA spokesman. The project is estimated to cost about $2.8 million.

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2.3 - Fierce healthcare: VA considers healthcare merger with the Pentagon (20 November, Paige Minemyer, 141k online visitors/mo; Washington, DC)

The Department of Veterans Affairs may merge its healthcare system with the Pentagon's, a move that would essentially unite VA healthcare with the Tricare program.

VA spokesman Curt Cashour told the Associated Press that the move would be a "game-changer" and would "provide better care for veterans at a lower cost," but veterans groups aren't convinced. Four of the largest veterans groups—the American Legion, Veterans of Foreign Wars, AMVETS and Disabled American Veterans—have said they oppose the idea, according to the article.

"VA is a healthcare provider and the VFW would oppose any effort to erode the system specifically created to serve the healthcare needs of our nation's veterans by reducing VA's role to a payer of care for veterans," Bob Wallace, executive director of VFW's Washington office, told the publication.

Cashour said that the conversations about a potential merger reflect President Donald Trump's goals to transform how government runs, and the approach is "precisely the type of businesslike, commonsense approach that rarely exists in Washington.

The VA has taken steps to privatize parts of health system over the past several months. It was revealed in May that it may close more than 1,100 facilities to move more care into the private sector. Its Choice program has also been extended; it allows veterans who may not have nearby access to a VA facility to instead see private providers.

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During his confirmation hearing in February, Shulkin told a Senate committee the “Department of Veterans Affairs will not be privatized under my watch,” but indicated he was willing to expand private-care partnerships with VA hospitals in order to avoid building costly new medical centers.

OIG finds wait time issues at two VA facilities

Meanwhile, two new reports from the VA Office of the Inspector General found that the issues with the department's health system that kicked off a nationwide scandal in 2014 persist at some of its facilities.

In the first report, the OIG details the story of a longtime patient at the Atlantic County Community Based Outpatient Clinic, who visited in late 2015 to schedule an appointment with a psychologist. He was told he would have to wait three months for the appointment, and committed suicide in the interim.

The OIG investigation identified multiple points at which staff failed to ensure patients had timely appointments. Staff members failed to follow-up on cancellations and no-shows, and failed to provide adequate supervision for a number of clinic processes.

In a second report, the OIG found that wait times Eastern Colorado Health Care System used unofficial wait lists, and leaders were uninformed on accurate wait time information for patients in the system.

The VA, however, said that these are isolated issues, according to an article from The Wall Street Journal.

"Neither of these issues is system or persistent and the reports in no way reflect the current state of play at VA," Cashour told the WSJ.

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3. Modernize Our System

3.1 - WFED (AM-1500): Congress keeping close watch on EHR as DoD celebrates initial rollout (20 November, Scott Maucione, 831k online visitors/mo; Washington, DC)

As the Defense and Veterans Affairs Departments celebrate the initial launch of the electronic health record in four medical facilities, Congress is keeping a close eye on the continued development of the $4.3 billion program.

Senate Armed Services Committee Chairman John McCain (R-Ariz.) is watching the DoD and VA joint venture, especially when it comes to IT challenges. McCain asked the two departments to update him on best practices and lessons learned by VA that will avoid upgrade challenges.

“VA is working with DoD to assess existing business process and determine what changes may be necessary throughout the contract life cycle,” a letter to McCain late last month from VA Secretary David Shulkin and Deputy Defense Secretary Patrick Shanahan stated. “DoD is

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making available senior acquisition, testing and project management experts who were instrumental in DoD's own transformation to assist VA with initial contract implementation."

The letter goes on to say those resources will allow VA to adopt DoD's best practices and lessons learned through the requirements and acquisitions phase.

VA established a dedicated program office for EHR, which will be staffed with subject matter experts in contracting, health IT and business innovation, the letter stated.

VA and DoD also assured Congress the project is on track with its timeline. VA is currently standing up its initial program efforts and is developing an acquisition and implementation timeline. The letter stated VA is currently in the midst of "focused negotiations" with Cerner to finalize a contract. Genesis is based on Cerner's software.

Meanwhile, DoD began deploying MHS Genesis to patient care sites earlier this year, with full deployment scheduled for 2018 and completion in 2022.

The first four sites are now officially live.

At the first four "go-live" sites, Genesis has now supplanted three different aging health IT systems. By the time it's deployed worldwide, officials say it will have made DoD patient care "seamless" in that it will be interoperable with both private-sector medical providers and VA, and will give clinicians real-time access to the entirety of a patient's medical history, plus decision-support tools that are far beyond the grasp of the current systems, some of which date to the 1980s.

"We are in the midst of a transformation in health care," said Vice Adm. Forrest Faison, the Navy's surgeon general. "Today, because of the miraculous inventions that have surrounded us over the past 20 or 30 years, the volume of medical knowledge in the world is doubling every two years. We are rapidly approaching the point where we can't make good on the promise of delivering the best health care our nation can offer without driving these clinical practice guidelines to the point of care, and that's what Genesis is allowing us to do."

While DoD is excited about its launch, Congress wants to make sure there is proper oversight of the commercial off-the-shelf system, fearing it may fall prey to excessive customization that forces VA and DoD to have completely different record systems as time goes on.

The letter stated VA is adopting DoD clinical workflows to the greatest extent possible, while adding some necessary VA-specific functions that are not performed by DoD.

"This will minimize customization and system differences and ensure consistency of processes and practices. Joint governance will facilitate standardization among the technical and functional components of the EHR system," the letter stated.

McCain asked specifically if DoD or VA needed any legislative help with the program. The departments stated changes may be required to the law to allow DoD and VA to have a single healthcare record from a privacy and system of record notifications standpoint. The departments stated there also may be differences in title funding between DoD and VA.

Both departments still have a long way to go before they are at full capability.

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The VA needs congressional help to reshuffle VA resources and get the project off the ground in 2018.

To foot the bill for the first year of the new contract with Cerner, the department first wants Congress to finish and include funds in the agency's 2018 appropriations bill. But if Congress doesn't pass all appropriations bills and develops an omnibus or another continuing resolution for the rest of the fiscal year, VA wants Congress to transfer $782 million from its other appropriations accounts to initiate the EHR modernization project in this year. About $92 million would come from VA's Office of Information and Technology (OI&T) and the remaining $692 million come from unobligated balances in medical care accounts.

And because of certain funding restrictions under the continuing resolution, VA will ask for a smaller transfer — $373.8 million in fiscal 2018.

On the DoD side, the Pentagon's independent Office of Operational Test and will conduct assessments of how well the commercial-off-the-shelf software meets DoD's stated requirements and how it's performing. All the while, DoD will be harvesting lessons from the first four IOC sites, delivering more training to users, and deciding which business processes the military health system needs to change to get the most out of the new system.

Defense officials expect to make a formal decision to fully deploy Genesis sometime in 2018. Once that milestone is reached, they expect installations at hospitals and clinics to move at a faster pace than they did at the initial deployment sites over the past year.

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3.2 - WFED (AM-1500): DoD marks successful EHR rollout at initial sites, but long road ahead to full deployment (20 November, Jared Serbu, 831k online visitors/mo; Washington, DC)

In a ceremony in Tacoma, Washington last week, defense officials marked a milestone in their rollout of a new $4.3 billion electronic health record. It's now live at the four medical facilities the Defense Department picked for its initial deployment. But there's still a lot left to do before DoD begins the process of deploying MHS Genesis to the 205,000 military health personnel who will eventually use it around the rest of the globe.

At the first four "go-live" sites, Genesis has now supplanted three different aging health IT systems. By the time it's deployed worldwide in 2022, officials say it will have made DoD patient care "seamless" in that it will be interoperable with both private-sector medical providers and the Veterans Affairs Department, and will give clinicians real-time access to the entirety of a patient's medical history, plus decision-support tools that are far beyond the grasp of the current systems, some of which date to the 1980s.

"We are in the midst of a transformation in health care," said Vice Adm. Forrest Faison, the Navy's surgeon general. "Today, because of the miraculous inventions that have surrounded us over the past 20 or 30 years, the volume of medical knowledge in the world is doubling every two years. We are rapidly approaching the point where we can't make good on the promise of delivering the best health care our nation can offer without driving these clinical practice guidelines to the point of care, and that's what Genesis is allowing us to do."

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But there are still a lot of steps in between last week's ceremony and the worldwide rollout, including at the four facilities where Genesis has already been installed: Fairchild Air Force Base, Bremerton Naval Hospital, Oak Harbor Naval Health Clinic and Madigan Army Medical Center.

Next, the Pentagon's independent Office of Operational Test and Evaluation will conduct its own assessments of how well the commercial-off-the-shelf software meets DoD's stated requirements and how it's performing. All the while, DoD will be harvesting lessons from the first four IOC sites, delivering more training to users, and deciding which business processes the military health system needs to change to get the most out of the new system.

"We've also learned that we definitely need to look at our IT infrastructure development and our ability to make sure that we have the right kind of platform for MHS Genesis in our MTFs," said Vice Adm. Raquel Bono, the director of the Defense Health Agency. "We also need to look at our adoption of clinical and business workloads — I think that's a large part of our transformation — and be able to address any of the challenges that come up in the trouble tickets from our users. Those are the main areas that we've identified."

The trouble tickets users are already submitting don't just have to do with technical glitches. DoD is also using them to help figure out which of the workflows that developed around its legacy systems no longer make sense in the context of a modern health record, and how to adapt them to the "team-based" approach to health care delivery that Genesis is based on.

"For example, we need to make sure our clinical teams understand the transitions of care between seeing a patient in the emergency department when they're admitted to the intensive care unit and that everyone understands their roles in the team, from the front desk clerk to the people doing vital signs to the people discharging a patient from the clinic," said Dr. Paul Cordts, DHA's chief strategic planner and the military health system's "functional champion."

"We understand that there are risks associated with deploying a brand-new electronic health record, and we've been studying that," he said. "We have very good mechanisms in my mind to identify these potential risks. The staff have been extremely aware of these risks and just absolutely excellent in documenting them and providing that information to us. "

Defense officials expect to make a formal decision to fully deploy Genesis sometime in 2018. Once that milestone is reached, they expect installations at hospitals and clinics to move at a faster pace than they did at the initial deployment sites over the past year.

Once the system is broadly deployed, officials see one of its main benefits as interoperability, particularly with the Department of Veterans Affairs.

VA officials said last week that they are in the final stages of talks with Cerner, the health IT firm on whose software Genesis is based, to sign a 10-year contract for a system of their own that closely resembles DoD's.

Stacey Cummings, the program executive officer for defense health management systems, said VA will also conduct its first deployments in the Pacific Northwest, and from there, follow a deployment schedule that matches DoD's.

"And the great thing about that is the opportunity to partner up in the deployment of training and follow-up training to make sure the infrastructure is optimized for the region as we bring on this

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body of new users," Cummings said. "We're also going to take advantage of the investments DoD has already made in a common data center so that DoD and VA data will reside in a single platform. When a service member transitions, the data won't have to move, it won't have to be interoperable. The veteran truly becomes the center, and it's the provider that comes in."

But DoD is also trying to use the technology rollout to make its health system more interoperable with itself.

It comes at a time when the Defense Health Agency is under congressional orders to prepare to take over the management of military treatment facilities from the Army, Navy and Air Force, and Bono says DHA wants to use it as an opportunity to drive out some of the unnecessary variability in how MTFs are operated and managed.

Officials said that convergence around a common set of business processes is already starting to happen in the Pacific Northwest, where the initial deployment sites include two Navy hospitals, an Air Force clinic and a large Army medical center.

"The rollout was deliberate," said Capt. Jeff Bitterman, the commander of Naval Hospital Bremerton. "We started at a small clinic, then went to a naval health clinic that also does ambulatory surgery and labor and delivery, then to a community hospital, and now to a medical center. We've rolled out the workflows incrementally, and as we refine them, they're not being reinvented at every site. So I think we have achieved that goal to a large extent."

One aspect of the goal has been to make those business process changes without demanding expensive and time-consuming changes to the software itself. So far, officials say they've imposed enough discipline to accomplish that, and are using the EHR in essentially the same way its commercial designers intended.

Adapting clinical practices around the software — rather than the other way around — has been challenging, said Col. Michaelle Guerrero, the commander of the 92nd Medical Group at Fairchild Air Force Base.

"The biggest change has been just a mindset. We've gone from a rotary phone to an iPhone X, and our comfort zone is the rotary phone," she said. "It's a work in progress as we continue to improve the system and move forward, but it takes a different way of thinking. The new system is very powerful and very customizable, like an iPhone, but again, it's out of our comfort zone."

But the tradeoff is a massive leap ahead in capability, said Capt. Christine Sears, the commander of Oak Harbor Naval Health Clinic.

"For example, just having a seamless health record from the outpatient to the inpatient is incredible," she said. "That's not something we had in the former system. The ability to see someone in the outpatient arena and have all that same data available in the inpatient arena as they move back and forth is truly life-changing for us."

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3.3 - WFED (AM-1500): Ask the CIO: Online Chat with DJ Kachman, VA (21 November, 831k online visitors/mo; Washington, DC)

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DJ Kachman, the Veterans Affairs Department's director of Mobile Technology and Endpoint Security Engineering in the Office of Information and Technology, joined Federal News Radio for a free online chat.

Kachman took part in the online chat after his appearance on Federal News Radio's Ask the CIO program the week before on Federal News Radio 1500 AM in the Washington metro area and online everywhere.

Kachman discussed how he is helping VA address enterprise mobile challenges, implement better authentication on the network using smart identity cards and integrate mobile devices and services with enterprise desktops, apps and infrastructure.

During the chat, participants asked questions live or submitted them in advance by emailing moderator, Executive Editor Jason Miller.

GUEST BIOGRAPHY:

Donald R. Kachman Jr. (DJ) serves at the director of mobile and security assurance for solutions delivery, IT operations and services at the Veterans Affairs Department, focusing on integration of mobile devices into the VA to enhance the VA core mission. His group's motto is that "we should secure the user experience, not prevent it." Additionally, Mr. Kachman is currently in charge of developing the infrastructure for the VA's endpoint security solutions.

Mr. Kachman's VA career started in 1998 working at the Battle Creek VA Medical Center in Battle Creek, Michigan. Starting as a PC tech, he moved his was up to gain more responsibility until he was the medical center's technical security officer. In 2007, he joined Enterprise Systems Engineering as the director of security assurance, which develops client solutions for VA's endpoints for the VA's enterprise. In 2010, he became mobile director and was charged with developing integration strategies for mobile devices into the department. Mr. Kachman is also a member of the OIT Transformation team, working to bring an Enterprise Command Center to the organization.

Mr. Kachman is a member of ATARC, ISC2 and has received recognition for his work to bring a secure and functional mobile experience to the VA. Mr. Kachman is the involved in his local church in several outreach programs. He resides in Battle Creek, Michigan, with his wife Tara and five children.

Chat transcript on website.

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4. Focus Resources More Efficiently

4.1 - Omaha World-Herald: **Editorial: VA leaders must be transparent to be effective** (21 November, Editorial Board, 2.1M online visitors/mo; Omaha, NE)

Leaders of the Omaha-Western Iowa Veterans Administration, by keeping quiet about years of secret wait lists for psychotherapy patients, failed veterans and VA employees.

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Their decisions not to hold employees publicly accountable for these shortcomings gave the VA a black eye as much as the underlings who were using hidden wait lists that obscured how long veterans waited for care.

The local VA could have healed faster from this controversy if its leaders had accepted their responsibility by revealing that mistakes had been made not only in 2017 but earlier and for much longer — from 2006 until an investigation in 2015. The failure to divulge a serious problem is one of the most avoidable gaffes made by people at every level of government.

Leaders underestimate the value of publicly admitting mistakes as soon as they are discovered.

Omaha VA Director Don Burman declined to be interviewed by World-Herald reporter Steve Liewer before an Oct. 15 article about the 2017 wait lists. Nor did he acknowledge the wait lists from 2006-15 in a Nov. 2 Midlands Voices he wrote for The World-Herald defending his response.

He finally agreed to an interview last week, after the decade-plus of wait lists came to light.

Burman told Liewer then that he had communicated the importance of using official channels to schedule psychotherapy appointments to staff in 2015.

But the issue might not have bubbled up again this year if Burman had exposed the wrongdoing publicly the first time.

He said he took steps at the time to strengthen internal accountability and that he disciplined employees. While those steps are helpful, they are rarely enough in matters of wide public interest.

The unauthorized waiting list discovered earlier this year resulted in delayed care to 87 veterans. Unauthorized wait lists from 2006 to 2015 could have affected the mental health care of hundreds of veterans. These older lists distorted the wait-time data sent to the national VA, prevented veterans from more timely access to outside care and likely put veterans' health at risk.

Burman told Liewer he "didn't want to be classified as another Phoenix." He clearly cares about making sure veterans get access to the health care they need.

On that score, the Omaha-area VA appears to have done a strong job. And no allegations of delays leading to deaths have been made in Omaha.

In his Nov. 2 column, he wrote about doing "the right thing." But doing the right thing also involves public transparency when things go wrong. Burman's failure to embrace that philosophy damages public trust in his leadership.

Burman now says he ordered changes in scheduling procedures and has beefed up internal oversight after investigations he ordered were completed.

Those are good steps to take.

But VA leaders will need to work hard over time to repair the damage done to the public's trust.

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Part of doing that includes being more transparent when the system falls short.

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4.2 - Arkansas Democrat-Gazette: In Little Rock, Arkansas veterans meet with congressmen (20 November, Hunter Field, 871k online visitors/mo; Little Rock, AR)

Arkansas veterans had the chance to meet face to face with the chairman of the U.S. House Committee on Veterans Affairs on Monday morning.

U.S. Rep. Phil Roe, R-Tennessee, joined U.S. Rep. French Hill, R-Little Rock, at the John L. McClellan Memorial Veterans Hospital in Arkansas' capital city for a town hall-style meeting. The congressmen talked about coming initiatives, recent legislation and took questions and comments from veterans in attendance.

Afterward, Roe said that he heard some good ideas.

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4.3 - WLOS (ABC-13, Video): Blues musician sings man's praises for giving fellow veterans a hand up (17 November, John Le, 480k online visitors/mo; Asheville, NC)

ASHEVILLE, N.C. (WLOS) — Our Person of the Week uplifts veterans at the lowest point in their lives.

Mike Eisenhower's a case worker in the Compensated Work Therapy (CWT) program at the VA. He sees many veterans wind up playing the same disheartening tune.

"It ain't the Asheville I heard about on the brochure," observed Reggie Best, who was homeless just a year ago.

He's worked at Goodwill Industries on Patton Avenue for about a year, and joined us to sing Mike's praises.

"Let me see what she do," he said, pulling out his guitar. "My guitar's named Grandma." Then he belted out a blues tune that'll stay in your head for days.

"Well, I don't know, just don't know, y'all," he sings with a booming voice.

Best's life was once a worst-case scenario with no job, and no hope.

"But mostly the guitar's just another arm to tell my story," he explained. "When I was homeless on the street, this was my way out."

"Looking around this room, the people I see are people that inspired me," Mike points out. "We have people in this room from current wars in Afghanistan and Iraq, going back to Vietnam."

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Reggie's voice echoes so many other stories in the CWT program. Many of those veterans gathered to tell us how much Eisenhower means to them.

"When I was at a point in my life where I was giving up," explained Candice Matelski.

"I came from a place where life was falling apart," said Bruce Tucker.

"When you're homeless and recovering from drug addiction, it's hard to trust," John Alexander says.

They all said it's Mike who cultivated their comeback. As a former Marine, Mike served in Iraq, but for the past seven years in CWT he made his job his mission.

"The program that's geared toward short-term work training, and moving on to get a job," he said. "That's the whole point, trying to get a job."

But it's more than that, says Bruce. Mike's people get a confidant, too.

"We get love and someone who really cares. And I think that's important for every veteran," Bruce stressed.

"We've called ourselves a hand up, not a hand out," Eisenhower said. "Everybody in here just kinda shook their head, it's something we all know."

That hand up gave John a fighting chance.

"That's all I can say, he's a good guy and he cares about the veterans, and I don't want to get tearful," John said, pausing. "But he helped me a lot."

The faces in the crowd speak volumes about their trust in Mike. It's the bond that gave Reggie something to build on.

"He's old, I'm young. He listens," Reggie said. "And they never said 'You're not gonna make it.'"

"I'd like to give Mike a round of applause, and then I got to get to work!" he added as the crowd dispersed.

When it comes to life, he's changed his tune after many years of singin' the blues.

"I believe in the power of them," Mike said. "With Reggie's story, that resonates."

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4.4 - WGRZ (NBC-2, Video): 17th annual Thanksgiving meal at VA Hospital (19 November, 439k online visitors/mo; Buffalo, NY)

BUFFALO, NY — Thanksgiving dinner was served to a number of homeless veterans in need at the VA Hospital on Sunday.

It's the 17th year the dinner has been put on.

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"This is our way of making Thanksgiving holiday a special time for veterans, who may be having a difficult time," said Kristen Weese, VA Health Care for Homeless Veterans Coordinator.

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4.5 - KWTX (CBS-10): Local congressman wants answers on reports of VA criminal activity (20 November, 315k online visitors/mo; Waco, TX)

WASHINGTON, D.C. (KWTX) U.S. Rep. John Carter, R- Round Rock, is demanding answers after newspaper reports of misuse of authority, theft and other possible criminal activity involving a vocational program at the motor pool at the Temple VA Medical Center.

The Austin-American Statesman reported Friday that a preliminary report from a three-member board assigned by Central Texas VA Health Care System Director Christopher Sandles to investigate the allegations found that supervisors stole equipment from the VA and that veterans in a vocational training program were assigned to do repair and landscaping work at the homes of certain supervisors and members of their families.

The Statesman reported that investigators reported a scheme to profit secretly from VA purchase orders used to funnel business to a small firm in Killeen that the newspaper said made at least $400,000 by padding purchases.

“Preliminary reports of criminal activity, mistreatment of our veterans, and serious abuses of power at the Central Texas VA Medical Center have come to light recently,” Carter said in a press release Monday.

“I am shocked, outraged, and exasperated to hear of these issues, and I expect the VA to work quickly to right the wrongs done to our heroes,” he said.

Carter said he sent letters Monday to VA Secretary David Shulkin and VA Inspector General Michael Missal “demanding answers on reported misconduct, abuse of power, and criminal actions” at the medical center.

“According to media reports, many of the veterans that were subjected to this behavior were participating in a substance abuse rehabilitation program, and trying their best to get their lives back on track, only to be mistreated by the very people meant to help them. It is inexcusable,” Carter said.

Carter said he’s encouraged by Sandles’ “strong condemnation of the behavior by these employees, including his comment that a ‘day of reckoning” has come for those employees that have mistreated veterans.’”

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4.6 - KARK (NBC-4, Video): Congressmen Hear Concerns from Arkansas Veterans at Annual Council Meeting (20 November, Jessi Turnure, 312k online visitors/mo; Little Rock, AR)

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LITTLE ROCK, Ark. - A congressman, doctor and veteran from Tennessee traveled to the capital city Monday to share his frustrations and hear others from dozens of fellow service men and women.

Phil Roe, the chairman of the House Committee on Veterans Affairs, joined Congressman French Hill, R-2nd District, at his annual Veterans Advisory Council meeting at the VA Hospital.

VETERAN ILLNESSES

"I've been diagnosed with a blood disorder, and my doctor does not know what caused it," a veteran told the congressmen.

Gulf War illness quickly took center stage Monday morning.

"I see this as the Agent Orange of today," said Retired Col. Mike Ross, the chairman of the board for Veterans Villages of America.

Col. Ross called it the chronic, multi-symptom, unexplainable illness.

A report from the U.S. Governmental Accountability Office found the VA denies 80 percent of benefit claims in Gulf War illness, while 90 percent of VA doctors have no training on how to examine it.

"We're trying to get some science behind it," said Roe, R-Tennessee. "The secretary [Veterans Affairs Secretary David Shulkin] is focused on it like a laser beam."

"Get that scientific research on what are are the symptoms and then what are ways to test that against the population where those service people were in theater," Hill said.

Col. Ross, among other veterans, urged the congressmen for more education and a nationwide database.

"I've fussed about that for the nine years I've been in Congress," Roe said. "Let's study those young men and women and find out if they are coming down with something different so we can adequately compensate them later. The Congress and the country kind of didn't pay attention until Agent Orange came along."

Now lawmakers in Washington are listening. Sen. John Boozman, R-Arkansas, is part of a recent push to give more Vietnam-era veterans the opportunity to qualify for benefits.

Congressman Hill believes the legislation has support.

"The challenge has been how do you get that done in the right way financially and in the right way from a communication point of view across the country," he said.

The congressmen also reassured the crowd Secretary Shulkin could soon add more conditions to the Agent Orange list, such as bladder cancer.

OPIOID EPIDEMIC

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"I have five medical problems that are legit on paper, but they treat me more like an addict instead of a patient," a Vietnam veteran told the congressmen. "Whether they like it or not, you're taking their medicine, and you leave them there in limbo not knowing what to do."

Something else Congressman Roe has fussed about for the past nine years is including the VA in prescription drug monitoring programs. He called it the first step in curbing opioid abuse.

"Look, it's ridiculous for the doctor inside the VA to be able to look at the database that the state has, but you can't look the other way," Roe said. "That has to change. We're losing a lot of people, and all of these deaths are preventable."

Congressman Roe believes Secretary Shulkin is open to the idea.

BENEFIT CLAIMS

"Every time we would go in, they would tell us, 'You don't qualify,'" the wife of a veteran who is blind, deaf and disabled told the crowd. "I do everything for him."

"Time and time again, I'd say the appeals process for a disability claim is the most frustrating effort," Hill said.

However, Congressman Hill touted legislation President Donald Trump recently signed, which he called the first reform in the appeals process in years.

The Veterans Appeals Improvement and Modernization Act helps veterans challenge rejected bids for benefits and mitigate the backlog of appeals.

"That will shorten the time that people can get their claim adjudicated through the VA and determine what their disability payment can be," he said. "I think that will really help a lot of the kinds of casework we see here in Arkansas."

ACCESS TO CARE

"We have health departments, multiple health departments in some counties, to do telemedicine," St. Sen. Eddie Joe Williams, R-Cabot, told the congressmen.

Roe responded the House recently approved a bill that allows VA doctors to practice telemedicine across state lines.

If passed, the Veterans E-Health and Telemedicine Support (VETS) Act of 2017 would:

Create a VA state licensure exemption to allow VA-credentialed health care professionals to work across state borders to perform telemedicine without having to obtain a new license in that state
Expand the definition of exempt health care professionals to include VA doctors
Remove the location requirement to allow for care regardless of where the health care professional or patient is located
Congressman Roe is also about to introduce Choice 2.0, an update to the Obama administration's Choice Program.

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The program was set to expire this summer, but President Donald Trump signed off on an extension at least until the funding ran out.

Choice 2.0 would give veterans more flexibility to seek private care outside the VA health system.

Congressman Roe calls it a managed care model, where the VA will act as the gatekeeper.

The plan has received mixed reviews from veterans who have had to "navigate a bureaucratic maze" to get approval for non-VA care.

"We're creating a model, we think, for better care," Roe said. "What I want to do is push the care out of these big hospitals and get more and more care out to where the veteran actually lives."

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4.7 - KVAL (CBS-13, Video): VA health facilities investigation: Third round of interviews scheduled for next week (20 November, 301k online visitors/mo; Eugene, OR)

EUGENE, Ore. -- A third round of interviews is coming up at the Veterans Administration/Health facilities in Eugene and Roseburg.

Press representatives for Congressman Peter DeFazio say more interviews of VA employees are scheduled for the week after Thanksgiving.

Staff from the VA Office of the Medical Inspector are in charge of the investigation.

Congressman DeFazio has pushed for an investigation of the VA regional centers based on allegations of mismanagement of personnel, alleged threats to patient safety, and reports of retaliation against employees who speak up.

About 60 employees have been interviewed so far in the investigation.

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4.8 - Temple Daily Telegram: Congressman wants answers on Temple VA (20 November, Janice Gibbs, 157k online visitors/mo; Temple, TX)

Reacting to a news report on preliminary finding of abuse of power and criminal actions at the Olin E. Teague Veterans' Medical Center in Temple, U.S. Rep. John Carter, R-Round Rock, wants answers.

Carter sent a letter to Department of Veterans Affairs Secretary David Shulkin and VA Inspector General Michael Missal on Monday, demanding answers on questionable activities at the Temple VA, part of the Central Texas VA Medical Center.

"Preliminary reports of criminal activity, mistreatment of our veterans, and serious abuses of power at the Central Texas VA Medical Center have come to light recently," Carter's letter said.

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“I am shocked, outraged and exasperated to hear of these issues, and I expect the VA to work quickly to right the wrongs done to our heroes.”

According to the report by the Austin American-Statesman, many of the veterans that were subjected to this behavior were participating in a substance abuse rehabilitation program, and trying their best to get their lives back on track, only to be mistreated by the very people meant to help them.

The newspaper’s account is based on a 70-page preliminary report documenting a wide-ranging investigation, including findings that sparked a wider VA inquiry.

In the report, investigators claimed they uncovered a complex scheme involving the VA motor pool that had funneled business to a Killeen firm, Whitetail Industrial Parts and Service, that made at least $400,000 by padding purchases with 30 percent surcharges. More than $1.3 million was funneled through Whitetail, the Statesman reported.

Oarrin Nash, head of the motor pool and an 18-year VA employee, denied wrongdoing. “A lot of malicious things have been said against me,” he told the newspaper. “97.7 percent of them are lies.”

Nash confirmed that he was fired after the report and he hired a lawyer to fight the dismissal.

Carter said he expects changes to be made at the VA.

“Our military men and women have bravely served our nation, and I expect the VA system to provide the very best care when they return to civilian life,” Carter wrote. “I am encouraged by Central Texas VA Health Care System Director Christopher Sandles’ strong condemnation of the behavior by these employees, including his comment that a ‘day of reckoning’ has come for those employees that have mistreated veterans.

“I look forward to working with Sandles to ensure that our veterans are receiving the highest quality care at the Central Texas VA.”

“This behavior will not be tolerated” of any VA employee who underperformed, mistreated our warriors and abused their power, Carter wrote in his letter on Monday to Shulkin and Missal.

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4.9 - Killeen Daily Herald: Carter wants answers on Temple VA, Congressman reacts after report issued citing corruption, intimidation (20 November, Janice Gibbs, 156k online visitors/mo; Killeen, TX)

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4.10 - North Carolina Health News: Veterans Treatment Court Gives Vets a Second Chance (20 November, Taylor Knopf, 59k online visitors/mo; Chapel Hill, NC)

As offenders came before district court Judge Jacquelyn Lee on Wednesday, she asked if they would be going somewhere for Thanksgiving and who in the family would cook the turkey.

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To one, she asked to see photos of his baby, born the week before. Everyone from the district attorney to the judge fawned over the pictures.

They are all veterans of the U.S. military. All have broken the law. Most struggle with substance abuse. And they are all there for Harnett County's special two-year diversion program called Veterans Treatment Court.

One veteran earned a gift card for following the rules of the court. Lee asked if he wanted one for iTunes, McDonalds or Starbucks.

To another, she congratulated on starting a new job and asked for his vision statement.

As another veteran advanced to the final stage of treatment court, he told the judge he would like to mentor future veterans through the program.

One received a compliance excellence award.

"I can't find the words," the man said accepting his certificate. "You all saved my life. God led me to this court. You did so much for me and others.

"It's easy to get discouraged in the beginning, but you take it in increments," he continued. "You all are angels. You volunteer and help us out."

After congratulating the veteran, Lee encouraged him to come back and visit.

This is not an average courtroom. Typically, the district attorney and judge know little about an offender's personal life. Almost no one sincerely thanks a judge. And surely, few offenders want to go back and visit a court.

But in this court, special relationships form. Veterans Treatment Court is an all-encompassing support network for the individual.

"I tell them, keep your hands, your feet, legs and arms inside the car and we will help you get to where you need to go," Lee said.

How it works

Veterans Treatment Court is a diversion program for military men and women who break the law and have committed a crime related to something that happened during their time of service. For example, many veterans abuse substances while self-medicating Post Traumatic Stress Disorder or an injury sustained in the military. Judge Lee said they see a range of crimes, such as drug possession, petty crimes related to obtaining drugs and driving under the influence.

Harnett County started the first veterans court in North Carolina in 2013. There are two others in North Carolina in Cumberland and Buncombe counties. The first in the U.S. was established in 2008 in Buffalo, N.Y., and there are more than 300 similar courts across the country.

Harnett County's veterans court is a regional bench serving locations as far as 60 miles from Lillington, where the court is based. Since receiving a federal grant in 2016, Lee said she sees

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veterans from as far away as New Hanover, Nash, Edgecombe, Durham and Duplin counties. Lee said there are 44 veterans making their way through the program in Harnett right now.

The motto of the court is “keeping free those who kept us free.” Every court session begins with a reading from that day in military history.

The program takes a veteran about two years if he or she stays on track. There are five phases, each with different requirements.

Daily call-ins are required. At the beginning, a veteran is tested for drugs and alcohol twice a week. They must meet with their case manager, veteran mentor and the judge weekly during the first few phases. There are court assignments, such as weekly journaling. The veterans go through mental health, substance abuse or anger management treatment as necessary.

Each phase requires a certain duration of sobriety in order to move to the next. By phases three and four, the veterans are supposed to get a job or volunteer. They create a care plan for themselves and are required to meet all their financial obligations.

Although Lee said she cannot reduce a sentence for DUI in the veterans court, many vets choose to go through the program anyway to help maintain their sobriety.

There are incentives and sanctions ranging from gift cards and sobriety wristbands to 500-word essays and three days in jail.

Program participation could lead to a reduced sentence for the veteran, or a felony dismissal if they graduate. So far, no graduates have committed another crime.

According to Mark Teachy, the Veterans Treatment Court coordinator, the average age of participants is 32. About 60 percent served in the Army and 20 percent in the Marines. Most had multiple deployments to the Middle East.

Life changing

Coordinating this program in Harnett was the first job Teachy, an Army vet, got four years ago after returning from Iraq. He said it’s life changing for people in a way he understands. He said he struggles with some similar issues after exiting the military.

“This way I can give back to the veterans,” he said.

For Jacob Ocker, the program is changing the trajectory of his life. Ocker medically retired from the Air Force in 1999 with a traumatic brain injury. He said a shell case from an airplane knocked in a piece of his skull, damaging his brain. Last year, someone stabbed him in the neck, requiring multiple surgeries to repair the damage.

Ocker became dependent on alcohol and drugs to deal with the pain.

The first day he came into veteran treatment court in March, Ocker said he was scared and still using at the time.

Ocker said he’s going through substance abuse treatment and the court is helping him with the expenses.

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“But since I’ve been clean, everything has been going great,” Ocker said. “My life is turning around for the better. Everything is looking up. I have a relationship with a beautiful woman I love with all my heart.”

He said before, he had never been able to talk to her because his alcohol dependence got in the way. But now, his girlfriend Tina comes with him to many of his Wednesday court hearings.

“I’m proud of him,” she said. “Three years ago, we couldn’t have been a couple.”

Keeping rapport

Before court goes into session, Teachy, the judge, the DA, a minister, a social worker, a probation officer, veteran mentors, a Veteran Affairs representative and others meet around a table in a closed room.

At the end of the table, there are binders of various thicknesses with last names of veterans printed on the spines. The group talks about the progress each one of these veterans has made over the past week or so. They share their interactions with the individual, talking about what he needs or wants and making recommendations for next steps.

“It’s a holistic approach,” Lee said. “You have to be aware of what’s going good in their life or that’s causing stress in their life.”

Lee’s husband served in Vietnam, so she said she recognizes the unique issues veterans have. She’s been involved with the veteran court in Harnett for four years and took over as the lead judge two years ago.

“It’s just something that I needed to do so that it would be the right person in here,” she said. “The rapport between the veteran and the judge, through the training that I have, is one of the most important factors for this court.”

She aims to spend at least three minutes each week with every veteran to build a relationship and show them that even the judge cares about them. Every week, the veterans present their journals to Lee in court and she said she learns much about their lives this way.

Lee said she had no idea one of her veterans was an excellent drummer because he was very private. But she read it in his journal and asks about it regularly.

“I love to read what they write,” she said. “Some are very brief. One guy, if i give him a topic, he researches it and writes three or four pages.”

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4.11 - Ohio Valley ReSource (Audio): Serving Those Who Served: Veterans Pantry Program Reaches Out To Hungry (20 November, Nicole Erwin, 900 online visitors/day)

Napoleon famously said that an army marches on its stomach; troops must be fed in order to fight. But what happens when that army faces hunger after marching back home?

Federal statistics show tens of thousands of U.S. military veterans struggle with homelessness, hunger and food insecurity. As the holiday season approaches, a pilot program in the Ohio Valley aims to serve those who served their country.

“Sad to See”

Everyone at Pennyroyal Veterans Center in Hopkinsville, Kentucky, knows Sandra DeCarli.

“I am almost the favorite because I am the cook,” she said with a laugh.

DeCarli is the kitchen supervisor and has been at the center for five years. Each day she prepares hot meals for the 50 veterans residing at the temporary housing facility. As the weather turns colder and the holidays get closer, more hungry veterans are expected to reach out to the center for a warm meal and a place to lay their heads.

“I see that on a weekly basis,” she said. “It’s a sad thing to see. They come in, down and out and hungry, skinny, and when they leave they are happy, fat and, hopefully, out to live a successful life.”

The Department of Housing and Urban Development estimates 39,000 veterans were homeless in 2016. In the Ohio Valley region estimates show around 1,500 homeless veterans. In an effort to reach out to those veterans, Feeding America, the nation’s largest hunger relief organization, has partnered with the U.S. Department of Veterans Affairs in the first Veterans Pantry Pilot Program.

“They feel used”

A veteran at Pennyroyal shared his story. Because of his circumstances, he did not want to share his full name and instead went by his initial, H.

“I served in the late ‘80s. United States Air Force, Forward Eagle Strike and Mobility Center, in South America and Central America,” he said.

He is recovering from double-bypass heart surgery after several years on the move from one job to next. As he traveled the country he met pockets of veterans who he said could really benefit from the pantry program. But he said they can be hard to reach.

“They don’t like the government, any government,” “H” said. “They feel used and betrayed and reaching out to them is extremely difficult.”

However, some do visit VA clinics, centers and hospitals for health screenings. That is where Chad Morrison, executive director at the Mountaineer Food Bank in Martinsburg, West Virginia, said he and other food providers can step in.

“We started asking the question, ‘Are there veterans that are coming to their hospital that are having food insecurity issues?’ And the answer was yes,” Morrison said. “We started brainstorming what could we do about it.”

Morrison said not all VA locations have the resources to provide the space for food or the additional staff. Under the pantry program, VA health care providers ask patients whether they

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have run out of food or struggled to pay for it within the past three months. If they say yes, patients are connected to a local food pantry or community program.

“So we just decided we were going to make it happen,” Morrison said. “It was something that was important to us and it was important to them and we have been fortunate enough to keep the program rolling.

Only 10 hospitals in the U.S. have signed up for the pilot. Three of those are located in the Ohio Valley region. West Virginia has two participating VA hospitals, in Martinsburg and Beckley, and Ohio has one in Cincinnati.

“We cook with love”

At Pennyroyal Veterans Center, DeCali is preparing dinner.

“Got the broccoli and cheese and have some garlic bread here,” she said, looking over the steaming pots and dishes. “Ms. Dora is making Chicken Alfredo and we have lima beans boiling back here, seasoned with bacon grease. Like I said, we cook with love.”

Mr. “H” said he will be standing in line. He said he doesn’t know what he would do without a place like Pennyroyal, which is providing the around-the-clock care needed after his extensive surgery.

As he spoke, he shared some of the conflicted feelings many veterans have when they find themselves in need.

“Being here is not a privilege, it’s not a right, it’s an accessible honor,” he said. “It’s something I earned, but it doesn’t mean I am entitled. Nothing is free.”

Like any pilot project, the veterans pantry program will have to find funding if hospitals want to increase participants. The Moutaineer Food Bank estimates one food box for the pantry program will cost around $25 a month.

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5. Improve Timeliness of Service

5.1 - WUNC (NPR-91.5, Audio): Does The Military Do Enough For Veterans With Mental Health Issues? (20 November, Charlie Shelton and Frank Stasio, 165k online visitors/mo; Chapel Hill, NC)

When service members are discharged from the military, the degree to which they can receive benefits from Veterans Affairs depends largely on their characterization of service.

There are five categories ranging from “honorable” to “dishonorable” discharge. For service members who receive “other than honorable,” “bad conduct” and “dishonorable,” mental health care options are limited. This was the case for Devin Kelley, who killed 26 people at a church in Sutherland Springs, Texas earlier this month. Kelley received a “bad conduct” designation after he was courtmartialed for domestic assault in 2012.

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Host Frank Stasio talks with Carson Frame, military and veterans issues reporter for Texas Public Radio and correspondent for the American Homefront Project, about veterans' access to mental health care with the VA.

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5.2 - WUNC (NPR-91.5, Audio): Without An Honorable Discharge, Mental Health Options Are Limited (20 November, Carson Frame, 165k online visitors/mo; Chapel Hill, NC)

When service members separate from the military, their futures depend on something called a characterization of service. There are five different possibilities: honorable, general under honorable conditions, other than honorable, bad conduct, and dishonorable.

"Other than honorable" means the service member has had a pattern of misconduct or has been convicted by a civilian court of a crime.

Meanwhile, "bad conduct" and "dishonorable" result when a service member commits a felony-level offense. Those two categories, the lowest on the military scale, are also known as "punitive discharges."

Military discharges are a reward system. Serving without bad behavior or crime earns service members support from the VA. But if they cause trouble, they're mostly on their own.

"When you get an other than honorable discharge or a bad conduct discharge or a dishonorable discharge, you lose virtually all of your access to VA benefits," said South Texas College of Law Professor Geoffrey Corn. "They're supposed to be reserved for service members who served under honorable conditions."

In July, the VA revised its policies and began offering 90 days of emergency mental health care to veterans with other than honorable discharges - people who it says are at greater risk of suicide and homelessness.

But there are still limits. Ex-service members with punitive discharges - bad conduct or dishonorable - are not included. They can only access short-term humanitarian services from the VA, which have to be repaid.

That would have been true for Devin Kelley, who killed 26 people at a Sutherland Springs, Tex. church Nov.5. Kelley - a former Air Force airman - received a bad conduct designation after being courtmartialed for domestic assault in 2012.

At a National Press Club meeting shortly after the shooting, VA Secretary David Shulkin said he considered Kelley a criminal, not a veteran.

"Those with bad conduct or discharges, such as this gentleman, have violated the law, have violated our morals and ethics, and I do not believe deserve services and benefits," he said.

Shulkin laid the responsibility for care elsewhere.

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"They have other systems where I believe they could get the help that they need, whether they're prison systems or other community-based systems," he said. "But not the Department of Veterans Affairs."

But some say VA treatment should be available even for people who have received punitive discharges. Dr. Stephen Xenakis is a psychiatrist and retired Army brigadier general who used to administer Army hospitals.

"I don't see treatment to someone who has a serious problem and committed an offense as a benefit. I see it as a responsibility," Xenakis said. "In this particular case, it was a responsibility we dropped, and we had horrendous consequences from that."

Xenakis argues that the military justice system doesn't offer adequate treatment for offenders transitioning back to civilian life. He said the VA should help coordinate care for newly discharged people.

"In the cases I've seen and worked with, there hasn't been much coordination between the military services and the local communities or the states," Xenakis said. "It really has varied a lot in terms of how closely the people are monitored and what the circumstances of parole are."

Geoffrey Corn said service members with bad conduct discharges do get help during transition. Often that takes the form of rehabilitation, counseling, and anger management while in military confinement.

He also said the military shouldn't be held to a higher standard for providing care than the rest of the government.

"I mean, if you commit a serious felony, you might have a mental disorder or something that would benefit from treatment. But when you get released from the state penitentiary, or the federal prison, you don't have automatic access to medical care," Corn said.

The defense spending budget passed by Congress this month requires a mental health exam and treatment plan for all service members when they leave active duty.

It's unclear where some of them would go for care.

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5.3 - The Chronicle: Reps. Herrera Beutler, Roe Hold Roundtable on Veterans Affairs Issues (20 November, Patty Hastings, 54k online visitors/mo; Centralia, WA)

Long wait times. Prescriptions not getting filled. Claims not addressed until after a veteran dies. Trouble getting to the nearest clinic.

These are some of the issues with the U.S. Department of Veterans Affairs that veterans discussed Saturday morning with Rep. Jaime Herrera Beutler, R-Battle Ground, at 40 Et 8, a nonprofit bingo parlor and veterans organization in Hazel Dell.

As of September, she said, more than 8.5 percent of veterans are still waiting more than 30 days to receive care at both the Portland and Vancouver VA campuses.

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The congresswoman held the roundtable with Rep. Phil Roe, R-Tenn., who is chairman of the U.S. House Committee on Veterans Affairs and was visiting area VA campuses. He served two years in the U.S. Army Medical Corps during the Vietnam War.

"The United States of America spends more money on its veterans than every other nation in the world put together," Roe said. "It is a not lack of money that the VA has -- I can flatly tell you that. A lot of it is a management issue and how the money is spent."

The Committee on Veterans Affairs looks at where the VA is failing and where it's doing a good job. There are 168 VA medical centers, more than 800 outpatient clinics across the country and about 340,000 employees, he said. Roe encouraged those attending Saturday's event to tell Herrera Beutler about issues at the VA, which can be investigated. After hearing of an issue at the Spokane VA campus, an investigative team was sent out.

"They're fixing everything that should've been fixed five years ago," said Roe, who visited the campus Friday.

Despite being committee chairman, he's encountered his own issues at the VA. The VA called Roe three days after he'd buried his wife (who died of cancer) and told him she was eligible to be buried at the Mountain Home National Cemetery in Tennessee.

"I can say it now and kind of chuckle at how they did it, but at the time it was very hurtful when I got that call," he said.

A friend who served in the Air Force in Thailand and developed cancer as a result of exposure to Agent Orange didn't get his disability claim until 15 months after he died.

"That's wrong. We've got veterans out there waiting three, five, seven years. There are 470,000 claims out there that are under appeal," Roe said. "We hear what you're saying and we're trying to do something."

But, he said, change within the VA is like "turning an aircraft carrier around" because it's such a "big, slow organization."

Judy Russel, president of Clark County Veterans Assistance Center and a claims officer for the American Legion, said that many of her clients like the VA and are willing to wait more than 30 days to see their doctor, but there are still problems.

"Every day we see veterans who come in and talk about how long their appeals process is taking," she said.

When her husband needed to go to the emergency room because he couldn't breathe, it was an out-of-network claim that she said the VA initially denied. At first she also had trouble getting his prescription filled at the VA. Not every veteran has someone like her to advocate for them through the process.

It shouldn't be that way, Herrera Beutler said.

Matt Hoerner spent 22 years in the Army. After he retired, he struggled to hold down a job in the civilian world.

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"What I discovered is running a tank platoon is nowhere similar to running a business," he said. "My struggle still continues to this day."

His problems started with the amount of time it took to get seen by a vocational rehabilitation specialist, and he knows he's not the only former soldier dealing with these kinds of issues. In another instance, he called the mental health clinic when he was in crisis saying he needed immediate help and they told him he could get an appointment for next month.

Another veteran in the crowd chimed in: "His story is my story."

Some recent legislative changes include the Accountability and Whistleblower Protection Act becoming law over the summer. The bill protects whistleblowers and gives the VA authority to remove employees for misconduct or performance reasons. A bill was recently introduced to amend the Veterans Access, Choice and Accountability Act of 2014 in order to improve treatment.

Roe said things are improving at the VA but those in D.C. won't know what the issues are in Southwest Washington and how to address them until people here notify Herrera Beutler.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KUSA (NBC-9, Video): Colorado homeless female veterans undercounted, underserved (20 November, Marybel Gonzalez, 3.2M online visitors/mo; Denver, CO)

DENVER - For decades, Navy veteran Leslie Sanchez suppressed traumatic memories of an incident that harmed her early in her military career.

“I put them in a box, and I locked the box, never to open it,” Sanchez said.

At 19 years old, she was raped and impregnated by a fellow sailor.

The stress of a home burglary brought back the emotional pain.

“I seriously didn't want to live. I had those same feeling again of being vulnerable,” she said. “Of not being in control of my own destiny.”

Sanchez’s assault went unreported and her trauma untreated.

For months after the break-in, Sanchez was emotionally paralyzed, unable to leave her home. She lost her job and was eventually evicted. She became homeless, living out of her car for the next four years.

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Fast forward several years, and Sanchez became homeless again when she couldn't afford the large rent increases that are common in Denver's red-hot housing market.

Now, she is living in a shelter for homeless female veterans.

Sanchez is one of the 628 veteran women in Colorado who are homeless or at-risk of being homeless so far this year, according to the U.S. Department of Veteran Affairs.

Despite successful efforts by the agency to reduce the overall homeless population by nearly half in the last decade, the national number of female veterans who are homeless or at-risk of becoming homeless is increasing. It's projected to jump 9 percent, from 36,443 in 2015 to 39,686 by 2025.

Homeless female veterans face unique challenges that differ from their male counterparts. For example, one in four women report experiencing sexual harassment or assault while in service, according to VA.

These incidents, known as military sexual trauma, has been linked to mental health conditions, including post traumatic stress disorder. Both MST and PTSD are known risk-factors for homelessness.

The national number of female veterans who are homeless or at-risk of becoming homeless is increasing. It's projected to jump 9 percent, from 36,443 in 2015 to 39,686 by 2025.

Advocates like Brenton Hutson, division director of veteran and supportive services at Volunteers of America Colorado, acknowledges the VA's recent efforts to address gender-specific risk factors, but says there still is more to be done.

"We have failed in this state to develop a good system for accounting for them," he said of homeless female veterans. "A good system to locate them. A good system to ultimately connect them with the services that they're needing."

Hutson says the numbers of homeless female vets in Colorado are likely much higher, particularly in rural parts of Colorado.

"We can never hope to end homelessness as a state if we don't have that data," Hutson said. "We can ever hope to connect veterans to the services they need, until we have that data."

The nonprofit VOA independently keeps track of the number of women veterans in Colorado who identify as homeless or are on the brink of it.

The data gap is one that Michelle Lapidow, section chief of homeless programs at the VA Eastern Colorado Health System, is trying to bridge.

"It's the veterans that we don't know about that we very much want to find," she said. "We felt like the best way to do that is to be part of our community to support their efforts and to make sure that we're involved in and finding all the veterans."

Homeless female veterans face unique challenges that differ from their male counterparts. For example, one in four women report experiencing sexual harassment or assault while in service, according to VA.

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The VA funds several programs to house female veterans, including short-term and long-term housing. The latter program, known as supportive housing, provides shelter to homeless veterans for up to two years. This had been the VA model, but effective October 2017, the agency is shifting to short-term housing, not to exceed 90 days.

Currently, there are only two shelters in Colorado exclusively for homeless female veterans, both funded by the VA and managed by Volunteers of America.

The two shelters – a three-home property known as the Claremont Commons and a family motel, both in Denver -- can collectively house up to 22 female veterans and their children at any given time.

Veteran Leslie Sanchez, who currently lives at Clermont Commons, says this capacity is not nearly enough.

“What you see now is just the tip of the iceberg, and you'll have to build 20 more Clermont Commons to accommodate the female veterans that are going to be on the streets.”

Sanchez advocates for more preventative services, like gender-specific mental health therapy, to support female veterans in crisis before they reach the point of homelessness.
Lapidow of the VA echoes that concern.

“We want to be sensitive to what the female veterans’ needs are,” she said. “If you're a woman veteran and you've experienced trauma, certainly you may not want to be around men and you may not want to be in a facility at all that even has men present.”

Meanwhile, Sanchez is moving out of the all-female veteran shelter and into her own apartment. Her new home will be subsidized through a HUD-VASH voucher, a program that provides rental assistance from the Department of Housing and Urban Development and case management from the VA.

“It's almost unreal to think that that help is so close and now I try to pinch myself sometimes in knowing that this is my life and that I will get better and things will be safe,” she said. “And that's one of the happiest thoughts that I can have, to know that I am safe in a place to call my own.”

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7.2 - KSDK (NBC-5): Gateway Blue Star Moms hoping to decorate 5,000 gravestones, So far the Gateway Blue Star Moms have raised enough money for 1,600 wreaths, but they’re hoping to place at least 5,000. (20 November, Jenna Barnes, 1.5M online visitors/mo; Saint Louis, MO)

ST. LOUIS COUNTY, Mo. – A group of St. Charles moms is honoring veterans this holiday season by placing wreaths on headstones at Jefferson Barracks National Cemetery.

The Gateway Blue Star Moms, a group made up of the moms of service members and veterans themselves, said they know how important it is to remember those who’ve served.

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“It’s amazing to learn these little snippets and realize this person lived that dash between those dates on that headstone,” the group’s first vice president, Janelle Eveld, said.

Each wreath costs $15 to sponsor. So far the Gateway Blue Star Moms have raised enough money for 1,600 wreaths, but they’re hoping to place at least 5,000. They’re collecting donations through November 27.

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7.3 - KDFW (FOX-4, Video): Veterans who donated bodies to science honored at DFW National Cemetery (20 November, 1.2M online visitors/mo; Dallas, TX)

Americans who answered the call of duty were remembered in a patriotic ceremony on Monday day at DFW National Cemetery.

Their sacrifice to country included both military service, plus donating their bodies to science after their deaths. A total of 13 soldiers, seven sailors, seven airmen and one Coast Guard member helped training for doctors through UNT's Health Sciences Department.

"It's endless what these donors do for medical education and research and we cannot thank them enough for their donations to the program,” said Claudia Yellott, UNT Health Science.

Yellott received an honorary flag for the Army Veterans.

"I personally have never been a part of anything like this. I was awestruck,” Yellott said.

Kenneth Meier, Marine Corps League, received the honorary flag for the Navy veterans.

"It was just an awesome moment of appreciation and reverence for this service,” Meier said.

From the medical community, to military veterans, there was no shortage of patriotism even though none of these people have any personal connections to the men and women they were honoring.

"We just want to come out here and show our support her and be a part of this,” said Cutter Thompson, Brotherhood of Marine Corps Riders. "And they're not alone.”

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7.4 - KCTV (CBS-5, Video): Multi-city initiative claims to have ended veteran homelessness; some say that's a bold statement (20 November, Chris Oberholtz and Natalie Davis, 598k online visitors/mo; Fairway, KS)

KANSAS CITY, MO (KCTV) - Local leaders say they've eliminated homelessness among area veterans, but some organizations that work closely with veterans say the numbers tell a different story.

Two years ago, the mayors of Kansas City, MO, Kansas City, KS and Independence, MO joined a nationwide initiative.

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A coalition of more than 60 local agencies worked together to get homeless veterans off the streets. Army veteran Duane Smith was homeless for three years.

"You kind of feel worthless. You keep trying, but you can't get ahead," said Smith.

Thanks to work by the Greater Kansas City Coalition to End Homelessness, he now has a roof over his head.

“Takes a load off. Got a place of your own, turn the key, you go in, cook yourself something to eat, get a good night’s sleep, get up and go to work and live my life," said Smith.

Army veteran Rick Mahaney also benefited from new permanent housing options.

"It's made a big difference in my life. It's the first time in my life I've ever had my own house and I've got my two kitty cats and a puppy, my family. It's very nice to have your own place to live and to have that security for the first time in my life," said Mahaney.

The Coalition claims to have ended homelessness. The mayors recently received confirmation from the U.S. Interagency Council on Homelessness, the Department of Housing and Urban Development (HUD) and the Department of Veteran Affairs: "We are pleased to confirm that the Greater Kansas City Coalition to End Homelessness . . . has effectively ended homelessness among Veterans. We are confident that the infrastructure and systems you have built will ensure that any Veteran experiencing homelessness in the region will get the support they need to quickly obtain a permanent home."

“To be in a position where we can declare a functional zero is something that maybe even a couple years ago, we never thought possible,” said Scott Wagner, mayor pro tem of Kansas City, MO.

So what is “functional zero?”

According to the Department of Housing and Urban Development, “functional zero” is reached when the number of homeless veterans is less than the average number of vets being connected with permanent housing each month.

It's a bold statement to say they’ve ended veteran homelessness in the community. Some local organizations who work to combat veteran homelessness disagree with their progress report.

“My main concern is that it minimizes the need that still exists. People hear 'functional zero' and they think the problem’s gone away, and it hasn’t,” said Art Fillmore, founder of Stand Down.

Just two weeks ago, Fillmore hosted an event that offers resources to homeless vets. He says 408 veterans attended. Of those, more than half - 56 percent - were homeless.

It comes down to their differing definitions of homelessness. For Stand Down, the definition is more broad and includes people who might be couch surfing or living in motels.

"You’re homeless because you don’t have the same bed, the same roof to go home to every night," said Fillmore.

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For the VA and HUD, Evie Craig - president and CEO of reStart - told KCTV5 you're only homeless if you live on the street or in a shelter.
Tremendous progress has been made, but there's more work to be done.

"It's great that we're getting there, but we're not there yet by any means for those that you see out on the street every day. There are a lot of them; way too many," Fillmore said.

The mayors who spoke at Monday's event agree that this is just a starting point.

"We're in it for the long haul," said Independence mayor Eileen Weir.

Sly James, mayor of Kansas City, Missouri, left a video message because he had other obligations in Columbia Monday. He said the problem of homelessness is an ongoing battle.

"Just because it's good today doesn't mean it won't crop up again tomorrow so we have to be continuously vigilant," said James.

They hope to use what they've learned from this process to end all homelessness.

"If we take the model of what we've learned with ending veteran homelessness and apply it to other sectors of our community with the same courage and the same passion and the same power that we've done with veterans homelessness, we can end it across this country," said Mark Holland, mayor of the Unified Government of Kansas City, KS and Wyandotte County.

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7.5 - WECT (NBC-6, Video): Wilmington National Cemetery looks for wreath sponsors (20 November, 475k online visitors/mo; Wilmington, NC)

WILMINGTON, NC (WECT) - The Wilmington National Cemetery is looking for sponsorships and donations to place wreaths on all of the graves for the holidays.

The cemetery is working with Wreaths Across America to cover the more than 5,000 graves in the cemetery.

Each wreath costs $15 and can be given in honor of someone for an additional $2.

An official wreath laying ceremony will be held on December 16 at noon.

In 2016, Wreaths Across America and its national network of volunteers laid over 1.2 million memorial wreaths at nearly 1,200 locations in the United States and beyond.

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7.6 - KERO (ABC-23, Video): Americans who answered the call of duty were remembered in a patriotic ceremony on Monday day at DFW National Cemetery. (20 November, Chloe Nordquist, 302k online visitors/mo; Bakersfield, CA)

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Exactly 74 years after he lost his life in World War II, Marine Sargent William David Ball Jr. has been buried in his final resting place.

“We’ve never known for sure what happened we assumed that Uncle Billy was killed but we never knew for sure,” Ken Stevens, nephew of the fallen Marine, said.

Uncle Billy to family and Sargent William David Ball Jr. to the Marines. He lost his life at the Battle of Tarowa in 1943.

He was killed on a Japanese island on the way to an aid station. The wounds were so severe he was not able to be identified.

Many of the soldiers lost in that battle were buried in an unmarked grave, until recently.

“There was 80 something from Tarowa that were put in the punchbowl in 1949 as unknown soldiers,” Stevens said.

But new forensics advancements in 2016 and a combination of other factors led to a match, and the family’s decision to bring him back from Hawaii where he was buried.

The fallen Marine was escorted by the Los Angeles and Bakersfield Patriot Riders. They accompanied him from Los Angeles International Airport to the mortuary in Bakersfield on November 16.

“It was a sense of closure that we finally got the whole story,” Stevens said.

On Monday, Sgt. Ball received full military honors, being brought to Bakersfield National Cemetery and properly honored by family, friends, and fellow Veterans.

“I just know his parents would’ve been so proud with the way the community responded today,” Stevens said after the service.

Parents who never got to see their son return home here to Kern County.

“Their whole life you could see the hole it left there,” he said. “and my mother -- his sister -- when service men give their life for the country there’s a hole in the family forever after that.”

Sgt. Ball will be laid to rest next to his brother who served in the 101st Airborne Division. A family reunion over 70 years in the making.

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7.7 - KQED (PBS-9): The Plan to Get Women Vets to Use More Health Services (20 November, Libby Denkmann, 7.9k online visitors/mo; San Francisco, CA)

Denise Berry remembers the day a mortar blew up part of the hospital in Iraq where she was working as a U.S. Army combat medic.

The explosion claimed a person in a portable toilet next to her, blew up her truck, and made the ambulance she was working underneath, doing a maintenance check, bounce on top of her.

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“I am lucky to be alive,” Berry said.

She woke up a while later, unsure how long she’d been unconscious. Berry suffered memory loss related to traumatic brain injury, and later, symptoms of PTSD.

After demobilizing and leaving the service, Berry waited. Despite worsening mental health effects from the bombing and her time working in the high-stress environments of emergency rooms and prisons in Iraq, she hesitated to reach out.

“The resources didn’t come to you. So if you weren’t a very proactive person, you weren’t going to get any help,” she said. “And I would have to say that’s for most veterans coming back.”

The same thing that made her successful on deployment — the strength to keep it together and handle any obstacle that came her way — motivated Berry to try to tough out the disturbing dreams and anxiety alone.

She also wondered why her difficulties deserved attention ahead of scores of wounded service members. Berry remembered thinking, “How could I possibly receive benefits when this person over here is dealing with the ramifications of Agent Orange, or lost a leg?”

Opening up combat jobs to women in the military is bringing a greater need for resources to treat the trauma and mental health challenges that echo after service.

But the National Institutes of Health has found women veterans underutilize VA health care compared with men. It says many report delaying getting care, and that when they do receive treatment, it’s inadequate. Other women aren’t seeking help at all, according to the government researchers.

A group of nonprofits is testing a new outreach program in Los Angeles County, dubbed Women Vets on Point, which aims to overcome the barriers keeping female veterans from connecting with services.

Experts say there are many possible reasons women don’t avail themselves of veteran-specific resources. They may not think of themselves as part of a veteran community that’s dominated by men. Parenthood duties often fall to women and make it difficult to find time to reach out or travel for care. And many women have experienced sexual assault or harassment while serving, an experience that alienates them from military institutions that may have protected their assailants.

The VA has made strides in welcoming the growing number of female veterans and addressing their unique health needs. But for some, the system still feels like a testosterone-only space.

“Male veterans, their style of banter and communication is very different,” said Dr. Miatta Snetter, a clinical psychologist with the housing and services nonprofit U.S.VETS. “Sometimes it can be triggering for female veterans, and they don’t feel comfortable being in that kind of an environment.”

U.S.VETS and Education Development Center (EDC), a nonprofit research organization, are partnering to develop and test Women Vets on Point.

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The program is meant to specifically serve women veterans' needs by overcoming barriers to care, and connect veterans with a range of services in their community, including mental health care, substance abuse treatment, child care, professional development and educational resources.

One of those services is a U.S.VETS program called Outside the Wire, in which Snetter works with student veterans providing counseling and mental health services on college campuses in Orange County.

She'd like more women to knock on her office door.

"Oftentimes even in civilian populations, females are more of the nurturers. They're more apt to take care of others," she said. "They see the problems and concerns that others have, and [don't] really seek help for themselves."

As part of its pilot program, Women Vets on Point is building a network of partners that have resources for veterans, and will offer small grants to help improve or tailor that care for women vets.

"There are a lot of clinicians who would love to be able to provide services to female veterans," Snetter said. "They don't know how."

The biggest outreach tool will be a new website, ideally a one-stop shop for female veterans to find resources.

"To educate, to connect people, to help people choose what they want to do next in their own time, when they're ready," said Rebecca Stoeckle with EDC.

EDC's research has shown peer-to-peer encouragement is an important motivator for female veterans seeking help, so they're tapping interviews and focus groups to develop a site women will feel comfortable sharing with their social network.

With these goals in mind, Stoeckle said the biggest challenge is to restore trust in the help that's available.

Some women veterans feel the system has let them down. They weren't taken seriously when they suffered mental health difficulties, or the effects of military sexual harassment and assault.

When Denise Berry finally went to the VA to address her own psychological wounds of war, she felt her doctors saw a fresh-faced young woman—not a veteran recovering from war-zone trauma.

"The first psychiatrist I went to kind of rolled their eyes at me, and said, 'You know, I really don't know why you're wasting my time, because there's nothing wrong with you,' " Berry said.

"We need to do better than that," Stoeckle said.

After an initial testing period, the developers of Women Vets on Point want to expand the program nationwide. They hope a new kind of outreach spearheaded by community nonprofits outside the VA system may be the on-ramp women need to get back into care, or start it for the first time.

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“Because we are an entity that is not the VA, per se, we may have an opportunity to reopen those doors,” Stoeckle said.

This story was produced by the American Homefront Project — a collaboration of North Carolina Public Radio-WUNC, Southern California Public Radio-KPCC, WUSF-Tampa, KPBS-San Diego, Texas Public Radio and North Country Public Radio.

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8. Other

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Subject: [EXTERNAL] 18 November Veterans Affairs Media Summary and News Clips

Date: Sat Nov 18 2017 04:15:16 CST

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171118_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

18 November 2017

1. Top Stories

1.1 - The Wall Street Journal: Two Critical Reports Indicate Problems Persist at VA (17 November, Ben Kesling, 43.5M online visitors/mo; New York, NY)
The Department of Veterans Affairs' internal watchdog criticized the agency in new reports this week for problems it has struggled for years to address, including providing timely treatment for vulnerable veterans.

Hyperlink to Above

1.2 - FOX News (Video): Sec'y Shulkin on efforts to bring more transparency to VA (17 November, 32.5M online visitors/mo; New York, NY)
In this three-minute video, the VA Secretary speaks out on efforts to improve the culture at the department on 'Fox & Friends.'

Hyperlink to Above

1.3 - FOX News (AP, Video): Colorado VA kept secret wait lists for vets' mental heath care, report finds (17 November, 32.5M online visitors/mo; New York, NY)
A new government watchdog group found that the U.S. Department of Veterans Affairs facility in Denver violated policy by keeping improper wait lists to track mental health care that veterans received. Investigators with the VA Office of Inspector General confirmed whistleblower and former VA employee Brian Smother's claim that staff kept unauthorized lists instead of using the department's official wait list system.

Hyperlink to Above

1.4 - KUSA (NBC-9, Video): Federal investigation finds Denver VA hospital used improper wait lists for some veterans (17 November, 3.1M online visitors/mo; Denver, CO)
A watchdog arm of the U.S. Department of Veterans Affairs said Thursday that the agency's Denver hospital violated department policy by keeping improper wait lists to track veterans' mental health care. Investigators with the VA Office of Inspector General confirmed a whistleblower's claim that staff kept unauthorized lists instead of using the department's official wait list system.

Hyperlink to Above

1.5 - Austin American-Statesman: Investigation finds corruption, intimidation at Temple VA campus (17 November, Jeremy Schwartz, 2.1M online visitors/mo; Austin, TX)
Veterans in the work program at the Department of Veterans Affairs' Temple campus had complained about being assigned to the motor pool for years. The complaints, made by veterans undergoing drug and alcohol treatment as they tried to get their lives back on track, alleged the unit's boss— who was in charge of the grounds crew at the motor pool — had regularly subjected them to verbal abuse and tirades.

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2. Greater Choice for Veterans

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2.1 - Newsmax (FOX News, Video): Shulkin: VA Taking Further Steps Toward Transparency (17 November, Sandy Fitzgerald, 10.8M online visitors/mo; Boca Raton, FL)
The Department of Veterans Affairs is doubling down on its strategy to become the "most transparent department" in the U.S. government, VA Secretary David Shulkin said Friday. "I think it's essential that we begin to rebuild the trust with our veterans and the way to do that is to share what's going on in the VA and be honest and open about the problems that we have, as well as the progress that we are making," Shulkin told Fox News' "Fox & Friends."

Hyperlink to Above

2.2 - Washington Examiner: David Shulkin: Fixing VA 'a matter of national security' (18 November, Sarah Westwood, 4.8M online visitors/mo; Washington, DC)
Allowing systemic problems at the Department of Veterans Affairs to persist could ultimately put the entire country at risk, according to VA Secretary David Shulkin. “I think both the president and I believe not only have veterans earned this, but this is actually a matter of national security,” Shulkin told the Washington Examiner in an interview this week.

Hyperlink to Above

2.3 - KREM (CBS-2): McMorris Rodgers meets with veterans at Spokane VA (17 November, Whitney Ward, 1M online visitors/mo; Spokane, WA)
Eastern Washington Congresswoman Cathy McMorris Rodgers paid a visit to the Spokane VA to talk about improvements in care for local veterans on Friday. The Congresswoman took questions from some veterans. They asked about the wellness program and why it has taken so long to recognize Agent Orange as such a problem. Many vets have also contacted KREM 2 complaining about doctor shortages at the Spokane VA.

Hyperlink to Above

2.4 - The Montana Standard: Bold reform needed for Veterans Choice (17 November, Sam Redfern, 87k online visitors/mo; Butte, MT)
As a Montana native and Iraq combat veteran, I am fortunate to call Big Sky Country home. With the exception of Alaska, no other state boasts more veterans per capita than Montana. But as I have personally experienced and many veterans in the state will tell you, when it comes to providing Montanans with quality health care, the U.S. Department of Veterans Affairs has room for improvement.

Hyperlink to Above

3. Modernize Our System

3.1 - The Sentinel: **Work to begin on new VA clinic in Upper Allen Township** (17 November, Zack Hoopes, 168k online visitors/mo; Carlisle, PA)
Cumberland County’s Veterans' Affairs clinic is expected to move into a greatly expanded facility by the summer of 2018. A groundbreaking ceremony was held Thursday for the new VA clinic that will occupy a 25,000-square-foot space at 5070 Ritter Road in the Rossmoyne commercial development area in Upper Allen Township, replacing the current, and much smaller, clinic in Camp Hill.

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3.2 - Health Data Management: **Cerner data center to support DoD and VA EHRs** (17 November, Greg Slabodkin, 143k online visitors/mo; Chicago, IL)
As the Departments of Defense and Veterans Affairs look to create a common shared electronic health record system, the VA is poised to benefit from DoD investments in a Cerner data center that currently hosts the military's new EHR.

Hyperlink to Above

3.3 - Republican Herald: **More details released about veterans' clinic coming to Pottsville** (17 November, Amy Marchiano, 75k online visitors/mo; Pottsville, PA)
Additional details were released Wednesday about the new veterans clinic coming to Pottsville. Schuylkill County commissioners and representatives with the Lebanon Veterans Administration Medical Center and STG International Inc. spoke with a small group of people at the Salvation Army on Sanderson Street in the city about the clinic, which is expected to open early next year.

Hyperlink to Above

3.4 - ConnectingVets.com (CBS Radio): **A plea for money, then a possible merger: what's up with VA's health records system?** (17 November, Jonathan Kaupanger, New York, NY)
So, this is a little confusing: on Wednesday, Veterans Affairs was desperate to move $782 million around in its accounts so they could start payment on the proposed electronic health record system. Today, it's exploring a merger with the Pentagon's system.

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4. Focus Resources More Efficiently

4.1 - The Hill: **Don't forget the VA's role in emergency preparedness** (17 November, Suzanne Gordon, 11.8M online visitors/mo; Washington, DC)
Congress is considering numerous bills that would defund and ultimately privatize the Veterans Health Administration (VHA). One of the things many political representatives seem to have forgotten is the role the VHA plays in responding to emergencies like wildfires, hurricanes, volcanic eruptions, and other natural disasters that occur all too frequently throughout the United States.

Hyperlink to Above

4.2 - KDVR (FOX-31, Video): **Rep. Coffman calls for review of Denver VA management** (17 November, Rob Low, 663k online visitors/mo; Denver, CO)
A Congressional subcommittee is demanding the VA Office of Medical Inspector investigate complaints of mismanagement of the surgical and anesthesia departments at the Denver Veteran Affairs Medical Center.

Hyperlink to Above

4.3 - WBMA (ABC-33/40, Video): **Veterans learning to heal through art therapy** (17 November, Melanie Yuill, 448k online visitors/mo; Hoover, AL)
The Hoover Arts Council teamed up with the Birmingham VA Center to offer art therapy classes at their Hoover center. In this art class each paint brush stroke brings stress relief. Elaine Fuerst

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says the feeling of relaxation she gets here can't be bought. "You don't have a performance review; you are just so free."

Hyperlink to Above

4.4 - The Register-Guard: Investigation continues into management and practices at veterans health care centers in Roseburg and Eugene (18 November, Sherri Buri McDonald, 438k online visitors/mo; Eugene, OR)
U.S. Department of Veterans Affairs investigators plan to return to Oregon a third time on Nov. 27 to interview employees at Roseburg and Eugene veterans health care centers, a spokeswoman for U.S. Rep. Peter DeFazio said Friday.

Hyperlink to Above

4.5 - The Sentinel: New transportation service announced for Cumberland County veterans (17 November, Zack Hoopes, 168k online visitors/mo; Carlisle, PA)
Cumberland County veterans will soon have access to free transit to the VA medical center in Lebanon. The county's Department of Veterans Affairs is coordinating with Rabbittransit to provide regular Monday-Friday shuttle service between the Lebanon facility and the VA's satellite clinic in Camp Hill.

Hyperlink to Above

4.6 - WSAV (NBC-3, Video): Savannah VA Clinic is working to find a treatment for PTSD and substance abuse (17 November, Danni Dikes, 161k online visitors/mo; Savannah, GA)
The Savannah VA Outpatient Clinic is conducting a clinical trial to develop a treatment for PTSD and substance abuse. Twenty percent of the millions of men and women who serve in the U.S. military experience Post-traumatic Stress Disorder. Nearly half of them turn to drugs and alcohol to cope. PTSD can lead to unemployment, violence, homelessness or even suicide.

Hyperlink to Above

4.7 - KLKN (ABC-8): Veterans Advisory Group presents two major donations (17 November, Zach Worthington, 153k online visitors/mo; Lincoln, NE)
Earlier today the Veterans Advisory Group for the Lincoln Veterans Affairs Clinic presented two major donations at the Veteran Affairs Coffeehouse, which is held in the Veterans Advisory Clinic auditorium. The donations were a new audio sound system and a painting of an American Eagle that was signed by all those who participated in donating money to the cause.

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4.8 - Charleston Gazette-Mail: Letter: Letter about Beckley VA Hospital contained false information (17 November, Dir. Stacy Vasquez, 28k online visitors/mo; Charleston, WV)
On October 27, the letter "Beckley VA Hospital's acupuncturist decision hurts vets" was published. It contained false information regarding the status of acupuncture care available through the Beckley VA Medical Center. I would like to address the inaccuracies included in that letter. The Beckley VA Medical Center still continues to provide acupuncture treatments, and that has never changed.

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5. Improve Timeliness of Service

5.1 - Kitsap Sun: Deny until you die, unless VA is funded (17 November, Ed Palm, 320k online visitors/mo; Bremerton, WA)
Last week, I was heartened to read that Rep. Derek Kilmer is lighting a fire under the VA to deliver on their long-promised new and improved, and adequately staffed, community based outpatient clinic (CBOC) for Kitsap County ("Vets deserve better from VA services," Nov. 11). Kilmer charges the Puget Sound VA Healthcare System with dropping the ball on this one.

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6. Suicide Prevention

6.1 - The Mountaineer: Fighting veteran suicide gets personal (17 November, Kyle Perrotti, 655k online visitors/mo; Waynesville, NC)
When Sgt. Jared Best reenlisted to go to Afghanistan after having already done a tour in Iraq, he did so to be there for his guys, many of whom were inexperienced in combat. But he never realized the toll that final deployment would take on him.

Hyperlink to Above

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBRC (FOX-6, Video): Birmingham VA doing more to help female veterans (17 November, Alan Collins, 597k online visitors/mo; Birmingham, AL)
The Veterans Administration is doing more to help women veterans. "I feel like the Veteran's Administration as a whole is undergoing a cultural shift," said Amy Southern, Women's Veteran Program Manager at the VA Clinic. She said VA needed more space to a meet a growing demand for women veterans healthcare needs.

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7.2 - Herald & Review: Central Illinois veterans find support, services at Stand Down event (17 November, Ryan Voyles, 199k online visitors/mo; Decatur, IL)
In his seven-plus years in the U.S. Army, Douglas Luthy said he had the chance to travel across North and Central America. Now, 25 years later and living at the men's shelter at the Salvation Army, Luthy has found himself in need of help.

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7.3 - Daily Toreador: System hosts Veterans' Affairs hearing for educational opportunities, support in higher education (17 November, Michael Cantu, 93k online visitors/mo; Lubbock, TX)
A panel of Texas Tech and Tech System guests testified before a House Committee on Veterans' Affairs today at 2 p.m. in the System building located at 1508 Knoxville Ave. The hearing, entitled "Best Practices in Veterans Education and Transition to Civilian Life," was headed by District 19 Congressman Jodey Arrington and subcommittee ranking member District 16 Congressman Beto O'Rourke.

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8. Other

8.1 - The Plain Dealer (Video): Advocacy group runs television ads targeting VA for testing on dogs (17 November, Emily Bamforth, 11.5M online visitors/day; Cleveland, OH)
Advocacy group the White Coat Waste Project is now running national television advertisements targeting the U.S. Department of Veterans Affairs for use of dogs in experiments. The organization posted billboards in Cleveland earlier this year with captions reading "Prisoners of Waste, Stokes VA Medical Center, Stop Taxpayer-Funded Animal Experiments!"

Hyperlink to Above

8.2 - Washington Examiner: VA head David Shulkin: Biased reporters 'make our jobs harder here in Washington' (17 November, Sarah Westwood, 4.8M online visitors/mo; Washington, DC)
Veterans Affairs Secretary David Shulkin blames sloppy reporting for sensationalizing the details of an official trip he took to Europe in July and for complicating the daily work of administration officials more broadly.

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8.3 - WOIO (CBS-19): Millions in federal contracts going to companies that owe back taxes: A Carl Monday investigation (17 November, Carl Monday, 604k online visitors/mo; Cleveland, OH)
If you don't pay your taxes, you get punished. Some people even get jail time. But when it comes to businesses, are the rules the same? Our investigative team found the federal government has been awarding millions of dollars in contracts to companies who owe millions in delinquent taxes.

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1. Top Stories

1.1 - The Wall Street Journal: Two Critical Reports Indicate Problems Persist at VA (17 November, Ben Kesling, 43.5M online visitors/mo; New York, NY)

WASHINGTON — The Department of Veterans Affairs' internal watchdog criticized the agency in new reports this week for problems it has struggled for years to address, including providing timely treatment for vulnerable veterans.

One report from the VA's Office of Inspector General detailed how a patient suffering from mental-health issues took his own life while waiting for treatment and after canceled appointments.

A separate report showed that a VA clinic incorrectly tallied wait times for appointments, slowing the appointment process for veterans and preventing hundreds from taking advantage of a program to use private-sector care.

"When a veteran in crisis goes to VA to seek help, they should receive it. Period," said Rep. Phil Roe (R., Tenn.), the chairman of the House Committee on Veterans Affairs, in response to the reports. "The failure of VA to provide adequate care is inexcusable, and the committee will continue to make oversight a priority."

The VA inspector general said in one of the reports, on Wednesday, that a veteran in New Jersey had been consistently using the VA for care since 2011. In late 2015, he walked into a VA clinic and tried to get an appointment with his psychologist and was told he could return three months later.

In the interim the veteran took his own life.

Inspectors found that staff members didn't follow up properly with the veteran or let him know he was eligible to get faster care from a private-sector provider.

"We found an overall lack of communication between psychiatry and psychology services led to unclear treatment goals for this patient, including his diagnoses, prognosis, and treatment," the report said.

In the second report, issued Thursday, the inspector general documented extensive use of unofficial wait lists in Colorado in 2016 for veterans waiting for mental-health therapy. Facility staff didn't always document follow-up procedures or track how long patients were required to wait to receive care.

"As a result of using the unofficial wait lists, [health care system] management lacked an effective process to adequately oversee veteran care," the report said.

The unofficial wait list practice was similar to problems first uncovered in 2014, when the department was roiled by whistleblowers reporting use of unauthorized wait lists, veterans experiencing long wait times for appointments and some patients dying while waiting for appointments.

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A VA spokesman said that neither report captured agency practices.

“Neither of these issues is systemic or persistent and the reports in no way reflect the current state of play at VA,” said the VA spokesman, Curt Cashour, noting that the events cited in the reports happened more than a year ago. “Using these reports as a snapshot of the current situation at VA would be like The Wall Street Journal citing closing prices from two years ago to reflect today’s stock market value.”

By the time investigators looked into the New Jersey matter, the VA had removed the medical-center director and beefed up resources, Mr. Cashour said. In Colorado, local officials disputed the premise of the watchdog’s findings, but quickly began to revise procedures.

VA action plans for the facilities in question show that fixes to problems highlighted in Colorado were scheduled to be completed in September of this year, and that the inspector general said it hadn’t been given evidence it had been completed. The fixes in New Jersey aren’t scheduled to be completed until 2018.

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1.2 - FOX News (Video): Sec’y Shulkin on efforts to bring more transparency to VA (17 November, 32.5M online visitors/mo; New York, NY)

In this three-minute video, the VA Secretary speaks out on efforts to improve the culture at the department on 'Fox & Friends.'

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1.3 - FOX News (AP, Video): Colorado VA kept secret wait lists for vets' mental heath care, report finds (17 November, 32.5M online visitors/mo; New York, NY)

A new government watchdog group found that the U.S. Department of Veterans Affairs facility in Denver violated policy by keeping improper wait lists to track mental health care that veterans received.

Investigators with the VA Office of Inspector General confirmed whistleblower and former VA employee Brian Smother’s claim that staff kept unauthorized lists instead of using the department's official wait list system.

That made it impossible to know if veterans who needed referrals for group therapy and other mental health care were getting timely assistance, according to the report. The internal investigation also criticized record-keeping in PTSD cases at the VA's facility in Colorado Springs.

Patients there often went longer than the department's stated goals of getting an initial consult within a week and treatment within 30 days, investigators found. In one case, a veteran killed himself 13 days after contacting the clinic, which was supposed to see him within a week.

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Investigators said the unofficial lists did not always identify the veteran or requested date of care, and they could not determine how many veterans were waiting to receive help and for how long, even with the help of staff at the facilities.

“My worst fears have been realized in this Inspector General’s report that Chairman Johnson and I demanded,” Colorado Republican Senator Cory Gardener said in a statement. “It highlights even more VA mismanagement and lack of accountability in Colorado. This cannot happen again, and it’s time for the VA to finally wake up and ensure our men and women are getting the best care possible. I will continue to work with Chairman Johnson to ensure the accountability that somehow the VA refuses to accept.”

Smothers, who worked at the VA in Denver as a peer support specialist on the post-traumatic stress disorder clinical support team, informed Gardner and his fellow senator, Ron Johnson of Wisconsin, last about the VA facilities in Denver and nearby Golden using wait lists for mental health services from 2012 until last September. Gardner resigned from his post at the VA shortly after going public, citing retaliation from VA officials in Colorado.

“Putting veterans on secret wait lists is not acceptable,” Wisconsin Republican Sen. Ron Johnson said in a statement. “The VA should implement changes to provide the highest quality care for our veterans and hold wrongdoers accountable. I thank Brian Smothers, the whistleblower who bravely came forward to shed a light on these unacceptable practices at the VA so they can be prevented in the future.”

Speaking to the Associated Press, Smothers said he was disappointed the report didn't make clearer that VA staff knew full well what they were doing. "We renamed the files 'interest lists' so people wouldn't know we were breaking the rules" on how to maintain wait lists, Smothers said.

The VA Eastern Colorado Health Care system said in a statement that while it agreed with much of the report's findings it bristled at the idea that its wait lists were "secret." The statement says that "nothing about this process was secret" and that it was discontinued once staff became aware it violated VA policies.

The VA Eastern Colorado Health Care system said in a statement that while it agreed with much of the report's findings it bristled at the idea that its wait lists were "secret." The statement says that "nothing about this process was secret" and that it was discontinued once staff became aware it violated VA policies.

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1.4 - KUSA (NBC-9, Video): Federal investigation finds Denver VA hospital used improper wait lists for some veterans (17 November, 3.1M online visitors/mo; Denver, CO)

A watchdog arm of the U.S. Department of Veterans Affairs said Thursday that the agency's Denver hospital violated department policy by keeping improper wait lists to track veterans' mental health care.

Investigators with the VA Office of Inspector General confirmed a whistleblower's claim that staff kept unauthorized lists instead of using the department's official wait list system. The report says

that made it impossible to know if veterans who needed referrals for group therapy and other mental health care were getting timely care.

The report drew a sharp rebuke from Colorado Senator Cory Gardner, one of several lawmakers to request the investigation. In a statement released to the media, the Republican said his "worst fears" had been realized. The senator added that it's time for the VA to "finally wake up and ensure our men and women are getting the best care possible."

The VA hospital also released a statement, saying it concurred with the findings presented by the Office of Inspector General but it did not agree with the characterization that unofficial wait lists were secret wait lists.

The hospital explains it used "interest trackers" to gauge potential demand for a number of mental health groups among veterans who were already receiving therapy from a VA medical provider. They were intended to allow mental health providers to gather enough patients to begin group therapy. The office says it stopped using interest trackers after learning they were not allowed under VA scheduling policy.

The Denver facility says it welcomes the OIG's findings and recommendations as an additional check to ensure veterans are receiving the highest-quality care.

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1.5 - Austin American-Statesman: Investigation finds corruption, intimidation at Temple VA campus (17 November, Jeremy Schwartz, 2.1M online visitors/mo; Austin, TX)

Veterans in the work program at the Department of Veterans Affairs' Temple campus had complained about being assigned to the motor pool for years.
The complaints, made by veterans undergoing drug and alcohol treatment as they tried to get their lives back on track, alleged the unit's boss— who was in charge of the grounds crew at the motor pool — had regularly subjected them to verbal abuse and tirades.

Other complaints hinted at possible crimes; VA equipment like lawnmowers and expensive tools regularly disappeared. Veterans said assignments sometimes took them off the sprawling VA campus in Temple and to the homes of high-ranking VA officials, where they said they were ordered to work.

Yet even as the complaints piled up, administrators took no action.

This spring, after veterans had lodged nearly 50 grievances over a decade, the Central Texas VA finally launched an internal investigation into the motor pool. In August, the three-person administrative board confirmed much of what the veterans had long alleged — and uncovered much more.

The American-Statesman obtained a preliminary, unsigned version of the board's report. It found that some VA supervisors had stolen equipment from the agency and benefited personally from the labor of veterans in the vocational training program. Current and former veterans in the program testified that they had been told to build fences, repair sprinkler systems

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and perform other landscaping work at the homes of certain supervisors and their family members.

The veterans also testified that while they were being paid by the government, they were forced to repair personal vehicles and do other odd jobs for supervisors.

And in a finding that has sparked a wider VA inquiry, the investigators said they had uncovered a complex scheme at the motor pool to secretly profit from VA purchase orders. The board concluded employees at the motor pool had funneled business to a small Killeen firm that investigators said made at least $400,000 by padding purchases with 30 percent surcharges. In all, the report found, more than $1.3 million was “funneled through” the business, Whitetail Industrial Parts and Services, in recent years.

In a phone interview, Oarrin Nash, the motor pool boss who the board accused of abusing and intimidating workers and misusing government resources, disputed the report’s findings. “A lot of malicious things have been said against me,” he said. “97.7% of them are lies.” He said he never stole VA equipment or forced veterans to work at the homes of supervisors, and had no knowledge of the financial activities involving Whitetail, which is owned by Jeff Pearson.

Phone and Facebook messages sent to Pearson were not returned. Other employees mentioned in the report either did not respond to interview requests or were not made available by the VA.

The allegations involve some of the VA’s most vulnerable clients.

Many lived in the Temple VA’s domiciliary, a residential rehabilitation facility with nearly 200 beds. Veterans in the work program worked for minimum wage in areas such as housekeeping and food service, at the agency’s 167-acre Temple campus, which also includes a large medical center, administrative offices, a VA police department and a state-run retirement home.

The agency’sCompensated Work Therapy program is meant to help struggling veterans, many of whom have been out of the job market for years, gain the work experience and confidence they need to find a job in the outside world. But veterans assigned to the grounds crew and motor pool in Temple said the program had the opposite effect.

One Army veteran, who asked that his name not be used because he feared retaliation from Nash and other VA employees named in the report, told the Statesman that veterans dreaded being assigned to the motor pool. “You did your best not to go there,” he said, “but they always had open positions because so many people would quit.”

The man, who was not interviewed by the investigative board, said he was ordered to wash vehicles belonging to VA employees and their family members and was once sent to deliver furniture to a VA employee’s house during work hours. “We felt like peons,” he said. “If you didn’t already feel bad about yourself, you did after that.”

Don Peace, the manager of the Temple VA’s vocational program, told investigators that working at the motor pool had done irreparable harm to the veterans who were supposed to benefit from it.

“I think it really affected the veterans … it drove their self-esteem even lower, and then their only way of dealing with it, then, was to go back and either use drugs or drinkin’,” Peace told

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investigators, according to a transcript of his interview. “And for those that then was working as outpatients that was no longer in the (domiciliary), then they would relapse and just quit showing up, and we would have to try to track ‘em down.”

‘The day of reckoning’

Central Texas VA Director Christopher Sandles said that he initiated the investigation after hearing concerns from employees at the motor pool during focus groups he convened when the VA appointed him to the top position in the region, which includes Austin, nine months ago.

“To me this is a great example of valuing and engaging staff, listening to their concerns and following through on them,” he said. “While they may have been able to get away with it for quite some time, the day of reckoning, in my opinion, is here.”

Sandles said that two employees named in the board’s report no longer work at the VA, though he said he could not confirm whether the staffers had been fired, or even disclose their names, citing potential grievances. “We haven’t closed the door to any additional actions,” he added.

Sandles also said that the final version of the report, which the Statesman requested last month through the Freedom of Information Act, has exonerated at least one high ranking official recommended for discipline in the preliminary report.

The Statesman has requested personnel information on the employees named in the report through the Freedom of Information Act.

Nash, who worked at the VA for 18 years, confirmed that he was fired after the board’s report. He said he has hired a lawyer to fight the action.

He said he was asked to work with troubled veterans in the program despite not being given any training on how to deal with their physical or psychological issues. He said that far from abusing the veterans, he had helped several find jobs and apartments.

“I’ve been treated like a dog,” Nash said.

While Nash says he had no financial dealings with Whitetail Industrial Parts and Services, the investigative board, chaired by Gregory Vrentas, the administrator of the VA’s Austin outpatient clinic, concluded that Nash and his immediate supervisor, Chris Sebek, regularly used Whitetail to make prohibited VA purchases. Investigators also alleged that a bookkeeping firm owned by Sebek’s wife played a role in submitting fraudulent invoices.

The Sebeks did not return a call to their home or a Facebook message.

Investigators further alleged that multiple VA employees, who were not named, “most probably” helped Whitetail win contracts by providing Pearson, Whitetail’s owner, with confidential bid information from competing firms.

VA officials have referred the most serious allegations of financial wrong-doing, involving contracts and purchases, to the VA’s Inspector General, which has launched an investigation that could result in criminal charges. The report also urged a careful review of all contracts involving Whitetail.

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‘We were never here’

Peace, the vocational manager, told investigators he built a spreadsheet to keep track of nearly 50 complaints against Nash of abuse, retaliation and punishment. “It became so overwhelming, there was no other way I could track it,” he said.

Peace said he forwarded the complaints to Sebek and to Sebek’s boss, John D. Summers, the chief of the Temple campus’ engineering division. But he but said the supervisors took no action.

Veterans told the administrative board that the two supervisors profited from their labor.

One veteran told investigators the employees in the motor pool were “like the Mafia.” “Just their way of covering stuff up for each other. This has been going for six, seven, eight years and nothin’ ever done about it,” the man said, according to the board’s report.

Even before the investigation wrapped up, veterans told investigators they were being threatened with physical harm for testifying. One veteran said he moved his family to Mexico after receiving a threatening phone call from someone who referred to him as a “snitch.”

Another veteran said that during a work assignment, he was told to take brand new shelving furniture to Sebek’s home. Once they had loaded the shelving into the garage, the veteran said Nash informed him it was Sebek’s place.

The veteran said Nash told him: “We were never here.”

Two workers said they were sent to the home of Summers, the engineering division chief, to cut trees and install fencing. One of the veterans told investigators Nash warned him not to interact with Summers at the property. “‘Don’t talk to nobody,’” the veteran said Nash told them. “‘Don’t be over there in this man’s face.’” The veteran said he was paid $60 for the work there.

On another occasion, a veteran told investigators he was dispatched to the homes of two supervisors to work on their sprinkler systems with VA-purchased equipment. Others said they performed automative repair work on the personal vehicles of VA employees, including brake jobs and tune ups, and repaired Nash’s personal lawn care equipment.

Veterans said their work assignments also included digging up rose bushes Nash directed workers to put in his truck. “They’re all going to my mom’s,” Nash said, according to the testimony. Other veterans recounted being made to chop wood on VA property and load it into Nash’s personal truck so he could sell it later.

Nash denied the allegation. “I don’t steal,” he said. “I work my ass off.”

In all, investigators recommended administrative action against seven VA employees, reserving some of its harshest judgement for Summers, the engineering chief.

“The (investigation) revealed an absolute, protracted lack of managerial oversight and accountability in regulatory practices which led to an unbridled level of; waste, fraud, abuse, theft, resource mismanagement, and (Federal Acquisition Regulation) violations in the daily operations of the engineering service,” the report found.

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‘I got my boy in the corner’

As the investigation stretched over the summer, investigators began hearing disturbing stories of intimidation involving Nash, as well as Temple VA police Chief Thomas Carnes, who has since been cleared by VA brass. The VA maintains its own force to police its campuses and buildings.

One veteran told investigators he hadn’t previously complained about activities at the motor pool because Nash “has so many people in his pocket.”

“He reminded me that he is buddy buddy with the cops,” the veteran testified. He recounted an incident in which Nash called Chief Carnes over to a group of veterans, warning them: “You mess with me, I got my boy in the corner right here.”

Nash called the allegations that he intimidated witnesses “fantastic, outer space shit.”

Investigators concluded that both Nash and Carnes engaged in witness intimidation and recommended administrative action against both.

But Sandles, the VA director, said the report obtained by the Statesman was preliminary. Sandles said a final version had reversed the findings about Carnes, clearing the police chief of allegations that veterans performed yard work at his home and that he and other members of his force intimidated witnesses who testified to the investigative board.

“I have no concerns with my chief of police,” Sandles said. “He has my utmost confidence. … He is free and clear.”

Sandles said that in the future, the VA campus will implement greater inventory control of lawn equipment and keep better track of government credit cards.

“We are making quite a few changes systemwide to make sure something like this doesn’t happen again.”

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How we got the story

This story is based on a 70-page report documenting a wide-ranging investigation into accusations of corruption and intimidation at the Department of Veterans Affairs campus in Temple. The report is preliminary, and the Statesman has requested additional documents under the federal Freedom of Information Act. Statesman reporter Jeremy Schwartz has spent six weeks following up with veterans in the program, staff and VA officials for this story. He has attempted to reach all of the people whose names are published here.

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2. Greater Choice for Veterans

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2.1 - Newsmax (Video): Shulkin: VA Taking Further Steps Toward Transparency (17 November, Sandy Fitzgerald, 10.8M online visitors/mo; Boca Raton, FL)

The Department of Veterans Affairs is doubling down on its strategy to become the "most transparent department" in the U.S. government, VA Secretary David Shulkin said Friday.

"I think it's essential that we begin to rebuild the trust with our veterans and the way to do that is to share what's going on in the VA and be honest and open about the problems that we have, as well as the progress that we are making," Shulkin told Fox News' "Fox & Friends."

The steps include publishing all wait times, said Shulkin, marking "the only healthcare in America that's doing that currently."

The department also is publishing what other veterans are saying about their care in the nation's VA facilities, as well as quality data, Shulkin said.

Meanwhile, the VA's most critical issue is the modernize it and give veterans the kind of care they need, including fulfilling President Donald Trump's promise of expanding care options to the private sector.

"That is the president's commitment, to make sure that our veterans are getting the very best care, whether it is in the VA system that's taking care of millions and millions of veterans each year and doing a great job," said Shulkin. "In the cases where we are falling short, we absolutely want to make sure that veterans get the best care in the private sector."

He added that the VA also is working with Congress to be sure it can give veterans the best care possible to meet their needs.

"This is a system that has had decades of problems, and we are not going to get everything at once," said Shulkin. "[We are] pushing for what we can to transform the system and send it on a path."

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2.2 - Washington Examiner: David Shulkin: Fixing VA 'a matter of national security' (18 November, Sarah Westwood, 4.8M online visitors/mo; Washington, DC)

Allowing systemic problems at the Department of Veterans Affairs to persist could ultimately put the entire country at risk, according to VA Secretary David Shulkin.

“I think both the president and I believe not only have veterans earned this, but this is actually a matter of national security,” Shulkin told the Washington Examiner in an interview this week. “If we have a system that, when people are deciding if they want to serve their country, that they don’t believe that when they get home, they have a system that’s going to take care of them that they can rely upon, the approach towards having a voluntary Army and people who want to come and protect the country is at risk, and I think we have seen some recent reports that it’s getting tougher to meet recruitment standards.”

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The VA secretary, whose efforts to transform the agency have earned him a spot in President Trump's good graces, said a reflection on the VA's failures is the first step toward fixing a department Trump has called a "disaster."

Under Trump's predecessor, the VA suffered through a series of controversies ranging from filthy conditions at some of its hospitals to VA workers who wrongly declared living veterans dead and stripped them of their benefits.

But the biggest scandal to strike the agency came in 2014, when whistleblowers revealed a nationwide scheme to conceal long delays in healthcare by using fake patient waiting lists. The fallout from the wait time controversy led to the resignation of then-VA Secretary Eric Shinseki and to a number of changes in the way VA officials manage and report wait times.

Trump made the VA a top target during the presidential race, holding up its failures as evidence of the Obama administration's broader ineptitude.

Shulkin, who has worked at some level of the VA since June 2015, said he agrees with Trump's criticism of the agency he now oversees.

"People say, 'Well, you know, he's been so critical of the VA.' Well, you know, I actually think that's a good thing," Shulkin said of Trump's past comments. "When you're the boss, you get to hold up a mirror and tell people where the problems are and if you don't do it, then the rest of the organization doesn't really have a chance to respond."

Although Shulkin served for more than a year as undersecretary for health in former President Barack Obama's VA, he said his ascension to the top of the organization has given him a chance to "reboot" an agency in need of an overhaul.

"I had a very different experience under the last administration. I came in in the last 18 months of an eight-year administration that pretty much had a certain way of doing things and I wasn't in the role of secretary," he said. "They all have different management styles, they all have different ways of accomplishing things, so I don't, I really don't have criticism of the last administration."

Shulkin has stood out in the Trump administration as one of the president's favored Cabinet officials.

In public appearances, Trump has repeatedly touted the unanimous Senate vote that confirmed Shulkin to his position in February.

And Trump has cited reforms at the VA as a bright spot amid the stagnation of his legislative agenda and the delay of his immigration executive orders by the courts.

While Shulkin's disciplined and apolitical approach to his post is seemingly an odd match for Trump's brash style, the VA secretary said he works well with Trump because they have professional chemistry.

"I think that for me, it's just a good management style fit," Shulkin said. "When we're together, he's very candid, he's very inquisitive, he understands the issues very well, and we are able to have direct conversations. It's not a lot of formality. I mean, it's — I appreciate that, and it helps me in performing my job better."

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Shulkin said one of his top priorities since taking the helm at VA has been to shift more of the agency's resources into providing services unique to veterans — such as treatments for post-traumatic stress disorder and traumatic brain injuries — and away from services veterans can easily obtain from private doctors.

"They don't need us to do things that can be done well in the community, like making eye glasses. They need eye glasses, but it doesn't mean the VA always has to be the one to do that. Every shopping mall in America has a place you can get eyeglasses," Shulkin said. "But for those issues that, frankly, aren't done well in the private sector, that are important to veterans, we need to do those well. So I'm asking my medical centers to actually move more money into those services — that it's one thing when you say they're important, it's another where you watch where the money goes."

Shulkin blamed the VA's past efforts to provide all aspects of care to all veterans for some of the agency's failings over the past several years, such as the long wait times patients faced and the resource shortfalls that some facilities have encountered. As a result, Shulkin said, his strategy has focused on expanding veterans' access to care in the private sector to supplement what they receive directly from the VA.

"I think, if anything, the wait time crisis in 2014 taught us that VA cannot do this alone," he said. "You cannot take care of the health needs of every nook and cranny in this country by VA doing this alone, and so this is probably a strategy that tries to make actually a common sense approach to meeting the needs of veterans, and it doesn't fit into the political spectrums."

Shulkin has long resisted suggestions that his effort to expand veterans' access to private sector care means he aims to privatize the VA. Privatization fears have long underpinned resistance to the expansion of programs that allow veterans to seek treatment outside the agency.

The VA secretary said his plan will ideally let veterans choose a combination of private and public services.

"I have come out pretty clear that I am not in favor of privatization. I think that would be a huge mistake for the country to do that, and particularly for veterans, but that doesn't mean that we need to stick to the status quo," Shulkin said. "You know, some people say, 'Oh, you must be privatizing!' or 'You must be ignoring the private sector!' This is saying, 'No, we're going to pick what's right for veterans.'"

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2.3 - KREM (CBS-2): McMorris Rodgers meets with veterans at Spokane VA (17 November, Whitney Ward, 1M online visitors/mo; Spokane, WA)

SPOKANE, Wash. -- Eastern Washington Congresswoman Cathy McMorris Rodgers paid a visit to the Spokane VA to talk about improvements in care for local veterans on Friday.

The Congresswoman took questions from some veterans. They asked about the wellness program and why it has taken so long to recognize Agent Orange as such a problem. Many vets

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have also contacted KREM 2 complaining about doctor shortages at the Spokane VA. She said veterans should already be seeing results from her plan to improve the VA in Spokane.

“Staff is energized, the doctors that we’re recruiting to come here, you’re seeing a commitment to the 24/7 urgent care,” McMorris Rodgers said.

She said they have also worked to repair a roof at the Spokane facility that had been leaking for five years. They were able to identify the funding and get the roof fixed by the end of the year. She said that there is still work to be done.

“I think the Choice Program for our veterans still needs to be looked at and made sure that it really is easy for the veterans to access care through the Choice Program. It’s one, especially in the rural areas because if you’re a veteran in Colville or Kettle Falls or Republic, it’s a long way to the Spokane VA,” she said.

Another problem that has plagued the Spokane VA is the lack of specialists available. McMorris Rodgers is hopeful that the medical schools in Spokane will help with the shortage.

“My legislation on the teaching health center is so important to training our OBGYNs, our primary care, our psychiatric, that’s going to help met the needs here. I would like to see them being able to go to providers here in Spokane rather than being forced to travel to Boise or Seattle or Portland,” she said.

The Congresswoman also took time to address a series of stories KREM did on her back in 2016 about staggering price increases in prescription drugs. KREM 2 pointed out that the Political Action Committees for her re-election campaigns have accepted thousands and thousands of dollars from many of those same drug companies that are jacking up your prices.

“I had the chance yesterday to talk to President Donald Trump about the cost of prescription drugs and I shared with him that I have some ideas and he said, 'Let’s talk further, lets bring some people in and I’d like to hear more,'” McMorris Rodgers said. “I think we must have more transparency as a cost and accountability among our pharmacy benefit managers. The large increases in cost are not predictable, retroactive that makes it really difficult to ensure the patients have access to low cost drugs.”

Many of the veterans who talked to her in person Friday thanked her for hearing their concerns and criticisms. They are hopeful many of these problems will show significant improvement. They just hope it comes soon enough for those who depend on the VA for the care they need.

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2.4 - The Montana Standard: Bold reform needed for Veterans Choice (17 November, Sam Redfern, 87k online visitors/mo; Butte, MT)

As a Montana native and Iraq combat veteran, I am fortunate to call Big Sky Country home. With the exception of Alaska, no other state boasts more veterans per capita than Montana. But as I have personally experienced and many veterans in the state will tell you, when it comes to providing Montanans with quality health care, the U.S. Department of Veterans Affairs has room

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for improvement. While many of the systems doctors do their jobs well, bureaucratic hurdles remain.

More than 10 percent of appointments in the Montana VA Health Care System take more than 30 days to schedule. The Billings, Lewistown, and Plentywood clinics each have average wait times hovering near 30 days, while the average wait time at the Great Falls VA Clinic is closer to 40 days.

Worse yet, the rate of serious post-surgery blood clots in Montana exceeds the national average, as does the rate of wounds splitting open following abdomen and pelvis surgeries. This is completely unacceptable anywhere, but particularly in a state so many veterans call home.

Throughout the country, veterans wait far too long to receive the care they deserve and shocking stories of substandard care appear regularly on the nightly news.

The nation first learned of grave problems at the VA after the Phoenix VA scandal in 2014. That same year an inspector general report revealed gross malfeasance and negligence throughout the Veterans Health Administration, and Congress created the Veterans Choice Program.

Veterans Choice was intended to serve only as a stop-gap measure that allowed veterans to receive timely care at doctors and facilities outside the VA system before substantive reforms could be made. In the ensuing years, however, Congress passed few reforms and the well-intentioned program fell short of its stated goals. The “Choice [Program] did not reduce wait times to receive necessary medical care for many veterans,” the VA assistant inspector general for audits and evaluations wrote in a March report.

That’s because the VA bureaucracy continues to act as a gatekeeper between veterans and their health care, using inefficient and confusing methods to refer veterans to private care providers.

Take for example the “40-mile 30-day rule” that requires veterans to live more than 40 miles from the nearest VA facility or to confront a wait time exceeding 30 days before they can use the Veterans Choice program. If a veteran lives within 40 miles of any VA clinic, even if that facility does not offer the treatment the veteran needs, he or she would not be able to use the program. Even worse, the VA inspector general’s March report revealed VA officials were still manipulating wait-time data — preventing as many as 13,800 eligible veterans from accessing the Choice Program. Montana veterans at recent town halls have raised these concerns directly to our congressional delegation and VA Secretary Shulkin.

Clearly, the program must be reformed if it is to function as intended. Few people are better positioned to make sure this happens than Montana Sen. Jon Tester, the ranking member on the U.S. Senate Committee on Veterans’ Affairs.

From his powerful perch, Tester can insist that veterans — not the vast VA bureaucracy — are the central focus as Congress goes about reforming the program.

In a national poll taken earlier this year, 98 percent of veterans and 95 percent of registered voters overwhelmingly favored allowing veterans to use their benefits to receive care outside of the VA.

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For the sake of Montana veterans and all veterans around the country, Tester must advance bold reforms to expand health care choice and improve the way the VA delivers health care. That way, he can ensure that the VA is there for those who need it and, if the system can't provide adequate care, veterans can easily get treatment elsewhere.

The tradition of military service runs deep in Montana. Tester can honor this legacy by making sure all veterans receive the care they have earned.

Sam Redfern, western Montana field director for Concerned Veterans for America, lives in Missoula.

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3. Modernize Our System

3.1 - The Sentinel: Work to begin on new VA clinic in Upper Allen Township (17 November, Zack Hoopes, 168k online visitors/mo; Carlisle, PA)

Cumberland County's Veterans' Affairs clinic is expected to move into a greatly expanded facility by the summer of 2018.

A groundbreaking ceremony was held Thursday for the new VA clinic that will occupy a 25,000-square-foot space at 5070 Ritter Road in the Rossmoyne commercial development area in Upper Allen Township, replacing the current, and much smaller, clinic in Camp Hill.

"We've been telling people for a long time that we'll be moving to a bigger and better space for our Camp Hill clinic, and now we're finally at the finish line," said Margaret Wilson, acting director of the VA Medical Center in Lebanon.

Like the current Camp Hill center, the new Upper Allen site will serve as a branch clinic for the Lebanon VA hospital, which is part of the federal Veterans' Health Administration. But the new facility will be much more capable than the current one.

The new clinic is being built so that patients who need exams or consultation from multiple staff members can stay in one room — different caregivers will come to them, not the other way around, Wilson noted.

The new facility will also feature considerable investment in telemedicine, allowing specialists in Lebanon to connect remotely with patients in Upper Allen, Wilson said. A nurse at the clinic, for example, can use an electronically-connected stethoscope to allow a cardiologist in Lebanon to listen to a patient's heartbeat in real time.

The new facility is valued at $2.8 million, according to Lebanon VA Public Affairs Manager Doug Etter. The building was previously used as an office complex, but is being gut-renovated.

"If you were here a month ago, there were 100 little offices and conference rooms in here," said Lowell Gates, founder of Linlo Properties. "We pulled everything out."

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Interior build-out of the new exam rooms and medical suites should begin next month and will hopefully be complete by the end of March, Gates said.

The VA will hold a 10-year lease from Linlo on the property, Etter said.

Local officials praised the VA's commitment to a "bigger, more efficient" veterans' healthcare center, as County Commissioner Vince DiFilippo put it. This is critically needed in Cumberland County, Commissioner Jim Hertzler said, with its high veteran population, estimated at over 20,000 former service members.

One of the most crucial parts of this service, officials said, is getting the message out of veterans and convincing them to accept help.

"When I was at the Lebanon VA recently, one of their chief complaints was 'we can't get people who are eligible to come,'" said State Senator Mike Regan. "They may not want to reach out for help."

"We need to make sure they're aware," said State Rep. Sheryl Delozier. "Often times they'll say 'someone else needs it more than I do,' when they actually really need it."

Only about 30 percent of veterans who are eligible for VA care enroll, Etter noted.

While VA centers elsewhere in the nation have come under scrutiny for poor care, the Lebanon network is considered one of the best – four out of five stars in the 2016 VA report.

"These people are patient-focused, veteran-focused, and they get things done quickly," Neil Delisanti, director of the county's Veterans' Affairs Department, said of the Lebanon staff. "You don't read about the stuff that's happening out in Phoenix here in Lebanon. Our local system is absolutely top-notch."

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3.2 - Health Data Management: Cerner data center to support DoD and VA EHRs (17 November, Greg Slabodkin, 143k online visitors/mo; Chicago, IL)

As the Departments of Defense and Veterans Affairs look to create a common shared electronic health record system, the VA is poised to benefit from DoD investments in a Cerner data center that currently hosts the military's new EHR.

DoD's system—called MHS GENESIS—leverages the Cerner Millennium platform, as will the VA's EHR after the agency concludes contract negotiations with the vendor later this month, creating a lifetime health record that will facilitate the transition of active duty military members to veteran status.

According to Stacy Cummings, program executive officer for Defense Healthcare Management Systems, the two agencies will share a data center hosted at Cerner's Kansas City headquarters in which "both DoD and VA data will reside in a single platform." Cummings said the VA will take advantage of DoD's investments in the commercial data center.

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“Part of the leverage that VA is getting by their choice to use this very same system is they avoid the investment, cost and the time” that DoD has already put into the initial operating capability phase of MHS GENESIS, says Jerry Hogge, senior vice president at Leidos Defense Health.

In 2015, DoD awarded a $4.3 billion contract to prime contractor Leidos to modernize the military’s EHR system. The Leidos-led team includes consultancy Accenture, dental software vendor Henry Schein and Cerner, which provides the core Millennium capability as a software-as-a-service hosted in the vendor’s data center.

The DoD contract with Leidos includes several services, including hosting MHS GENESIS in a separate enclave, incorporating significant cybersecurity enhancements to protect the data, as well as physical and virtual separation from commercial clients.

DoD modified its contract with Leidos in 2015 to meet EHR hosting requirements that the military said could only be met by a data center owned and operated by Cerner.

“It was a design feature of the original contract, where the government left open its hosting choice,” recounts Hogge. “It could have been a public service like Amazon Web Services, or a (Defense Information Systems Agency) mega center, or it could have been the winner of the contract—in this case Cerner—to provide hosting services. The customer allowed for that choice to be made.”

However, according to DoD, Cerner’s data center enables direct access to the vendor’s proprietary data that would otherwise not be possible in a government-hosted environment.

“The proprietary data consists of quantitative models and strategies which are the result of extensive Cerner-funded research and development efforts conducted over 15 years,” contends the military. “The models are based on analysis of clinical, operational, and financial data associated and incorporate vast amounts of actual longitudinal patient data and information collected through other Cerner applications.”

Despite being hosted in a separate enclave, anonymized DoD population health data can be analyzed with the rest of the Cerner client patient population, enabling trending and other healthcare analytics. VA and DoD provide healthcare services to essentially the same patient population. In fact, within the last seven years, about 5.7 million patients have received care at both a VA and DoD facility.

Hogge adds that the cybersecurity architecture for the new DoD EHR is “one of the most effortful parts of the project” to ensure that the deployment is consistent with military requirements. “It’s not quite the same in the (Cerner) data center as a commercial deployment because of those connections to the DoD’s networks—but, it’s being done very carefully and in a very secure way,” he contends.

Cerner President Zane Burke notes that MHS Genesis is the first commercially available off-the-shelf EHR solution that is connected to the DoD system. As a result, Burke says “there’s quite a high level of scrutiny from a cybersecurity perspective.”

DoD’s hospitals and clinics are connected to the Cerner data center over a private network called the Medical Community of Interest (Med-COI). Hogge describes this secure, interoperable network for DoD medical community information technology communications and

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operations as an important “separation from the public Internet.” Burke calls it a “private military cloud.”

“The government has a unique way of configuring their systems and working with their patients,” observes Jon Scholl, president of Leidos Health Group.

So far, DoD has implemented its Cerner system to four military sites in the Pacific Northwest as part of the initial operating capability phase for MHS GENESIS. VA Secretary David Shulkin, MD, has said that the agency plans to align the deployment and implementation of its EHR with the rollout of DoD’s own system—starting in the Pacific Northwest.

Overall, VA will capitalize on DoD’s data hosting, standard workflows and enhanced cybersecurity, as well as advanced data analytics for providing visibility into military-specific health patterns based on combat and geographic exposures.

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3.3 - Republican Herald: More details released about veterans’ clinic coming to Pottsville
(17 November, Amy Marchiano, 75k online visitors/mo; Pottsville, PA)

Additional details were released Wednesday about the new veterans clinic coming to Pottsville.

Schuylkill County commissioners and representatives with the Lebanon Veterans Administration Medical Center and STG International Inc. spoke with a small group of people at the Salvation Army on Sanderson Street in the city about the clinic, which is expected to open early next year.

“We just came through a walk through of the new facility. You’re going to be thrilled to be able to get your health care there,” Margaret Wilson, acting director of the Lebanon VA Medical Center, said.

The address of the Schuylkill County Community Clinic is 1410 Laurel Blvd. Suite 2, which is the former United Metal Receptacle building. Plans for the clinic were announced in September.

About 9,400 square feet are available for use for a full range of services including mental, behavioral and women’s health. Primary care, telehealth services, referral for speciality care, radiology, laboratory and pharmacy services will also be provided. Hours are 8 a.m. to 4:30 p.m. Monday through Friday.

“We are expecting to be able to see patients in February 2018,” Wilson said.

STG International Inc., headquartered in Alexandria, Virginia, was awarded the contract for the clinic by the U.S. Department of Veterans Affairs’ Lebanon VA Medical Center previously. A lease was signed between STG and MBC Grings Hill, Schuylkill Haven. MBC Grings Hill is the real estate division of Miller Brothers Construction for the property.

Elle Ramirez, deputy director of clinical operations with STG, said they will strive to provide “the best five-star service.”

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She said “access will not be an issue.” Those who visit the clinic will have a team assigned to them that consists of a provider, a registered nurse, a clerk and licensed practical nurse that will help them. A provider could be a medical doctor, a nurse practitioner or a physicians assistant. Fifteen primary care employees will work at the site along with five VA employees.

“We’re very proud to serve you. We are excited to be here,” Ramirez said.

A floor plan of the building shows a lobby/reception area, open offices where employees work, eight primary care exam rooms, four mental health consulting rooms, a telepsych and a teleretinal and teledermatology room, where patients can talk to medical professionals via a TV screen, and a laboratory.

Brenda Zechman, director of Veterans Affairs for Schuylkill County, said there are more than 16,000 veterans in the county and most go to the Lebanon VA Medical Center for medical services.

Commissioner George F. Halcovage Jr. appreciated the investment in the community.

“We want to welcome you to the Schuylkill County family,” he said to STG representatives.

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3.4 - ConnectingVets.com (CBS Radio): A plea for money, then a possible merger: what’s up with VA’s health records system? (17 November, Jonathan Kaupanger, New York, NY)

So, this is a little confusing: on Wednesday, Veterans Affairs was desperate to move $782 million around in its accounts so they could start payment on the proposed electronic health record system. Today, it’s exploring a merger with the Pentagon’s system.

These two options are really the same thing. The company that won the contract for VA’s new electronic health record (EHR) system is Cerner. It was chosen partially because the DoD is already using Cerner as its EHR provider. DoD has started implementation of the Cerner system in the Pacific Northwest, and VA wants the money so it can have VA facilities in the area start the swap over at the same time.

VA Secretary, Dr. David J. Shulkin, was at the House Appropriations Military Construction and Veterans Affairs Subcommittee hearing this week and asked that Congress move the money so the VA could start changing its ancient electronic health record system, HER. The money would come from a couple different areas: $374 million from the current budget, $324 million from the patient care fund and $50 million from a staff hiring budget.

“We have to do this quickly,” Shulkin said. “We have achieved substantial discounts by aligning our HER deployment and implementation with the Department of Defense’s.” But to get this deal, the paperwork needs to be signed and payments made by the end of the month.

The money would be repurposed from the medical care budget that was set for next year. Shulkin explained that this money would have been used to buy medical equipment, but that it could be procured later. Some on the subcommittee pushed back at this idea. Rep. Charlie Dent

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(R-PA) brought up that the VA's 2018 budget already had $245 million cut from its medical equipment budget. He thought these additional cuts were "a hard sell."

"We will achieve DoD interoperability," Shulkin told the subcommittee. "This has taken way too long, and there have been many false starts along the way." The EHR system is supposed to be live 18 months after the contract is signed.

John H. Windom, VA's EHR Modernization Executive Director also said, "by us deploying into the same geographical area, we'll be able to leverage the resources that are already in that area." He also said that the overall cost of the 10-year project could increase by up to 5 percent if VA doesn't do it's EHR rollout with DoD. It's been reported that the Cerner contract could cost more than $10 billion.

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4. Focus Resources More Efficiently

4.1 - The Hill: **Don't forget the VA's role in emergency preparedness** (17 November, Suzanne Gordon, 11.8M online visitors/mo; Washington, DC)

Congress is considering numerous bills that would defund and ultimately privatize the Veterans Health Administration (VHA). One of the things many political representatives seem to have forgotten is the role the VHA plays in responding to emergencies like wildfires, hurricanes, volcanic eruptions, and other natural disasters that occur all too frequently throughout the United States.

One of the four missions of the Veterans Health Administration is responding to national emergencies. This also goes along with delivering clinical care to veterans, conducting research that benefits veterans and all Americans; and teaching the nation's health care workforce.

In Puerto Rico, for example, the San Juan VA Medical Center was one of the only functioning hospitals to after hurricane Irma and Maria devastated the island.

It could continue to help patients because it's mission is to be well prepared for emergencies, equipped with backup generators and well stocked with supplies.

Over the past four weeks in California, I have watched the San Francisco VA Health care System utilize its well developed emergency infrastructure to respond to the series of fires that devastated Northern California in October.

When it became clear how serious the outbreak was, the hospital set up a Hospital Incident Command service and mobilizing hundreds of staff to reach out to employees and veterans.

VHA employees instantly began calling staff and veterans to make sure they were safe. When the Santa Rosa Community Outpatient clinic that serves over 9400 veterans-to close, the VHA knew that thousands of veterans could be impacted.

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VA staffers from all over Northern California went into action and contacted almost 6,000 veterans. The most pressing need would be getting medication. Incident commander and nurse practitioner MaryAnn Nihart — who has been through this kind of drill during other fires — understood that one of the most pressing needs would be to provide veterans with life saving medication.

When you're racing out of your house or apartment with the flames of a wildfire hurtling toward your house, one of the first things you leave behind is your medications.

We're not talking aspirins or antacids here. We're talking insulin, heart and blood pressure medications, anti-depressants and anti-psychotics. Because of its state of the art electronic medical records and its well established disaster pharmacy relief plans, the VA has a mechanism to immediately access patients' charts to find out what meds they need, in what doses. The VHA activated contracts with community pharmacies to make sure that veterans were able to fill their prescriptions.

The VHA vet centers brought mobile clinics into Santa Rosa to seek out veterans and VHA social workers scoured shelters and evacuation centers to find veterans who did not respond by phone. The VHA also recognized that the Santa Rosa clinic would not be able to reopen unless the air inside the facility was breathable and brought air scrubbers to cleanse it of smoke and toxins.

Veterans Benefit Administration staff went into action to make sure veterans had access to their benefit and pension checks. Staff also ascertained and dealt with the kind of psychological stress that is a by-product of a natural disaster.

When the acute survival phase of the emergency had passed, and the command incident closed that was not the end of the response. During the recovery period, staff called thousands of veterans they had not been able to reach by phone to make sure they were okay and had their needs met.

Mental health staff are now dealing with real mental health impact which will be felt in the days, weeks and months to come. All told 117 veterans lost or had serious damage to their homes. The day after his house burned down, Air Force Veteran Victor Negron, the administrative officer of the Santa Rosa clinic, arrived at work to help other veterans.

He was wearing flip flops, shorts and a tee shirt, which was all he had after evacuating his house just minutes before the fire hit. Negron told me the ability to help other veterans is what has kept him going.

The kind of rapid emergency response the VA launched is only possible in an integrated health care system, which has the infrastructure to deliver supplies, information, and clinical staff support to a population of patients whose health care needs and whereabouts they can quickly ascertain. If the VHA is dismantled, step-by-step as the Trump administration proposes, veterans will be forced to fend for themselves, without the social safety net they have now, which serves them well, both day to day and during major emergencies.

Suzanne Gordon is the author of The Battle for Veterans Healthcare: Dispatches from the Frontlines of Policy-Making and Patient Care.

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4.2 - KDVR (FOX-31, Video): Rep. Coffman calls for review of Denver VA management (17 November, Rob Low, 663k online visitors/mo; Denver, CO)

A Congressional subcommittee is demanding the VA Office of Medical Inspector investigate complaints of mismanagement of the surgical and anesthesia departments at the Denver Veteran Affairs Medical Center.

The letter dated November 15, is addressed to Secretary David Shulkin, who leads the U.S. Department of Veteran's Affairs and it's signed by Colorado Congressman Mike Coffman (R) and Michigan Congressman Jack Bergman (R), chairman of the Subcommittee on Oversight and Investigations.

Their letter comes one month after the Problem Solvers revealed 65 to 90 surgeries had been canceled or delayed since August at the Denver VA because of a shortage of anesthesiologists and nurse anesthetists.

Congressman Mike Coffman told the Problem Solvers he's heard from a whistleblower at the Denver VA who claims issues of mismanagement run deeper than postponed surgeries. "It`s not just a lack of resources, it`s not just a lack of personnel it`s a lack of desire to do their job," said Representative Coffman.

In fact, since our story on Oct. 11, the Chief of Staff for the Denver VA acknowledges it has rescheduled another 45 surgeries because of a staffing shortage. "That`s not the ideal situation though and I guess there`s no such thing as bad publicity because we`ve had a tremendous amount of interest in our positions and we have four offers out," said Dr. Ellen Mangione, referring to the four anesthesiologists it's hoping to permanently hire by March 2018.

In the meantime, the Denver VA is using contract doctors and nurses to fill it's staffing shortage and says it welcomes an outside review from the the VA Office of Medical Inspector. "The VA is very transparent and we welcome anyone to come in and help us to understand where we may have some challenges. We believe we’re on a much better and much more positive track now even in the past month," said Dr. Mangione.

But the letter to VA Secretary Shulkin lays out multiple allegations of wrong-doing. It contends a VA hand surgeon has not been scheduling cases for over a month. Dr. Mangione says that's a false accusation, "I can’t remember exactly the number of cases that were done by that individual but it was a typical number of cases that were done."

The congressional letter also states some staff anesthesiologists are not working more than 20 hours a week and are coding their hours to suggest they're on campus when they're not. Again, Dr. Mangione insists that's false. "I reviewed that with our new chief of anesthesia and we don’t find that to be the case. Our anesthesiologists typically work well over the 40 hours per week."

Despite what the Denver VA told the Problem Solvers, the letter also states "there has been no attempt to improve staffing in the OR (operating room), pain clinic, or surgical intensive care units" and it notes the pain clinic closed down.

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Representative Coffman says he's learned from the whistleblower that bad employees aren't held accountable. He cited an employee who supposedly wasn't punished for assaulting two coworkers and another employee who was caught diverting drugs from the anesthesia department. "An employee caught shooting up fentanyl was given corrective action but not fired," claims Rep. Coffman.

When asked about those instances of employee misconduct, Dr. Mangione said, "I can`t comment on the specifics but I will tell you we take the safety of our patients and our employees very, very seriously and investigate those in great detail."

FOX31 pressed Dr. Mangione on whether mismanagement exists at the Denver VA and she replied, "I think we`ve had some challenges in the past and again we don`t want to miss an opportunity to look at those and see how we can go forward in a more positive direction."

The congressional letter asks the medical inspector to decide by Friday November 24 if it will investigate the allegations raised by the Denver whistleblower.

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4.3 - WBMA (ABC-33/40, Video): Veterans learning to heal through art therapy (17 November, Melanie Yuill, 448k online visitors/mo; Hoover, AL)

The Hoover Arts Council teamed up with the Birmingham VA Center to offer art therapy classes at their Hoover center.

In this art class each paint brush stroke brings stress relief.

Elaine Fuerst says the feeling of relaxation she gets here can't be bought.

"You don't have a performance review; you are just so free."

Fuerst is the wife of a Marine who served two tours in Vietnam.

"I come to counseling and explore ways to make sure I'm taking care of myself and taking care of him because when somebody has PTSD the rules change."

The art therapy class includes vets of all ages and their spouses.

"You find people understand what you've gone through and people understand what service means," said Fuerst.

Michelle Davis is one of the class instructors. She is a readjustment counselor and a veteran. She says she can see it in people's eyes, conversations, and artwork, that this class is making a difference.

"Many aren't ready to talk or tell their stories but art allows them the opportunity to tell their stories [in a way] that feels much more comfortable and safer to them I believe."

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You can now see their stories at Hoover City Hall. The veterans' artwork is on display there through December.

If you'd like to support the veterans in this art class, they are looking for donations. The class needs art supplies and cabinets or shelves to store that supplies. If you can help, contact the Vet Center at 205-212-3122.

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4.4 - The Register-Guard: Investigation continues into management and practices at veterans health care centers in Roseburg and Eugene (18 November, Sherri Buri McDonald, 438k online visitors/mo; Eugene, OR)

U.S. Department of Veterans Affairs investigators plan to return to Oregon a third time on Nov. 27 to interview employees at Roseburg and Eugene veterans health care centers, a spokeswoman for U.S. Rep. Peter DeFazio said Friday.

DeFazio had pressed for an investigation into practices at the centers after numerous constituents made allegations of mismanagement, retaliation against employees, and compromised patient safety, said Beth Schoenbach, a spokeswoman for DeFazio.

DeFazio is encouraged that the investigators are taking the allegations seriously and conducting more employee interviews. However, it will delay release of their findings, Schoenbach said.

VA officials had told DeFazio’s office they would issue a preliminary report around Thanksgiving and complete a formal report by year’s end.

Schoenbach said she didn’t know the new timetable for the report’s release.

Investigators have interviewed over 60 employees in Roseburg and Eugene, Schoenbach said. They said they plan to return on Nov. 27 to complete 50 more interviews, she said.

In mid October The Register-Guard reported allegations by a former surgeon and several nurses at the Eugene VA clinic that poor leadership in Roseburg and retaliation against whistle-blowers were causing doctors to flee the large, new clinic in northeast Eugene, compromising patient care.

A team led by Dr. Erica Scavella with the Office of the Medical Inspector at the VA in Washington, D.C., visited the Roseburg and Eugene health care centers on October 30 and 31, and again Nov. 13-16, Schoenbach said.

VA employees who want to speak to investigators, but fear retaliation, may call DeFazio’s office, 541-465-6732, for help relaying their information while preserving their anonymity, Schoenbach said.

The VA opened the 126,000-square-foot Eugene clinic on Chad Drive west of North Game Farm Road in January 2016. The Eugene clinic has 270 full-time equivalent employees, said Shanon Goodwin, a VA spokesman in Roseburg.

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4.5 - The Sentinel: New transportation service announced for Cumberland County veterans (17 November, Zack Hoopes, 168k online visitors/mo; Carlisle, PA)

Cumberland County veterans will soon have access to free transit to the VA medical center in Lebanon.

The county's Department of Veterans Affairs is coordinating with Rabbittransit to provide regular Monday-Friday shuttle service between the Lebanon facility and the VA's satellite clinic in Camp Hill.

County officials announced the service on Thursday in conjunction with a groundbreaking for the VA's new clinic on Ritter Road in Upper Allen Township, a new and improved facility that is scheduled to replace the Camp Hill clinic in the summer of 2018.

"Our veterans and their families have given so much for each of us," said County Commissioner Vince DiFilippo. "Through this partnership with Rabbittransit, we are able to give back a little bit."

"Simply saluting our veterans on one day a year is not enough ... we need to honor their service and sacrifice by helping them in their time of need," said Commissioner Jim Hertzler.

Rabbittransit is a public transit agency that provides service to a number of local governments in Central PA, including Cumberland County's ride-share service for seniors and persons with disabilities.

The veterans' shuttle was rolled out in York and Adams counties last year, and has already logged 3,300 trips, said Rich Farr, Executive Director of Rabbittransit.

"Mobility changes veterans' lives, and the demand is clearly there," Farr said. "I cannot underline the importance enough."

The federal government does have some limited transit service for the VA, although this is limited to veterans themselves only and not spouses or caregivers who may need to travel with them. The line being run by Rabbittransit will allow veterans' escorts to ride as well, Farr noted.

Rabbittransit will receive some funding via PA Act 89, which provides per-rider funding for senior services – however, Farr said, only about half of the veterans who have used the service in Adams and York are old enough to counted in the allocation.

In order to make the service completely free to veterans of all ages, Rabbittransit will be seeking donations to help cover costs that exceed Act 89 allocations. The county itself has put $2,000 into the pool to start.

Some veterans may also be eligible for the county's' ride share service, meaning they can also get service from their home to the Camp Hill shuttle drop-off.

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Service will begin Monday, Nov. 20, Farr said. The current schedule has the shuttle departing Camp Hill at 7 a.m. and arriving in Lebanon at 8:45 a.m., then departing Lebanon at 12:30 p.m. and arriving back at Camp Hill at 2:15 p.m.

To submit an application for eligibility, or to make a donation for veterans' transit funding, visit www.rabbittransit.org or call 717-846-RIDE (7433) or 1-800-632-9063.

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4.6 - WSAV (NBC-3, Video): Savannah VA Clinic is working to find a treatment for PTSD and substance abuse (17 November, Danni Dikes, 161k online visitors/mo; Savannah, GA)

SAVANNAH, GA – The Savannah VA Outpatient Clinic is conducting a clinical trial to develop a treatment for PTSD and substance abuse.

Twenty percent of the millions of men and women who serve in the U.S. military experience Post-traumatic Stress Disorder. Nearly half of them turn to drugs and alcohol to cope. PTSD can lead to unemployment, violence, homelessness or even suicide.

"It's sort of a way of self medicating, and a lot of veterans think that it will help, but in the long run it can actually make the symptoms worse," said Michelle Pompei Research Study Coordinator at the Savannah VA Outpatient Clinic.

The VA Clinic in Charleston has been conducting the Patriot Study, or PTSD and Alcohol Treatment Research in Outpatient Trials, for the past year. The Savannah VA Clinic began the study over the summer of 2017 after its grand opening. For twelve weeks, veterans in the trial take doxazosin, a medication normally used to treat high blood pressure. Researchers believe doxazosin will last longer than prazosin, which is commonly used to treat PTSD. Participants also have the option to undergo therapy at the clinic, or accept help elsewhere.

"If we're able to curb some of the drug or alcohol use and curb some of the symptoms like nightmares, they're able to just in general cope with PTSD better," said Pompei.

Pompei told News 3, she hopes the study will encourage veterans to seek help, building a bridge to further treatment in the future. "I feel like this is a valuable way to give back to the medical community and then also be able to help veterans and just be a source of compassion for them," she said.

If you suffer from PTSD and substance use and are interested in participating in the Patriot Study, call: 912-920-0214 ext. 2169 or 2132. Participants in the study are compensated.

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4.7 - KLKN (ABC-8): Veterans Advisory Group presents two major donations (17 November, Zach Worthington, 153k online visitors/mo; Lincoln, NE)

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Earlier today the Veterans Advisory Group for the Lincoln Veterans Affairs Clinic presented two major donations at the Veteran Affairs Coffeehouse, which is held in the Veterans Advisory Clinic auditorium.

The donations were a new audio sound system and a painting of an American Eagle that was signed by all those who participated in donating money to the cause.

Donations were coordinated by the Lincoln VA Group and the project was funded by various veterans groups and community members who wanted to give back to the VA Clinic.

Due to budget constraints, VA leadership was in need of funding in order to replace the rapidly aging audio system that had served the VA auditorium for many years.

After hearing about the budget shortages, VA Group member Dave Rusk decided to take matters into his own hands.

"Dave called me up and said we want to try and figure out a way to try and raise some money. He thought that I could do one of my paintings and then let the people who donated sign it and see if the VA will let us hang it up in here. I've been doing artwork for many many years so I felt privileged to be able to offer my talents and my artwork for a project like this," said Greg Holloway, the artist who painted the American Eagle portrait.

For the past 12 months Rusk has been collecting donations from veterans as well as other community members who wanted to help out in any way possible.

Rusk and the Lincoln VA Group was able to raise close to $10,000.

These donations were made possible by the VA Clinic's voluntary service program, which is the only VA program that accepts donations of time or money.

The VA Group hosts monthly Coffeehouse events that are held on the third Friday of every month from 11am to 1pm as an opportunity to bring in veterans to learn more about the health care benefits and services offered to them.

Additionally, it is also a community event to celebrate with music and dancing.

"Our veterans... They don't just consider this as a place to go and get health care, they consider it as a place to come and have camaraderie with their fellow veterans... To do things like these community type events, and really get involved in getting back to the VA and their fellow veterans, which is so important," said Will Ackerman, Director of communications for Nebraska with the U.S. Department of Veteran Affairs.

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4.8 - Charleston Gazette-Mail: Letter: Letter about Beckley VA Hospital contained false information (17 November, Dir. Stacy Vasquez, 28k online visitors/mo; Charleston, WV)

On October 27, the letter “Beckley VA Hospital’s acupuncturist decision hurts vets” was published. It contained false information regarding the status of acupuncture care available

through the Beckley VA Medical Center. I would like to address the inaccuracies included in that letter.

The Beckley VA Medical Center still continues to provide acupuncture treatments, and that has never changed. In addition to offering consultations to outside acupuncturists in the area, 12 providers, including mid-level providers, in the medical facility were trained in battlefield acupuncture during the past year. Acupuncturists do not need to be a medical doctor to care for veterans.

Last year, Beckley spent more than $1.08 million on chiropractic, massage and acupuncture care — $525,785 of that amount was on acupuncture care alone. We are exploring options to provide in-house medical acupuncture and osteopathic manipulation very soon.

Beckley was recently selected for a $3.3 million Whole Health Grant to create a holistic pain management program and are moving forward with the development of this plan throughout the 11 WV counties we serve. The Whole Health Steering Committee includes representation of veteran advisers.

We are in the process of recruiting a Whole Health director who will assist with integrating these services. A contract is being developed with a local fitness instructor to offer yoga, t'ai chi and meditation. A dedicated Whole Health space in the Beckley hospital is going under renovation.

We are furthering these alternative therapies that are proven to decrease opioid use, stress levels, improve coping skills and overall well-being of veterans. These alternative therapies are important pain management options and crucial in combatting the opioid drug epidemic. As the Whole Health Plan evolves, we will able to offer a menu of alternative healthcare options that are integrative and patient-centered.

The quality of health care received by the veterans we serve is my utmost priority. We are constantly striving to improve the access and availability of health care services. With help from community partners, the Beckley VA can create change in Southern West Virginia by bringing the best health care options available to Veterans without interruption.

Stacy Vasquez, Director

VA Medical Center

Beckley

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5. Improve Timeliness of Service

5.1 - Kitsap Sun: **Deny until you die, unless VA is funded** (17 November, Ed Palm, 320k online visitors/mo; Bremerton, WA)

Last week, I was heartened to read that Rep. Derek Kilmer is lighting a fire under the VA to deliver on their long-promised new and improved, and adequately staffed, community based

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outpatient clinic (CBOC) for Kitsap County ("Vets deserve better from VA services," Nov. 11). Kilmer charges the Puget Sound VA Healthcare System with dropping the ball on this one. The new facility should have been leased and staffed a couple years ago. And I trust he'll stay on them to make good on their promise to have it up and running next year.

Democrat that Kilmer is, however, it would seem that he has bought into a long-standing point of Republican orthodoxy — namely, that the problems with the VA are mainly due to mismanagement and the constraints of the civil service system.

Consider the bill Kilmer introduced and which has passed unanimously in the Republican-majority House. This bill, Kilmer reports, spells out "roles and responsibilities" and would hold senior staff and organizational units accountable for promoting greater efficiency. All well and good. I'm sure the VA could stand some improvement in these areas. But the fact remains that efforts at pressuring the VA to work smarter and faster have backfired in the past, and this one too is likely to backfire unless we stop expecting the VA do more with less.

Recently, PBS aired a documentary titled "VA: The Human Cost of War." This documentary details the history of the VA and sets the record straight about its problems and about what it continues to do right. Most of the agency's critics, I dare say, don't realize that 70 percent of doctors now practicing received some of their training in VA hospitals, nor do they realize that medical advances such as the implantable pacemaker and aspirin therapy for heart disease were pioneered by VA researchers.

All this was because a forward thinking general in 1945, Omar Bradley, made a deal with the medical establishment. Future VA hospitals would be affiliated with medical schools, making them teaching hospitals and offsetting chronic shortages in medical staff.

But this is not to suggest that the VA healthcare system has been healthy ever since Bradley's reform. As that documentary acknowledged, Vietnam was an especially dark period for the VA. It was not adequately staffed and funded for the great influx of wounded during that war — especially since advances in military medicine made wounds survivable that would have proved fatal in our previous wars. And ever since Vietnam, the agency has also been struggling to treat the psychological wounds of war.

Then, in 1996, as if the VA didn't already have enough to do, Congress — a Republican Congress at that! — relaxed the eligibility requirements for VA medical care. The VA shifted from acute care for service-connected injuries or illnesses to comprehensive care, allowing even middle-class veterans to make the VA their primary healthcare provider. Since 1996, the number of veterans in this category has risen from 4.5 to 6.5 million.

At the same time, the VA began establishing outpatient clinics across the country. Aside from being a boon for local politicians, the clinics were drawing even more veterans into the system. But Congress never provided adequate funding for either initiative. Demand simply outstripped supply.

And demand promises to keep outstripping supply. In 1975, two million American veterans were over 65; now we have 10 million.

Of course, the Phoenix VA scandal that made headlines in 2014 should never have happened. Thousands of claims and records were destroyed; veterans died before being seen. But it traces back to the carrot-and-stick approach politicians are still trying to apply today: Put pressure on

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VA officials to process more claims more quickly and then dangle bonuses in front of them to succeed. Human nature being what it is, some seized the opportunity to cheat.

Don't be fooled, moreover, by President Trump's recent signing of the Veterans Appeals Improvement and Modernization Act of 2017. The electronic records upgrade Trump touted has yet to be funded and contracted. The VA is still facing a backlog of 470,000 claims appeals, and to lapse into administration speak, VA Secretary David Shulkin is not "on message." The VA would need $800 million to hire enough additional claims processors, Shulkin has told Congress, to clear the current backlog within ten years. (AP, Nov. 11)

(I predict that Shulkin will soon be replaced by someone who will stay on message.)

Is there no balm in this Gilead? A lot of those 470,000 veterans don't have ten years to wait. "Deny, deny, until you die" will continue to be the unacknowledged mantra of the VA until Congress appropriates enough money to hire the medical and administrative staff they need.

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6. Suicide Prevention

6.1 - The Mountaineer: Fighting veteran suicide gets personal (17 November, Kyle Perrotti, 655k online visitors/mo; Waynesville, NC)

When Sgt. Jared Best reenlisted to go to Afghanistan after having already done a tour in Iraq, he did so to be there for his guys, many of whom were inexperienced in combat.

But he never realized the toll that final deployment would take on him.

When Best finally got out of the Army and returned to Haywood County to tend his family's farmland in Crabtree, he learned just how hard it can be to adjust to civilian life, and how hard it can be to forget the things he'd experienced. Last New Year's Eve, alone and with too much time to think, the 26-year-old took his own life with a gun.

His mother, Patti Best, who lives in Canton, said suicide is becoming all too common among those who served with her son.

"He was the eighth young man in his unit that left us last year," she said.

10 feet tall and bulletproof

Jared, who Patti endearingly said was always an "old soul," entered the Army at only 17 after being homeschooled by his parents. Upon completing basic training and Infantry school, he was stationed with the 10th Mountain Division at Ft. Drum, in upstate New York.

He excelled immediately.

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Before long, Jared was deployed to Iraq, where he made sergeant and held a leadership role. Patti said that under his direction, Jared's infantrymen were regarded as some of the best-trained in the region.

"He was tough on his guys, but they were always ready," Patti said. "They also always talked about how compassionate he was. He was always there to help them."

Jared's brother, Aaron, 35, also served in the Army as an infantryman. Toward the end of his career, when his younger brother was a sergeant at Ft. Drum, Aaron was a drill instructor. The two would swap stories and joke around, always arguing over which brother was tougher. Because the two looked so much alike, young soldiers fresh out of boot camp who had to deal with Aaron would arrive at Fort Drum, see the younger Best, and "turn white as a ghost," Aaron said.

"He'd be like, 'Guess what? I'm way worse than my brother,'" Aaron joked.

But all jokes aside, Jared impressed his older brother.

"He loved what he did and he was very good at it," Aaron said.

When Jared neared the end of his contract, although he originally wanted to leave the service, he decided to re-enlist to deploy to Afghanistan.

"He said, 'Mom, don't get mad at me, but I resigned for another 18 months,'" Patti said.

Often in the military, a person gets an assignment they never asked for, a term many refer to as being "voluntold." Patti said that not long after arriving in Afghanistan, her son was "voluntold" that he would be the personal assistant for the commanding officer, a duty that entails everything from being a personal body guard to aiding with logistical tasks to accompanying bodies of dead soldiers — soldiers Jared knew and cared about deeply — as they leave the country.

"He would ride in the helicopters back to Kuwait with the bodies," she said. "That old soul could not get past that feeling he was responsible."

Patti remembers her son fondly, and joked that when he came back from Afghanistan, he thought he was "10 feet tall and bulletproof." But the problem, she said, is that that mindset makes people think they don't need help, no matter how dire the circumstance.

To make matters tougher, Jared struggled navigating the Department of Veterans Affairs to find care. Aaron said that is not uncommon, and he usually recommends people make sure they are enrolled in the VA prior to separating from active duty.

"He just got so frustrated dealing with the VA that he pretty much just gave up … and I've seen that with so many of my friends who got out," Aaron said.

Because Aaron, who is now medically retired and living in Georgia, also served in the Army as an infantryman in Afghanistan and also struggles with PTSD, he provides a unique insight as someone who both knew Jared personally, and also someone who understands the demons his brother was battling.

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“It’s not what we saw, it’s not what we did that haunts us. It’s after the fact,” Aaron said. “It’s not being there that hurts. You turn on the news and see something that happens overseas or see that your buddy died. It’s that survivor’s guilt. You see something that happens to your unit, and you say, ‘I could have been there.’ And that’s something my brother really struggled with.”

Potential legislation

In the months immediately following her son’s passing, Patti Best grieved. But it wasn’t long before she became determined to do something to ensure those who leave the military get the help they need before it’s too late, even if they don’t think they need it.

“They’re not going to come forward and admit to needing help,” Patti said.

Congressman Mark Meadows agrees.

“Sometimes having it available doesn’t necessarily mean it will get used because of the peer pressure that may come with it,” he said. “That’s what we’re trying to address.”

To highlight the crisis, Patti likes to cite a 2012 New York Times opinion column written by Nicholas Kristoff, which notes that, for every American killed in combat, 25 veterans take their own lives. Late last month, she reached out to Meadows to see if there is a potential legislative solution.

Meadows, who runs for office on a strict fiscal conservative platform, has come to grips with spending large sums of money on such an initiative.

Although he knows the seriousness of this issue, Meadows has a of couple concerns about roadblocks that could derail legislation on mandatory counseling, including the high cost of implementation.

“It can be one of those difficult situations where you want to support your veterans and you want to make sure they have the resources necessary to thank them for their service and yet you do see the fiscal constraints that are there,” he said.

Meadows ultimately downplayed this concern, saying that caring for the men and women who have served is a top priority.

“There are casualties of war,” Meadows said. “And sometimes those casualties of war are not only the physical wounds we can see, but also the mental wounds that are just as severe. Just like we provide proper appropriations for handling the physical wounds, we need to do the same for those wounds that may not be able to be see, but are no less perilous in terms of the diagnosis.”

Patti agreed that money can’t be a limiting factor in finding a solution.

“I say, ‘You know, what’s expensive is losing our nation’s most precious resource at a rate of 22 per day,” she said.

However, Meadows’ bigger concern is coming between a person and their rights when it comes to medical care.

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“I think the biggest pushback that we’ve got so far is not as much the cost as it is how do we make sure we do this in a manner that does not trample constitutional rights for individuals,” he said.

Meadows did note there may be one way around that issue.

“We can potentially make it happen if it’s a condition of enlisting,” he said. “So, you say that if diagnosed with this particular PTSD particular illness when discharged, you will be required to seek a certain number of hours of counseling.”

To find solutions, Meadows is working every angle he can.

“I’m committed to find a way to address this,” he said. “We’ve got a military advisory group that I meet with on a very regular basis on a number of very hard and complex issues, so this particular issue will be on the agenda for our next military advisory group back in the district, and I’m optimistic that we will find some type of solution.”

In addition, Meadows wants to work with the Department of Defense to explore further options.

“I have not personally talked to [Defense] Secretary [James] Mattis on this matter, but we’ve let his office, at very high levels, know,” he said. “I was with the chief legislative affairs individual with the White House today. We’re making sure every avenue is explored at the very highest levels of the executive branch.”

Although Meadows sounds confident in Congress’ ability to conjure up a solution, Aaron is not quite as hopeful.

“Right now, mental health falls under three different categories in the Department of Defense, and there’s no oversight,” he said.

He added that previously proposed solutions have hit a wall in Congress, largely due to earmarks that are thrown into bills — earmarks that almost always keep one party or the other from supporting the legislation.

“I think that’s one thing that hinders a lot of bills that could help us,” he said.

Patti’s husband, Hugh, wanted to remind people Congress is responsible for making sure those who served their country are taken care of when they come home.

“It’s Congress’ job to see to the welfare of the soldiers, and they’ve dropped the ball there,” he said.

Other solutions

The other Best siblings aren’t waiting for Congress to act. They want to take matters into their own hands.

Aaron is in the process of starting his own 501(c)(3) nonprofit and is hoping to begin a walk across the country in May to raise awareness and funds for combat-related PTSD.

“Having PTSD is not an illness or a defect, it’s an injury,” he said.

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Patti's daughter, Chelsea, 30, who lives in Buncombe County, has ideas of her own. Because she likes to ride motorcycles, she wants to start a nonprofit that provides motorcycles as a therapeutic outlet. Because Chelsea, who works as a paramedic, lost an EMS friend to a PTSD-related suicide, she wants to extend her service beyond just veterans.

"I want to focus on both veterans and first responders," she said. "I'm hoping to have it up and running next fall."

Both siblings are also working on masters degrees to become certified PTSD counselors in hopes of preventing further unnecessary deaths of those who have been through traumatic events.

Along with trying to ensure no one suffers the same fate as her son, Patti likes to look back fondly on her son's life and the people he touched. She recalled some of the men who served with him coming down from Ft. Drum to attend his funeral, adding that many shared stories of their own.

One soldier talked about a training exercise near Yuma, Arizona, during which the men were marching on a narrow goat trail. On one side of the trail was a steep bank that ultimately led to a large cliff. Despite his best efforts, the soldier slipped and began to slide down the bank.

"He said, 'Best was the only one who broke rank and grabbed me before I went down,'" Patti said. "And we've heard a lot of people say things like that."

Although fond memories preserve her son's legacy, Patti said nothing can take away the pain of losing a child.

"Those soldiers all said, 'He was my best friend.' My son says, 'He was my best friend.' My daughter says, 'He was my best friend.' My husband says, 'He was my best friend,'" Patti said. "But to me, he was my baby."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBRC (FOX-6, Video): Birmingham VA doing more to help female veterans (17 November, Alan Collins, 597k online visitors/mo; Birmingham, AL)

The Veterans Administration is doing more to help women veterans. "I feel like the Veteran's Administration as a whole is undergoing a cultural shift," said Amy Southern, Women's Veteran Program Manager at the VA Clinic.

She said VA needed more space to a meet a growing demand for women veterans healthcare needs. "Our women veterans population has grown by 15 percent in the last year, so we are seeing our women are choosing to get their care at the Birmingham VA," Southern said.

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There is a Women's Health Clinic inside the new building providing four times more space than what they had at the old VA hospital. The clinic offers a variety of gender specific services like OB-GYN services, a breast health clinic, maternity, mammography, social, and mental health services.

Chandra Carroll is from Huntsville. She was in the Army Reserve as an Assistant Chaplin. She appreciates the VA's expansion effort aimed at female veterans. "Men and women are just different and we have different needs and I'm thankful for it," Carroll said.

A lot of women have made the military a career choice so there will be a continued need for addressing their healthcare needs.

Carroll says that number is not going away. "Not just being that homebody. Taking care of the kids. We want to do it," Carroll said.

The average age of the women vets at the clinic is about 46 years old. Carroll and other women vets say they appreciate the clinic being so convenient and available for their needs verses having to go downtown to a more than sixty year old building.

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7.2 - Herald & Review: Central Illinois veterans find support, services at Stand Down event (17 November, Ryan Voyles, 199k online visitors/mo; Decatur, IL)

In his seven-plus years in the U.S. Army, Douglas Luthy said he had the chance to travel across North and Central America.

Now, 25 years later and living at the men’s shelter at the Salvation Army, Luthy has found himself in need of help.

Veterans down on their luck have, unfortunately, become an all-too-familiar story across the country. But for Luthy and others in the community, Friday offered them a chance to find assistance in one location as the Salvation Army held its 6th annual Veterans' Stand Down event at its community center in downtown Decatur.

Along with free haircuts and lunch being offered, various local agencies were on hand to offer information on topics ranging from job training, housing assistance and mental health services.

“Having it all in one generalized area, as opposed to you having to go out and find all these agencies, it makes it very convenient,” Luthy said. “And some of these things I had never even heard of ... so it’s been very helpful.”

The event, sponsored in part by the Department of Veterans’ Affairs and the Coalition for Veterans’ Concerns, was coordinated by John Buckles, shelter operations manager at the Salvation Army. With a father and a brother who have served in the U.S. Armed Forces, Buckles said he understands the sacrifices that veterans make when they enlist, as well as the struggle many face when they head home.

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He jokes that he “chose a different army” than his family, but Buckles said it was a personally rewarding experience to help continue an event that helps those low-income and homeless veterans who are most in need.

“It’s an honor now to give back to them and to help them,” he said.

An exact count of how many veterans attended Friday’s event was not immediately available. Buckles said they looked to be on pace to match the 103 veterans who attend last year’s event.

As time has gone on, the demand for help has grown.

Last year alone, the Veteran's Assistance Commission of Macon County saw between 600 and 700 veterans, said Gregory Collins, a veterans service officer who was at Friday’s event. Collins, as well as Commission Superintendent Kathie Powless, said Friday was a chance to reach out to veterans they either know are in need or meet new ones and learn what sort of help they need.

“If we can help them, then we will,” Powless said.

Veterans in attendance also received help from those such as Anthony Taylor, himself a veteran who has taken advantage of the services offered to low-income or homeless veterans.

Taylor, who served in the U.S. Army from 1976-1977, volunteers with the Salvation Army and Help 4 Heroes, a program with the Veterans Assistance Commission of Macon County which provides assistance for veterans that “tend to fall through the cracks.” Along with giving out food and bus cards, Taylor also helped point veterans to the right agencies to speak with. As a Decatur resident involved in the U.S. Department of Housing and Urban Development’s Veterans Affairs Supportive Housing program, Taylor said he understands that sometimes help is just what one needs.

“I’m just a guy here to help the veterans, as well as getting some help myself,” Taylor said. “It’s just wonderful. It’s a wonderful, wonderful day.”

As he spoke with the agencies, Luthy said he was specifically interested in those that could help with housing and education. After brief chats, Luthy said he has already scheduled further meetings with the agencies for next week.

Along with moving out of the men’s shelter, Luthy said he is looking forward to continuing classes at Richland Community College.

"It's been 20 years since I've been in college, and I'm back again," he said. “It’s been humbling, very humbling. Especially since the people in my class are half my age.”

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7.3 - Daily Toreador: System hosts Veterans' Affairs hearing for educational opportunities, support in higher education (17 November, Michael Cantu, 93k online visitors/mo; Lubbock, TX)

A panel of Texas Tech and Tech System guests testified before a House Committee on Veterans' Affairs today at 2 p.m. in the System building located at 1508 Knoxville Ave.

The hearing, entitled "Best Practices in Veterans Education and Transition to Civilian Life," was headed by District 19 Congressman Jodey Arrington and subcommittee ranking member District 16 Congressman Beto O'Rourke.

This hearing was one of the first field hearings hosted in Lubbock that was centered around veterans, Arrington said.

"I think this is a perfect location for this hearing, especially being on the Texas Tech campus because they've won awards and have been recognized for being a military friendly campus," Arrington said.

The point of the hearing was to highlight some practices in aiding veterans who are in higher education. Many of those who testified gave insight into some of the highlights of their experiences with military programs around the Tech campus and system.

Those who testified also made recommendations to the committee on what they believe could use improvements. Some of the improvements recommended included continued funding for existing veterans programs, establishing ways of better communicating veterans' accessibility to various benefits and enhancing systems such as those within the Department of Veterans Affairs.

"(We want to) connect to them with education through a post-9/11 G.I. Bill benefit for example," O'Rourke said, "so that they can compliment those skills with additional training, ensuring they're connected with a job right away and then backing those who want to start businesses."

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8. Other

8.1 - The Plain Dealer (Video): Advocacy group runs television ads targeting VA for testing on dogs (17 November, Emily Bamforth, 11.5M online visitors/day; Cleveland, OH)

CLEVELAND, Ohio -- Advocacy group the White Coat Waste Project is now running national television advertisements targeting the U.S. Department of Veterans Affairs for use of dogs in experiments.

The organization posted billboards in Cleveland earlier this year with captions reading "Prisoners of Waste, Stokes VA Medical Center, Stop Taxpayer-Funded Animal Experiments!"

And the White Coat Waste Project sued the Cleveland VA, along with other locations, for records pertaining to testing on dogs at the center. It's still going through federal court.

The Cleveland VA does test on dogs, Kristin Parker, chief of external affairs for the Northeast Ohio VA Healthcare System, previously told cleveland.com.

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More specifically, most experiments on animals involve rodents, but the Cleveland VA uses dogs to examine ways to prevent potentially fatal lung infections in veterans living with spinal cord injuries, paralysis from stroke, or amytrophic lateral sclerosis (ALS).

Parker said the VA uses dogs only when rodent physiology can't provide necessary information.

Legislators wrote language into a spending bill to stop the VA from spending money on "painful" experiments on dogs, which some medical organizations are lobbying against.

The ad will run in Cleveland this weekend on channels including CNN, ESPN and Fox News, according to the White Coat Waste Project.

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8.2 - Washington Examiner: VA head David Shulkin: Biased reporters 'make our jobs harder here in Washington' (17 November, Sarah Westwood, 4.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin blames sloppy reporting for sensationalizing the details of an official trip he took to Europe in July and for complicating the daily work of administration officials more broadly.

“I know that there’s not been any inappropriate actions,” Shulkin told the Washington Examiner in an interview this week, referring to the controversy last month over personal excursions he took during a work-related trip to Denmark and the U.K. “The reporting in the newspapers was, as I’ve said before, horrible reporting. It just was not — it was a very, very biased story filled with inaccuracies.”

Shulkin was among a handful of administration officials who faced scrutiny of their taxpayer-funded travel this fall. One Cabinet member, former Health and Human Services Secretary Tom Price, resigned on Sept. 29 due to the political headaches his use of a private jet had caused the administration.

Although Shulkin did not take private or military travel, he came under fire after the Washington Post reported in late September that he and his wife toured historic sites and went shopping during downtime on a work-related trip to Europe. The VA’s inspector general opened an investigation into Shulkin’s travel in early October.

Shulkin has seemingly remained in President Trump’s good graces, however.

Trump frequently praises Shulkin and the work he has undertaken to transform the VA from a scandal-ridden agency to one of the most oft-cited success stories of his presidency.

Like his media-bashing boss, Shulkin faulted skewed reporting for distracting administration officials, including the president, from their agenda

“I understand that the world of, the journalism field right now is a very competitive field. And it’s based upon grabbing people’s attention through headlines and the rapidity of which one can get stories out, and I think that there are extreme pressures to publish stories without doing all the

full fact-checking," Shulkin said. "And look, I'm not trying to be critical of what must be a very challenging field, but I can tell you that when reporting is done without the appropriate fact-checking, that then it does have consequences and it does make our jobs harder here in Washington."

The VA secretary noted that "allegations" against Trump have also diverted the attention of the White House.

"I think that there's no doubt, that when the president has to spend his time addressing issues that are allegations before facts are out, that it's taking away his time and focus from what he wants to do," Shulkin said. "I mean, I've not talked to him about this nor have I talked to my other fellow Cabinet members about this, but I just know the way that it impacts me and the way that it must impact them as well."

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8.3 - WOIO (CBS-19): Millions in federal contracts going to companies that owe back taxes: A Carl Monday investigation (17 November, Carl Monday, 604k online visitors/mo; Cleveland, OH)

CLEVELAND, OH - If you don't pay your taxes, you get punished. Some people even get jail time.

But when it comes to businesses, are the rules the same?

Our investigative team found the federal government has been awarding millions of dollars in contracts to companies who owe millions in delinquent taxes.

Dannette Render owns a small public relations company in northeast Ohio, but her clients have included some big-time government agencies.

Over the years, DAR Public Relations Inc. has been awarded at least $1.43 million in government contracts with the State Department, U.S. Air Force, Food and Drug Administration, Bureau of Engraving and Printing, and the National Institutes of Heath.

But at the same time Render's company was cashing in on government contracts, we found DAR Public Relations also owed the federal government more than $50,000 in back taxes and penalties.

When asked about her company's federal tax liens, Render said, "I don't know anything about that, because I took care of all mine."

But we checked and found that's not necessarily the case.

Back in February, around the same time the U.S. Air Force awarded Render and her company over $70,000 in new contracts, IRS records show DAR Public Relations had at least nine open tax liens federal tax liens totaling $52,934, some dating back to 2007.

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While Render made some payments, she admitted us that she didn't pay off her company's tax debt in full. Some of DAR's liens recently "self-released," meaning 10 years have passed since the liens were filed and the IRS did not refile the liens, essentially forgiving the tax debt.

Render also admits she still owes $7,363.31 in interest and penalties accrued from the tax liens.

Our investigation shows DAR Public Relations is not alone.

We found that as of August 2017, at least 125 companies across the U.S. owed a total of $40,633,951 in unpaid taxes and were still awarded large contracts from the federal government. The contracts total nearly $135 million of your tax dollars.

"It's just blatant disregard for taxpayer money," said Sen. John Kennedy (R- LA).

When it comes to the delinquent company taxes, party lines mean nothing.

Democrats and Republicans are equally dismayed.

"I'm frustrated when I hear that story!" said Congressman Donald McEachin (D-VA). "Are you kidding me? The average taxpayer or not - this is just flat out wrong!"

Expert System Applications is another Cleveland-area company that's cashed in on government contracts. The electronic medical records management solutions firm, owned by former Cleveland Clinic research lab director Frank Ngo and his wife Virginia, has won over $7 million in federal contracts through the years.

At least one of those contracts was awarded while they owed almost $57,000 in back taxes.

We tried to interview the couple at their Shaker Heights home, but they had moved out. An auction company was selling off their household goods.

Frank Ngo did return our call and left a message. Later, through a family friend, Ngo told us the liens were for unpaid payroll taxes. They plan to pay off the lien by the end of the month.

"It's really a double whammy for taxpayers," said David Williams, the president of Taxpayer's Protection Alliance, a non-partisan, non-profit based out of Washington, D.C. that's focused on how the government spends our tax money.

"If you don't pay your taxes, you don't get any more taxpayer money – That is easy, and it's not controversial," said Williams. "People will not disagree with this! The only people who will disagree with this are the ones that are not paying their taxes and getting the contracts."

The North American Management and Business Corporation in Northern Virginia currently has more than $5 million is unpaid taxes from 2008, 2012, 2013 and 2015. Despite that, the research and communication company received more than $4.4 million in government contracts.

The company declined an interview on the matter.

Surface Technologies, based in Florida, received $47 million worth of federal contracts to build and repair Navy ships, all despite owing the IRS $1.35 million in tax liens for unpaid taxes.

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“It not only shows that the system is broken, but no one is monitoring; there’s no oversight,” said Williams. “Simple oversight could solve this whole thing. This is not rocket science.”

The company has reduced its tax liens since WVUE in New Orleans first looked at this issue in February 2017.

At that time, Surface Technologies owed $5.3 million in unpaid taxes and claimed it’s "in compliance with all the requirements as to its contracts and the tax liens are being resolved in accordance with agreements with the Internal Revenue Service."

The company declined to further comment.

“There are times when government waste isn't so complicated. It's simple, and this is one of those examples,” said Williams. "We have technology that can recognize someone's face on a new iPhone. Why can't we have technology that says, 'You don't pay your taxes, you don't get a government contract!' It's very simple."

The government's been aware of the problem for at least 10 years.

In 2007, the U.S. Government Accountability Office, Congress's watchdog, found 63,800 federal contractors owed $7.7 billion in taxes.

Former President Obama tried to crack down on the practice in a 2010 memo to agency heads, but it was largely ignored.

And just last year, the Treasury Inspector General reviewed 73 federal contracts and found no evidence a single qualified bidder underwent a tax check.

“It's shocking, because it's illegal,” said Congressman McEachin. “You cannot get federal contracts and have a federal tax indebtedness. That obviously begs the question, ‘how is this happening?’”

The Department of Defense is the biggest abuser - the agency never responded to requests for comment.

The Department of Veteran’s Affairs is number two on the list. The agency’s press secretary, Curt Cashour, released this statement:

“The Department of Veterans Affairs follows the Federal Acquisition Regulations (FAR) system. The FAR prohibits awards to corporations with unpaid tax liabilities. Corporations must certify to the government if a “tax liability is finally determined,” and if “the taxpayer is delinquent in making payment.” VA contracting officers rely on these certifications to make award determinations. Should the government determine that a corporation misrepresented its status, VA has the option to pursue debarment proceedings.”

Even the IRS is not immune to the problem. It awarded $354,420 to a company in Maryland that owes $1,574,553.32 in unpaid taxes.

“That's just, it's flabbergasting,” said Congressman McEachin. “How the very agency that doesn't even have to talk to anybody else, they can have internal conversations, is making that mistake and violating the law.”

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He’s so frustrated, he's already taking action. He's asked Congress's think tank - Congressional Research Services - to see if there's a legislative fix, a way to insure companies that owe taxes are not rewarded with more taxpayer money.

He’s also checking to see if it would be as simple as adding a question to all federal grant applications that asks companies if they are current on their taxes.

The IRS sent the following statement in response to the investigation:

“A tax lien is just one of the collection activities available to the IRS. For a better understanding of the collection process as it applies to federal contractors, please read the following TIGTA report. Besides reading the report itself, it is important that you read the letter by IRS SBSE Commissioner Mary Beth Murphy at the end of the report ... Although the federal tax lien is a public document, the federal tax law, 26 U.S.C. § 6103, precludes the IRS from disclosing tax return information."

Federal vendors with tax liens

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Veterans Affairs Media Summary and News Clips

18 November 2017

1. Top Stories

1.1 - The Wall Street Journal: Two Critical Reports Indicate Problems Persist at VA (17 November, Ben Kesling, 43.5M online visitors/mo; New York, NY)
The Department of Veterans Affairs' internal watchdog criticized the agency in new reports this week for problems it has struggled for years to address, including providing timely treatment for vulnerable veterans.

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1.2 - FOX News (Video): Sec'y Shulkin on efforts to bring more transparency to VA (17 November, 32.5M online visitors/mo; New York, NY)
In this three-minute video, the VA Secretary speaks out on efforts to improve the culture at the department on 'Fox & Friends.'

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1.3 - FOX News (AP, Video): Colorado VA kept secret wait lists for vets' mental heath care, report finds (17 November, 32.5M online visitors/mo; New York, NY)
A new government watchdog group found that the U.S. Department of Veterans Affairs facility in Denver violated policy by keeping improper wait lists to track mental health care that veterans received. Investigators with the VA Office of Inspector General confirmed whistleblower and former VA employee Brian Smother's claim that staff kept unauthorized lists instead of using the department's official wait list system.

Hyperlink to Above

1.4 - KUSA (NBC-9, Video): Federal investigation finds Denver VA hospital used improper wait lists for some veterans (17 November, 3.1M online visitors/mo; Denver, CO)
A watchdog arm of the U.S. Department of Veterans Affairs said Thursday that the agency's Denver hospital violated department policy by keeping improper wait lists to track veterans' mental health care. Investigators with the VA Office of Inspector General confirmed a whistleblower's claim that staff kept unauthorized lists instead of using the department's official wait list system.

Hyperlink to Above

1.5 - Austin American-Statesman: Investigation finds corruption, intimidation at Temple VA campus (17 November, Jeremy Schwartz, 2.1M online visitors/mo; Austin, TX)
Veterans in the work program at the Department of Veterans Affairs' Temple campus had complained about being assigned to the motor pool for years. The complaints, made by veterans undergoing drug and alcohol treatment as they tried to get their lives back on track, alleged the unit's boss— who was in charge of the grounds crew at the motor pool — had regularly subjected them to verbal abuse and tirades.

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2. Greater Choice for Veterans

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2.1 - Newsmax (FOX News, Video): Shulkin: VA Taking Further Steps Toward Transparency (17 November, Sandy Fitzgerald, 10.8M online visitors/mo; Boca Raton, FL)
The Department of Veterans Affairs is doubling down on its strategy to become the "most transparent department" in the U.S. government, VA Secretary David Shulkin said Friday. "I think it's essential that we begin to rebuild the trust with our veterans and the way to do that is to share what's going on in the VA and be honest and open about the problems that we have, as well as the progress that we are making," Shulkin told Fox News' "Fox & Friends."

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2.2 - Washington Examiner: David Shulkin: Fixing VA 'a matter of national security' (18 November, Sarah Westwood, 4.8M online visitors/mo; Washington, DC)
Allowing systemic problems at the Department of Veterans Affairs to persist could ultimately put the entire country at risk, according to VA Secretary David Shulkin. “I think both the president and I believe not only have veterans earned this, but this is actually a matter of national security,” Shulkin told the Washington Examiner in an interview this week.

Hyperlink to Above

2.3 - KREM (CBS-2): McMorris Rodgers meets with veterans at Spokane VA (17 November, Whitney Ward, 1M online visitors/mo; Spokane, WA)
Eastern Washington Congresswoman Cathy McMorris Rodgers paid a visit to the Spokane VA to talk about improvements in care for local veterans on Friday. The Congresswoman took questions from some veterans. They asked about the wellness program and why it has taken so long to recognize Agent Orange as such a problem. Many vets have also contacted KREM 2 complaining about doctor shortages at the Spokane VA.

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2.4 - The Montana Standard: Bold reform needed for Veterans Choice (17 November, Sam Redfern, 87k online visitors/mo; Butte, MT)
As a Montana native and Iraq combat veteran, I am fortunate to call Big Sky Country home. With the exception of Alaska, no other state boasts more veterans per capita than Montana. But as I have personally experienced and many veterans in the state will tell you, when it comes to providing Montanans with quality health care, the U.S. Department of Veterans Affairs has room for improvement.

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3. Modernize Our System

3.1 - The Sentinel: **Work to begin on new VA clinic in Upper Allen Township** (17 November, Zack Hoopes, 168k online visitors/mo; Carlisle, PA)
Cumberland County’s Veterans' Affairs clinic is expected to move into a greatly expanded facility by the summer of 2018. A groundbreaking ceremony was held Thursday for the new VA clinic that will occupy a 25,000-square-foot space at 5070 Ritter Road in the Rossmoyne commercial development area in Upper Allen Township, replacing the current, and much smaller, clinic in Camp Hill.

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3.2 - Health Data Management: **Cerner data center to support DoD and VA EHRs** (17 November, Greg Slabodkin, 143k online visitors/mo; Chicago, IL)
As the Departments of Defense and Veterans Affairs look to create a common shared electronic health record system, the VA is poised to benefit from DoD investments in a Cerner data center that currently hosts the military's new EHR.

Hyperlink to Above

3.3 - Republican Herald: **More details released about veterans' clinic coming to Pottsville** (17 November, Amy Marchiano, 75k online visitors/mo; Pottsville, PA)
Additional details were released Wednesday about the new veterans clinic coming to Pottsville. Schuylkill County commissioners and representatives with the Lebanon Veterans Administration Medical Center and STG International Inc. spoke with a small group of people at the Salvation Army on Sanderson Street in the city about the clinic, which is expected to open early next year.

Hyperlink to Above

3.4 - ConnectingVets.com (CBS Radio): **A plea for money, then a possible merger: what's up with VA's health records system?** (17 November, Jonathan Kaupanger, New York, NY)
So, this is a little confusing: on Wednesday, Veterans Affairs was desperate to move $782 million around in its accounts so they could start payment on the proposed electronic health record system. Today, it's exploring a merger with the Pentagon's system.

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4. Focus Resources More Efficiently

4.1 - The Hill: **Don't forget the VA's role in emergency preparedness** (17 November, Suzanne Gordon, 11.8M online visitors/mo; Washington, DC)
Congress is considering numerous bills that would defund and ultimately privatize the Veterans Health Administration (VHA). One of the things many political representatives seem to have forgotten is the role the VHA plays in responding to emergencies like wildfires, hurricanes, volcanic eruptions, and other natural disasters that occur all too frequently throughout the United States.

Hyperlink to Above

4.2 - KDVR (FOX-31, Video): **Rep. Coffman calls for review of Denver VA management** (17 November, Rob Low, 663k online visitors/mo; Denver, CO)
A Congressional subcommittee is demanding the VA Office of Medical Inspector investigate complaints of mismanagement of the surgical and anesthesia departments at the Denver Veteran Affairs Medical Center.

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4.3 - WBMA (ABC-33/40, Video): **Veterans learning to heal through art therapy** (17 November, Melanie Yuill, 448k online visitors/mo; Hoover, AL)

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The Hoover Arts Council teamed up with the Birmingham VA Center to offer art therapy classes at their Hoover center. In this art class each paint brush stroke brings stress relief. Elaine Fuerst says the feeling of relaxation she gets here can't be bought. "You don't have a performance review; you are just so free."

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4.4 - The Register-Guard: Investigation continues into management and practices at veterans health care centers in Roseburg and Eugene (18 November, Sherri Buri McDonald, 438k online visitors/mo; Eugene, OR)
U.S. Department of Veterans Affairs investigators plan to return to Oregon a third time on Nov. 27 to interview employees at Roseburg and Eugene veterans health care centers, a spokeswoman for U.S. Rep. Peter DeFazio said Friday.

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4.5 - The Sentinel: New transportation service announced for Cumberland County veterans (17 November, Zack Hoopes, 168k online visitors/mo; Carlisle, PA)
Cumberland County veterans will soon have access to free transit to the VA medical center in Lebanon. The county's Department of Veterans Affairs is coordinating with Rabbittransit to provide regular Monday-Friday shuttle service between the Lebanon facility and the VA's satellite clinic in Camp Hill.

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4.6 - WSAV (NBC-3, Video): Savannah VA Clinic is working to find a treatment for PTSD and substance abuse (17 November, Danni Dikes, 161k online visitors/mo; Savannah, GA)
The Savannah VA Outpatient Clinic is conducting a clinical trial to develop a treatment for PTSD and substance abuse. Twenty percent of the millions of men and women who serve in the U.S. military experience Post-traumatic Stress Disorder. Nearly half of them turn to drugs and alcohol to cope. PTSD can lead to unemployment, violence, homelessness or even suicide.

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4.7 - KLKN (ABC-8): Veterans Advisory Group presents two major donations (17 November, Zach Worthington, 153k online visitors/mo; Lincoln, NE)
Earlier today the Veterans Advisory Group for the Lincoln Veterans Affairs Clinic presented two major donations at the Veteran Affairs Coffeehouse, which is held in the Veterans Advisory Clinic auditorium. The donations were a new audio sound system and a painting of an American Eagle that was signed by all those who participated in donating money to the cause.

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4.8 - Charleston Gazette-Mail: Letter: Letter about Beckley VA Hospital contained false information (17 November, Dir. Stacy Vasquez, 28k online visitors/mo; Charleston, WV)
On October 27, the letter "Beckley VA Hospital's acupuncturist decision hurts vets" was published. It contained false information regarding the status of acupuncture care available through the Beckley VA Medical Center. I would like to address the inaccuracies included in that letter. The Beckley VA Medical Center still continues to provide acupuncture treatments, and that has never changed.

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5. Improve Timeliness of Service

5.1 - Kitsap Sun: Deny until you die, unless VA is funded (17 November, Ed Palm, 320k online visitors/mo; Bremerton, WA)
Last week, I was heartened to read that Rep. Derek Kilmer is lighting a fire under the VA to deliver on their long-promised new and improved, and adequately staffed, community based outpatient clinic (CBOC) for Kitsap County ("Vets deserve better from VA services," Nov. 11). Kilmer charges the Puget Sound VA Healthcare System with dropping the ball on this one.

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6. Suicide Prevention

6.1 - The Mountaineer: Fighting veteran suicide gets personal (17 November, Kyle Perrotti, 655k online visitors/mo; Waynesville, NC)
When Sgt. Jared Best reenlisted to go to Afghanistan after having already done a tour in Iraq, he did so to be there for his guys, many of whom were inexperienced in combat. But he never realized the toll that final deployment would take on him.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBRC (FOX-6, Video): Birmingham VA doing more to help female veterans (17 November, Alan Collins, 597k online visitors/mo; Birmingham, AL)
The Veterans Administration is doing more to help women veterans. "I feel like the Veteran's Administration as a whole is undergoing a cultural shift," said Amy Southern, Women's Veteran Program Manager at the VA Clinic. She said VA needed more space to a meet a growing demand for women veterans healthcare needs.

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7.2 - Herald & Review: Central Illinois veterans find support, services at Stand Down event (17 November, Ryan Voyles, 199k online visitors/mo; Decatur, IL)
In his seven-plus years in the U.S. Army, Douglas Luthy said he had the chance to travel across North and Central America. Now, 25 years later and living at the men's shelter at the Salvation Army, Luthy has found himself in need of help.

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7.3 - Daily Toreador: System hosts Veterans' Affairs hearing for educational opportunities, support in higher education (17 November, Michael Cantu, 93k online visitors/mo; Lubbock, TX)
A panel of Texas Tech and Tech System guests testified before a House Committee on Veterans' Affairs today at 2 p.m. in the System building located at 1508 Knoxville Ave. The hearing, entitled "Best Practices in Veterans Education and Transition to Civilian Life," was

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headed by District 19 Congressman Jodey Arrington and subcommittee ranking member District 16 Congressman Beto O'Rourke.

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8. Other

8.1 - The Plain Dealer (Video): Advocacy group runs television ads targeting VA for testing on dogs (17 November, Emily Bamforth, 11.5M online visitors/day; Cleveland, OH)
Advocacy group the White Coat Waste Project is now running national television advertisements targeting the U.S. Department of Veterans Affairs for use of dogs in experiments. The organization posted billboards in Cleveland earlier this year with captions reading "Prisoners of Waste, Stokes VA Medical Center, Stop Taxpayer-Funded Animal Experiments!"

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8.2 - Washington Examiner: VA head David Shulkin: Biased reporters 'make our jobs harder here in Washington' (17 November, Sarah Westwood, 4.8M online visitors/mo; Washington, DC)
Veterans Affairs Secretary David Shulkin blames sloppy reporting for sensationalizing the details of an official trip he took to Europe in July and for complicating the daily work of administration officials more broadly.

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8.3 - WOIO (CBS-19): Millions in federal contracts going to companies that owe back taxes: A Carl Monday investigation (17 November, Carl Monday, 604k online visitors/mo; Cleveland, OH)
If you don't pay your taxes, you get punished. Some people even get jail time. But when it comes to businesses, are the rules the same? Our investigative team found the federal government has been awarding millions of dollars in contracts to companies who owe millions in delinquent taxes.

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1. Top Stories

1.1 - The Wall Street Journal: Two Critical Reports Indicate Problems Persist at VA (17 November, Ben Kesling, 43.5M online visitors/mo; New York, NY)

WASHINGTON — The Department of Veterans Affairs' internal watchdog criticized the agency in new reports this week for problems it has struggled for years to address, including providing timely treatment for vulnerable veterans.

One report from the VA's Office of Inspector General detailed how a patient suffering from mental-health issues took his own life while waiting for treatment and after canceled appointments.

A separate report showed that a VA clinic incorrectly tallied wait times for appointments, slowing the appointment process for veterans and preventing hundreds from taking advantage of a program to use private-sector care.

"When a veteran in crisis goes to VA to seek help, they should receive it. Period," said Rep. Phil Roe (R., Tenn.), the chairman of the House Committee on Veterans Affairs, in response to the reports. "The failure of VA to provide adequate care is inexcusable, and the committee will continue to make oversight a priority."

The VA inspector general said in one of the reports, on Wednesday, that a veteran in New Jersey had been consistently using the VA for care since 2011. In late 2015, he walked into a VA clinic and tried to get an appointment with his psychologist and was told he could return three months later.

In the interim the veteran took his own life.

Inspectors found that staff members didn't follow up properly with the veteran or let him know he was eligible to get faster care from a private-sector provider.

"We found an overall lack of communication between psychiatry and psychology services led to unclear treatment goals for this patient, including his diagnoses, prognosis, and treatment," the report said.

In the second report, issued Thursday, the inspector general documented extensive use of unofficial wait lists in Colorado in 2016 for veterans waiting for mental-health therapy. Facility staff didn't always document follow-up procedures or track how long patients were required to wait to receive care.

"As a result of using the unofficial wait lists, [health care system] management lacked an effective process to adequately oversee veteran care," the report said.

The unofficial wait list practice was similar to problems first uncovered in 2014, when the department was roiled by whistleblowers reporting use of unauthorized wait lists, veterans experiencing long wait times for appointments and some patients dying while waiting for appointments.

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A VA spokesman said that neither report captured agency practices.

“Neither of these issues is systemic or persistent and the reports in no way reflect the current state of play at VA,” said the VA spokesman, Curt Cashour, noting that the events cited in the reports happened more than a year ago. “Using these reports as a snapshot of the current situation at VA would be like The Wall Street Journal citing closing prices from two years ago to reflect today’s stock market value.”

By the time investigators looked into the New Jersey matter, the VA had removed the medical-center director and beefed up resources, Mr. Cashour said. In Colorado, local officials disputed the premise of the watchdog’s findings, but quickly began to revise procedures.

VA action plans for the facilities in question show that fixes to problems highlighted in Colorado were scheduled to be completed in September of this year, and that the inspector general said it hadn’t been given evidence it had been completed. The fixes in New Jersey aren’t scheduled to be completed until 2018.

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1.2 - FOX News (Video): Sec’y Shulkin on efforts to bring more transparency to VA (17 November, 32.5M online visitors/mo; New York, NY)

In this three-minute video, the VA Secretary speaks out on efforts to improve the culture at the department on 'Fox & Friends.'

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1.3 - FOX News (AP, Video): Colorado VA kept secret wait lists for vets' mental heath care, report finds (17 November, 32.5M online visitors/mo; New York, NY)

A new government watchdog group found that the U.S. Department of Veterans Affairs facility in Denver violated policy by keeping improper wait lists to track mental health care that veterans received.

Investigators with the VA Office of Inspector General confirmed whistleblower and former VA employee Brian Smother’s claim that staff kept unauthorized lists instead of using the department's official wait list system.

That made it impossible to know if veterans who needed referrals for group therapy and other mental health care were getting timely assistance, according to the report. The internal investigation also criticized record-keeping in PTSD cases at the VA's facility in Colorado Springs.

Patients there often went longer than the department's stated goals of getting an initial consult within a week and treatment within 30 days, investigators found. In one case, a veteran killed himself 13 days after contacting the clinic, which was supposed to see him within a week.

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Investigators said the unofficial lists did not always identify the veteran or requested date of care, and they could not determine how many veterans were waiting to receive help and for how long, even with the help of staff at the facilities.

“My worst fears have been realized in this Inspector General’s report that Chairman Johnson and I demanded,” Colorado Republican Senator Cory Gardener said in a statement. “It highlights even more VA mismanagement and lack of accountability in Colorado. This cannot happen again, and it’s time for the VA to finally wake up and ensure our men and women are getting the best care possible. I will continue to work with Chairman Johnson to ensure the accountability that somehow the VA refuses to accept.”

Smothers, who worked at the VA in Denver as a peer support specialist on the post-traumatic stress disorder clinical support team, informed Gardner and his fellow senator, Ron Johnson of Wisconsin, last about the VA facilities in Denver and nearby Golden using wait lists for mental health services from 2012 until last September. Gardner resigned from his post at the VA shortly after going public, citing retaliation from VA officials in Colorado.

“Putting veterans on secret wait lists is not acceptable,” Wisconsin Republican Sen. Ron Johnson said in a statement. “The VA should implement changes to provide the highest quality care for our veterans and hold wrongdoers accountable. I thank Brian Smothers, the whistleblower who bravely came forward to shed a light on these unacceptable practices at the VA so they can be prevented in the future.”

Speaking to the Associated Press, Smothers said he was disappointed the report didn't make clearer that VA staff knew full well what they were doing. "We renamed the files 'interest lists' so people wouldn't know we were breaking the rules" on how to maintain wait lists, Smothers said.

The VA Eastern Colorado Health Care system said in a statement that while it agreed with much of the report's findings it bristled at the idea that its wait lists were "secret." The statement says that "nothing about this process was secret" and that it was discontinued once staff became aware it violated VA policies.

The VA Eastern Colorado Health Care system said in a statement that while it agreed with much of the report's findings it bristled at the idea that its wait lists were "secret." The statement says that "nothing about this process was secret" and that it was discontinued once staff became aware it violated VA policies.

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1.4 - KUSA (NBC-9, Video): Federal investigation finds Denver VA hospital used improper wait lists for some veterans (17 November, 3.1M online visitors/mo; Denver, CO)

A watchdog arm of the U.S. Department of Veterans Affairs said Thursday that the agency's Denver hospital violated department policy by keeping improper wait lists to track veterans' mental health care.

Investigators with the VA Office of Inspector General confirmed a whistleblower's claim that staff kept unauthorized lists instead of using the department's official wait list system. The report says

that made it impossible to know if veterans who needed referrals for group therapy and other mental health care were getting timely care.

The report drew a sharp rebuke from Colorado Senator Cory Gardner, one of several lawmakers to request the investigation. In a statement released to the media, the Republican said his “worst fears” had been realized. The senator added that it’s time for the VA to “finally wake up and ensure our men and women are getting the best care possible.”

The VA hospital also released a statement, saying it concurred with the findings presented by the Office of Inspector General but it did not agree with the characterization that unofficial wait lists were secret wait lists.

The hospital explains it used “interest trackers” to gauge potential demand for a number of mental health groups among veterans who were already receiving therapy from a VA medical provider. They were intended to allow mental health providers to gather enough patients to begin group therapy. The office says it stopped using interest trackers after learning they were not allowed under VA scheduling policy.

The Denver facility says it welcomes the OIG’s findings and recommendations as an additional check to ensure veterans are receiving the highest-quality care.

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1.5 - Austin American-Statesman: Investigation finds corruption, intimidation at Temple VA campus (17 November, Jeremy Schwartz, 2.1M online visitors/mo; Austin, TX)

Veterans in the work program at the Department of Veterans Affairs’ Temple campus had complained about being assigned to the motor pool for years.
The complaints, made by veterans undergoing drug and alcohol treatment as they tried to get their lives back on track, alleged the unit’s boss— who was in charge of the grounds crew at the motor pool — had regularly subjected them to verbal abuse and tirades.

Other complaints hinted at possible crimes; VA equipment like lawnmowers and expensive tools regularly disappeared. Veterans said assignments sometimes took them off the sprawling VA campus in Temple and to the homes of high-ranking VA officials, where they said they were ordered to work.

Yet even as the complaints piled up, administrators took no action.

This spring, after veterans had lodged nearly 50 grievances over a decade, the Central Texas VA finally launched an internal investigation into the motor pool. In August, the three-person administrative board confirmed much of what the veterans had long alleged — and uncovered much more.

The American-Statesman obtained a preliminary, unsigned version of the board’s report. It found that some VA supervisors had stolen equipment from the agency and benefited personally from the labor of veterans in the vocational training program. Current and former veterans in the program testified that they had been told to build fences, repair sprinkler

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systems and perform other landscaping work at the homes of certain supervisors and their family members.

The veterans also testified that while they were being paid by the government, they were forced to repair personal vehicles and do other odd jobs for supervisors.

And in a finding that has sparked a wider VA inquiry, the investigators said they had uncovered a complex scheme at the motor pool to secretly profit from VA purchase orders. The board concluded employees at the motor pool had funneled business to a small Killeen firm that investigators said made at least $400,000 by padding purchases with 30 percent surcharges. In all, the report found, more than $1.3 million was “funneled through” the business, Whitetail Industrial Parts and Services, in recent years.

In a phone interview, Oarrin Nash, the motor pool boss who the board accused of abusing and intimidating workers and misusing government resources, disputed the report’s findings. “A lot of malicious things have been said against me,” he said. “97.7% of them are lies.” He said he never stole VA equipment or forced veterans to work at the homes of supervisors, and had no knowledge of the financial activities involving Whitetail, which is owned by Jeff Pearson.

Phone and Facebook messages sent to Pearson were not returned. Other employees mentioned in the report either did not respond to interview requests or were not made available by the VA.

The allegations involve some of the VA’s most vulnerable clients.

Many lived in the Temple VA’s domiciliary, a residential rehabilitation facility with nearly 200 beds. Veterans in the work program worked for minimum wage in areas such as housekeeping and food service, at the agency’s 167-acre Temple campus, which also includes a large medical center, administrative offices, a VA police department and a state-run retirement home.

The agency’sCompensated Work Therapy program is meant to help struggling veterans, many of whom have been out of the job market for years, gain the work experience and confidence they need to find a job in the outside world. But veterans assigned to the grounds crew and motor pool in Temple said the program had the opposite effect.

One Army veteran, who asked that his name not be used because he feared retaliation from Nash and other VA employees named in the report, told the Statesman that veterans dreaded being assigned to the motor pool. “You did your best not to go there,” he said, “but they always had open positions because so many people would quit.”

The man, who was not interviewed by the investigative board, said he was ordered to wash vehicles belonging to VA employees and their family members and was once sent to deliver furniture to a VA employee’s house during work hours. “We felt like peons,” he said. “If you didn’t already feel bad about yourself, you did after that.”

Don Peace, the manager of the Temple VA’s vocational program, told investigators that working at the motor pool had done irreparable harm to the veterans who were supposed to benefit from it.

“I think it really affected the veterans … it drove their self-esteem even lower, and then their only way of dealing with it, then, was to go back and either use drugs or drinkin’,” Peace told

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investigators, according to a transcript of his interview. “And for those that then was working as outpatients that was no longer in the (domiciliary), then they would relapse and just quit showing up, and we would have to try to track ‘em down.”

‘The day of reckoning’

Central Texas VA Director Christopher Sandles said that he initiated the investigation after hearing concerns from employees at the motor pool during focus groups he convened when the VA appointed him to the top position in the region, which includes Austin, nine months ago.

“To me this is a great example of valuing and engaging staff, listening to their concerns and following through on them,” he said. “While they may have been able to get away with it for quite some time, the day of reckoning, in my opinion, is here.”

Sandles said that two employees named in the board’s report no longer work at the VA, though he said he could not confirm whether the staffers had been fired, or even disclose their names, citing potential grievances. “We haven’t closed the door to any additional actions,” he added.

Sandles also said that the final version of the report, which the Statesman requested last month through the Freedom of Information Act, has exonerated at least one high ranking official recommended for discipline in the preliminary report.

The Statesman has requested personnel information on the employees named in the report through the Freedom of Information Act.

Nash, who worked at the VA for 18 years, confirmed that he was fired after the board’s report. He said he has hired a lawyer to fight the action.

He said he was asked to work with troubled veterans in the program despite not being given any training on how to deal with their physical or psychological issues. He said that far from abusing the veterans, he had helped several find jobs and apartments.

“I’ve been treated like a dog,” Nash said.

While Nash says he had no financial dealings with Whitetail Industrial Parts and Services, the investigative board, chaired by Gregory Vrentas, the administrator of the VA’s Austin outpatient clinic, concluded that Nash and his immediate supervisor, Chris Sebek, regularly used Whitetail to make prohibited VA purchases. Investigators also alleged that a bookkeeping firm owned by Sebek’s wife played a role in submitting fraudulent invoices.

The Sebeks did not return a call to their home or a Facebook message.

Investigators further alleged that multiple VA employees, who were not named, “most probably” helped Whitetail win contracts by providing Pearson, Whitetail’s owner, with confidential bid information from competing firms.

VA officials have referred the most serious allegations of financial wrong-doing, involving contracts and purchases, to the VA’s Inspector General, which has launched an investigation that could result in criminal charges. The report also urged a careful review of all contracts involving Whitetail.

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‘We were never here’

Peace, the vocational manager, told investigators he built a spreadsheet to keep track of nearly 50 complaints against Nash of abuse, retaliation and punishment. “It became so overwhelming, there was no other way I could track it,” he said.

Peace said he forwarded the complaints to Sebek and to Sebek’s boss, John D. Summers, the chief of the Temple campus’ engineering division. But he but said the supervisors took no action.

Veterans told the administrative board that the two supervisors profited from their labor.

One veteran told investigators the employees in the motor pool were “like the Mafia.” “Just their way of covering stuff up for each other. This has been going for six, seven, eight years and nothin’ ever done about it,” the man said, according to the board’s report.

Even before the investigation wrapped up, veterans told investigators they were being threatened with physical harm for testifying. One veteran said he moved his family to Mexico after receiving a threatening phone call from someone who referred to him as a “snitch.”

Another veteran said that during a work assignment, he was told to take brand new shelving furniture to Sebek’s home. Once they had loaded the shelving into the garage, the veteran said Nash informed him it was Sebek’s place.

The veteran said Nash told him: “We were never here.”

Two workers said they were sent to the home of Summers, the engineering division chief, to cut trees and install fencing. One of the veterans told investigators Nash warned him not to interact with Summers at the property. “‘Don’t talk to nobody,’” the veteran said Nash told them. “‘Don’t be over there in this man’s face.’” The veteran said he was paid $60 for the work there.

On another occasion, a veteran told investigators he was dispatched to the homes of two supervisors to work on their sprinkler systems with VA-purchased equipment. Others said they performed automative repair work on the personal vehicles of VA employees, including brake jobs and tune ups, and repaired Nash’s personal lawn care equipment.

Veterans said their work assignments also included digging up rose bushes Nash directed workers to put in his truck. “They’re all going to my mom’s,” Nash said, according to the testimony. Other veterans recounted being made to chop wood on VA property and load it into Nash’s personal truck so he could sell it later.

Nash denied the allegation. “I don’t steal,” he said. “I work my ass off.”

In all, investigators recommended administrative action against seven VA employees, reserving some of its harshest judgement for Summers, the engineering chief.

“The (investigation) revealed an absolute, protracted lack of managerial oversight and accountability in regulatory practices which led to an unbridled level of; waste, fraud, abuse, theft, resource mismanagement, and (Federal Acquisition Regulation) violations in the daily operations of the engineering service,” the report found.

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‘I got my boy in the corner’

As the investigation stretched over the summer, investigators began hearing disturbing stories of intimidation involving Nash, as well as Temple VA police Chief Thomas Carnes, who has since been cleared by VA brass. The VA maintains its own force to police its campuses and buildings.

One veteran told investigators he hadn’t previously complained about activities at the motor pool because Nash “has so many people in his pocket.”

“He reminded me that he is buddy buddy with the cops,” the veteran testified. He recounted an incident in which Nash called Chief Carnes over to a group of veterans, warning them: “You mess with me, I got my boy in the corner right here.”

Nash called the allegations that he intimidated witnesses “fantastic, outer space shit.”

Investigators concluded that both Nash and Carnes engaged in witness intimidation and recommended administrative action against both.

But Sandles, the VA director, said the report obtained by the Statesman was preliminary. Sandles said a final version had reversed the findings about Carnes, clearing the police chief of allegations that veterans performed yard work at his home and that he and other members of his force intimidated witnesses who testified to the investigative board.

“I have no concerns with my chief of police,” Sandles said. “He has my utmost confidence. … He is free and clear.”

Sandles said that in the future, the VA campus will implement greater inventory control of lawn equipment and keep better track of government credit cards.

“We are making quite a few changes systemwide to make sure something like this doesn’t happen again.”

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How we got the story

This story is based on a 70-page report documenting a wide-ranging investigation into accusations of corruption and intimidation at the Department of Veterans Affairs campus in Temple. The report is preliminary, and the Statesman has requested additional documents under the federal Freedom of Information Act. Statesman reporter Jeremy Schwartz has spent six weeks following up with veterans in the program, staff and VA officials for this story. He has attempted to reach all of the people whose names are published here.

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2. Greater Choice for Veterans

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2.1 - Newsmax (Video): Shulkin: VA Taking Further Steps Toward Transparency (17 November, Sandy Fitzgerald, 10.8M online visitors/mo; Boca Raton, FL)

The Department of Veterans Affairs is doubling down on its strategy to become the "most transparent department" in the U.S. government, VA Secretary David Shulkin said Friday.

"I think it's essential that we begin to rebuild the trust with our veterans and the way to do that is to share what's going on in the VA and be honest and open about the problems that we have, as well as the progress that we are making," Shulkin told Fox News' "Fox & Friends."

The steps include publishing all wait times, said Shulkin, marking "the only healthcare in America that's doing that currently."

The department also is publishing what other veterans are saying about their care in the nation's VA facilities, as well as quality data, Shulkin said.

Meanwhile, the VA's most critical issue is the modernize it and give veterans the kind of care they need, including fulfilling President Donald Trump's promise of expanding care options to the private sector.

"That is the president's commitment, to make sure that our veterans are getting the very best care, whether it is in the VA system that's taking care of millions and millions of veterans each year and doing a great job," said Shulkin. "In the cases where we are falling short, we absolutely want to make sure that veterans get the best care in the private sector."

He added that the VA also is working with Congress to be sure it can give veterans the best care possible to meet their needs.

"This is a system that has had decades of problems, and we are not going to get everything at once," said Shulkin. "[We are] pushing for what we can to transform the system and send it on a path."

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2.2 - Washington Examiner: David Shulkin: Fixing VA 'a matter of national security' (18 November, Sarah Westwood, 4.8M online visitors/mo; Washington, DC)

Allowing systemic problems at the Department of Veterans Affairs to persist could ultimately put the entire country at risk, according to VA Secretary David Shulkin.

“I think both the president and I believe not only have veterans earned this, but this is actually a matter of national security,” Shulkin told the Washington Examiner in an interview this week. “If we have a system that, when people are deciding if they want to serve their country, that they don’t believe that when they get home, they have a system that’s going to take care of them that they can rely upon, the approach towards having a voluntary Army and people who want to come and protect the country is at risk, and I think we have seen some recent reports that it’s getting tougher to meet recruitment standards.”

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The VA secretary, whose efforts to transform the agency have earned him a spot in President Trump's good graces, said a reflection on the VA's failures is the first step toward fixing a department Trump has called a "disaster."

Under Trump's predecessor, the VA suffered through a series of controversies ranging from filthy conditions at some of its hospitals to VA workers who wrongly declared living veterans dead and stripped them of their benefits.

But the biggest scandal to strike the agency came in 2014, when whistleblowers revealed a nationwide scheme to conceal long delays in healthcare by using fake patient waiting lists. The fallout from the wait time controversy led to the resignation of then-VA Secretary Eric Shinseki and to a number of changes in the way VA officials manage and report wait times.

Trump made the VA a top target during the presidential race, holding up its failures as evidence of the Obama administration's broader ineptitude.

Shulkin, who has worked at some level of the VA since June 2015, said he agrees with Trump's criticism of the agency he now oversees.

"People say, 'Well, you know, he's been so critical of the VA.' Well, you know, I actually think that's a good thing," Shulkin said of Trump's past comments. "When you're the boss, you get to hold up a mirror and tell people where the problems are and if you don't do it, then the rest of the organization doesn't really have a chance to respond."

Although Shulkin served for more than a year as undersecretary for health in former President Barack Obama's VA, he said his ascension to the top of the organization has given him a chance to "reboot" an agency in need of an overhaul.

"I had a very different experience under the last administration. I came in in the last 18 months of an eight-year administration that pretty much had a certain way of doing things and I wasn't in the role of secretary," he said. "They all have different management styles, they all have different ways of accomplishing things, so I don't, I really don't have criticism of the last administration."

Shulkin has stood out in the Trump administration as one of the president's favored Cabinet officials.

In public appearances, Trump has repeatedly touted the unanimous Senate vote that confirmed Shulkin to his position in February.

And Trump has cited reforms at the VA as a bright spot amid the stagnation of his legislative agenda and the delay of his immigration executive orders by the courts.

While Shulkin's disciplined and apolitical approach to his post is seemingly an odd match for Trump's brash style, the VA secretary said he works well with Trump because they have professional chemistry.

"I think that for me, it's just a good management style fit," Shulkin said. "When we're together, he's very candid, he's very inquisitive, he understands the issues very well, and we are able to have direct conversations. It's not a lot of formality. I mean, it's — I appreciate that, and it helps me in performing my job better."

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Shulkin said one of his top priorities since taking the helm at VA has been to shift more of the agency's resources into providing services unique to veterans — such as treatments for post-traumatic stress disorder and traumatic brain injuries — and away from services veterans can easily obtain from private doctors.

"They don't need us to do things that can be done well in the community, like making eye glasses. They need eye glasses, but it doesn't mean the VA always has to be the one to do that. Every shopping mall in America has a place you can get eyeglasses," Shulkin said. "But for those issues that, frankly, aren't done well in the private sector, that are important to veterans, we need to do those well. So I'm asking my medical centers to actually move more money into those services — that it's one thing when you say they're important, it's another where you watch where the money goes."

Shulkin blamed the VA's past efforts to provide all aspects of care to all veterans for some of the agency's failings over the past several years, such as the long wait times patients faced and the resource shortfalls that some facilities have encountered. As a result, Shulkin said, his strategy has focused on expanding veterans' access to care in the private sector to supplement what they receive directly from the VA.

"I think, if anything, the wait time crisis in 2014 taught us that VA cannot do this alone," he said. "You cannot take care of the health needs of every nook and cranny in this country by VA doing this alone, and so this is probably a strategy that tries to make actually a common sense approach to meeting the needs of veterans, and it doesn't fit into the political spectrums."

Shulkin has long resisted suggestions that his effort to expand veterans' access to private sector care means he aims to privatize the VA. Privatization fears have long underpinned resistance to the expansion of programs that allow veterans to seek treatment outside the agency.

The VA secretary said his plan will ideally let veterans choose a combination of private and public services.

"I have come out pretty clear that I am not in favor of privatization. I think that would be a huge mistake for the country to do that, and particularly for veterans, but that doesn't mean that we need to stick to the status quo," Shulkin said. "You know, some people say, 'Oh, you must be privatizing!' or 'You must be ignoring the private sector!' This is saying, 'No, we're going to pick what's right for veterans.'"

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2.3 - KREM (CBS-2): McMorris Rodgers meets with veterans at Spokane VA (17 November, Whitney Ward, 1M online visitors/mo; Spokane, WA)

SPOKANE, Wash. -- Eastern Washington Congresswoman Cathy McMorris Rodgers paid a visit to the Spokane VA to talk about improvements in care for local veterans on Friday.

The Congresswoman took questions from some veterans. They asked about the wellness program and why it has taken so long to recognize Agent Orange as such a problem. Many vets

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have also contacted KREM 2 complaining about doctor shortages at the Spokane VA. She said veterans should already be seeing results from her plan to improve the VA in Spokane.

“Staff is energized, the doctors that we’re recruiting to come here, you’re seeing a commitment to the 24/7 urgent care,” McMorris Rodgers said.

She said they have also worked to repair a roof at the Spokane facility that had been leaking for five years. They were able to identify the funding and get the roof fixed by the end of the year. She said that there is still work to be done.

“I think the Choice Program for our veterans still needs to be looked at and made sure that it really is easy for the veterans to access care through the Choice Program. It’s one, especially in the rural areas because if you’re a veteran in Colville or Kettle Falls or Republic, it’s a long way to the Spokane VA,” she said.

Another problem that has plagued the Spokane VA is the lack of specialists available. McMorris Rodgers is hopeful that the medical schools in Spokane will help with the shortage.

“My legislation on the teaching health center is so important to training our OBGYNs, our primary care, our psychiatric, that’s going to help met the needs here. I would like to see them being able to go to providers here in Spokane rather than being forced to travel to Boise or Seattle or Portland,” she said.

The Congresswoman also took time to address a series of stories KREM did on her back in 2016 about staggering price increases in prescription drugs. KREM 2 pointed out that the Political Action Committees for her re-election campaigns have accepted thousands and thousands of dollars from many of those same drug companies that are jacking up your prices.

“I had the chance yesterday to talk to President Donald Trump about the cost of prescription drugs and I shared with him that I have some ideas and he said, 'Let’s talk further, lets bring some people in and I’d like to hear more,'” McMorris Rodgers said. “I think we must have more transparency as a cost and accountability among our pharmacy benefit managers. The large increases in cost are not predictable, retroactive that makes it really difficult to ensure the patients have access to low cost drugs.”

Many of the veterans who talked to her in person Friday thanked her for hearing their concerns and criticisms. They are hopeful many of these problems will show significant improvement. They just hope it comes soon enough for those who depend on the VA for the care they need.

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2.4 - The Montana Standard: Bold reform needed for Veterans Choice (17 November, Sam Redfern, 87k online visitors/mo; Butte, MT)

As a Montana native and Iraq combat veteran, I am fortunate to call Big Sky Country home. With the exception of Alaska, no other state boasts more veterans per capita than Montana. But as I have personally experienced and many veterans in the state will tell you, when it comes to providing Montanans with quality health care, the U.S. Department of Veterans Affairs has room

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for improvement. While many of the systems doctors do their jobs well, bureaucratic hurdles remain.

More than 10 percent of appointments in the Montana VA Health Care System take more than 30 days to schedule. The Billings, Lewistown, and Plentywood clinics each have average wait times hovering near 30 days, while the average wait time at the Great Falls VA Clinic is closer to 40 days.

Worse yet, the rate of serious post-surgery blood clots in Montana exceeds the national average, as does the rate of wounds splitting open following abdomen and pelvis surgeries. This is completely unacceptable anywhere, but particularly in a state so many veterans call home.

Throughout the country, veterans wait far too long to receive the care they deserve and shocking stories of substandard care appear regularly on the nightly news.

The nation first learned of grave problems at the VA after the Phoenix VA scandal in 2014. That same year an inspector general report revealed gross malfeasance and negligence throughout the Veterans Health Administration, and Congress created the Veterans Choice Program.

Veterans Choice was intended to serve only as a stop-gap measure that allowed veterans to receive timely care at doctors and facilities outside the VA system before substantive reforms could be made. In the ensuing years, however, Congress passed few reforms and the well-intentioned program fell short of its stated goals. The “Choice [Program] did not reduce wait times to receive necessary medical care for many veterans,” the VA assistant inspector general for audits and evaluations wrote in a March report.

That’s because the VA bureaucracy continues to act as a gatekeeper between veterans and their health care, using inefficient and confusing methods to refer veterans to private care providers.

Take for example the “40-mile 30-day rule” that requires veterans to live more than 40 miles from the nearest VA facility or to confront a wait time exceeding 30 days before they can use the Veterans Choice program. If a veteran lives within 40 miles of any VA clinic, even if that facility does not offer the treatment the veteran needs, he or she would not be able to use the program. Even worse, the VA inspector general’s March report revealed VA officials were still manipulating wait-time data — preventing as many as 13,800 eligible veterans from accessing the Choice Program. Montana veterans at recent town halls have raised these concerns directly to our congressional delegation and VA Secretary Shulkin.

Clearly, the program must be reformed if it is to function as intended. Few people are better positioned to make sure this happens than Montana Sen. Jon Tester, the ranking member on the U.S. Senate Committee on Veterans’ Affairs.

From his powerful perch, Tester can insist that veterans — not the vast VA bureaucracy — are the central focus as Congress goes about reforming the program.

In a national poll taken earlier this year, 98 percent of veterans and 95 percent of registered voters overwhelmingly favored allowing veterans to use their benefits to receive care outside of the VA.

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For the sake of Montana veterans and all veterans around the country, Tester must advance bold reforms to expand health care choice and improve the way the VA delivers health care. That way, he can ensure that the VA is there for those who need it and, if the system can't provide adequate care, veterans can easily get treatment elsewhere.

The tradition of military service runs deep in Montana. Tester can honor this legacy by making sure all veterans receive the care they have earned.

Sam Redfern, western Montana field director for Concerned Veterans for America, lives in Missoula.

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3. Modernize Our System

3.1 - The Sentinel: Work to begin on new VA clinic in Upper Allen Township (17 November, Zack Hoopes, 168k online visitors/mo; Carlisle, PA)

Cumberland County's Veterans' Affairs clinic is expected to move into a greatly expanded facility by the summer of 2018.

A groundbreaking ceremony was held Thursday for the new VA clinic that will occupy a 25,000-square-foot space at 5070 Ritter Road in the Rossmoyne commercial development area in Upper Allen Township, replacing the current, and much smaller, clinic in Camp Hill.

"We've been telling people for a long time that we'll be moving to a bigger and better space for our Camp Hill clinic, and now we're finally at the finish line," said Margaret Wilson, acting director of the VA Medical Center in Lebanon.

Like the current Camp Hill center, the new Upper Allen site will serve as a branch clinic for the Lebanon VA hospital, which is part of the federal Veterans' Health Administration. But the new facility will be much more capable than the current one.

The new clinic is being built so that patients who need exams or consultation from multiple staff members can stay in one room — different caregivers will come to them, not the other way around, Wilson noted.

The new facility will also feature considerable investment in telemedicine, allowing specialists in Lebanon to connect remotely with patients in Upper Allen, Wilson said. A nurse at the clinic, for example, can use an electronically-connected stethoscope to allow a cardiologist in Lebanon to listen to a patient's heartbeat in real time.

The new facility is valued at $2.8 million, according to Lebanon VA Public Affairs Manager Doug Etter. The building was previously used as an office complex, but is being gut-renovated.

"If you were here a month ago, there were 100 little offices and conference rooms in here," said Lowell Gates, founder of Linlo Properties. "We pulled everything out."

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Interior build-out of the new exam rooms and medical suites should begin next month and will hopefully be complete by the end of March, Gates said.

The VA will hold a 10-year lease from Linlo on the property, Etter said.

Local officials praised the VA's commitment to a "bigger, more efficient" veterans' healthcare center, as County Commissioner Vince DiFilippo put it. This is critically needed in Cumberland County, Commissioner Jim Hertzler said, with its high veteran population, estimated at over 20,000 former service members.

One of the most crucial parts of this service, officials said, is getting the message out of veterans and convincing them to accept help.

"When I was at the Lebanon VA recently, one of their chief complaints was 'we can't get people who are eligible to come,'" said State Senator Mike Regan. "They may not want to reach out for help."

"We need to make sure they're aware," said State Rep. Sheryl Delozier. "Often times they'll say 'someone else needs it more than I do,' when they actually really need it."

Only about 30 percent of veterans who are eligible for VA care enroll, Etter noted.

While VA centers elsewhere in the nation have come under scrutiny for poor care, the Lebanon network is considered one of the best – four out of five stars in the 2016 VA report.

"These people are patient-focused, veteran-focused, and they get things done quickly," Neil Delisanti, director of the county's Veterans' Affairs Department, said of the Lebanon staff. "You don't read about the stuff that's happening out in Phoenix here in Lebanon. Our local system is absolutely top-notch."

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3.2 - Health Data Management: Cerner data center to support DoD and VA EHRs (17 November, Greg Slabodkin, 143k online visitors/mo; Chicago, IL)

As the Departments of Defense and Veterans Affairs look to create a common shared electronic health record system, the VA is poised to benefit from DoD investments in a Cerner data center that currently hosts the military's new EHR.

DoD's system—called MHS GENESIS—leverages the Cerner Millennium platform, as will the VA's EHR after the agency concludes contract negotiations with the vendor later this month, creating a lifetime health record that will facilitate the transition of active duty military members to veteran status.

According to Stacy Cummings, program executive officer for Defense Healthcare Management Systems, the two agencies will share a data center hosted at Cerner's Kansas City headquarters in which "both DoD and VA data will reside in a single platform." Cummings said the VA will take advantage of DoD's investments in the commercial data center.

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“Part of the leverage that VA is getting by their choice to use this very same system is they avoid the investment, cost and the time” that DoD has already put into the initial operating capability phase of MHS GENESIS, says Jerry Hogge, senior vice president at Leidos Defense Health.

In 2015, DoD awarded a $4.3 billion contract to prime contractor Leidos to modernize the military’s EHR system. The Leidos-led team includes consultancy Accenture, dental software vendor Henry Schein and Cerner, which provides the core Millennium capability as a software-as-a-service hosted in the vendor’s data center.

The DoD contract with Leidos includes several services, including hosting MHS GENESIS in a separate enclave, incorporating significant cybersecurity enhancements to protect the data, as well as physical and virtual separation from commercial clients.

DoD modified its contract with Leidos in 2015 to meet EHR hosting requirements that the military said could only be met by a data center owned and operated by Cerner.

“It was a design feature of the original contract, where the government left open its hosting choice,” recounts Hogge. “It could have been a public service like Amazon Web Services, or a (Defense Information Systems Agency) mega center, or it could have been the winner of the contract—in this case Cerner—to provide hosting services. The customer allowed for that choice to be made.”

However, according to DoD, Cerner’s data center enables direct access to the vendor’s proprietary data that would otherwise not be possible in a government-hosted environment.

“The proprietary data consists of quantitative models and strategies which are the result of extensive Cerner-funded research and development efforts conducted over 15 years,” contends the military. “The models are based on analysis of clinical, operational, and financial data associated and incorporate vast amounts of actual longitudinal patient data and information collected through other Cerner applications.”

Despite being hosted in a separate enclave, anonymized DoD population health data can be analyzed with the rest of the Cerner client patient population, enabling trending and other healthcare analytics. VA and DoD provide healthcare services to essentially the same patient population. In fact, within the last seven years, about 5.7 million patients have received care at both a VA and DoD facility.

Hogge adds that the cybersecurity architecture for the new DoD EHR is “one of the most effortful parts of the project” to ensure that the deployment is consistent with military requirements. “It’s not quite the same in the (Cerner) data center as a commercial deployment because of those connections to the DoD’s networks—but, it’s being done very carefully and in a very secure way,” he contends.

Cerner President Zane Burke notes that MHS Genesis is the first commercially available off-the-shelf EHR solution that is connected to the DoD system. As a result, Burke says “there’s quite a high level of scrutiny from a cybersecurity perspective.”

DoD’s hospitals and clinics are connected to the Cerner data center over a private network called the Medical Community of Interest (Med-COI). Hogge describes this secure, interoperable network for DoD medical community information technology communications and

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operations as an important “separation from the public Internet.” Burke calls it a “private military cloud.”

“The government has a unique way of configuring their systems and working with their patients,” observes Jon Scholl, president of Leidos Health Group.

So far, DoD has implemented its Cerner system to four military sites in the Pacific Northwest as part of the initial operating capability phase for MHS GENESIS. VA Secretary David Shulkin, MD, has said that the agency plans to align the deployment and implementation of its EHR with the rollout of DoD’s own system—starting in the Pacific Northwest.

Overall, VA will capitalize on DoD’s data hosting, standard workflows and enhanced cybersecurity, as well as advanced data analytics for providing visibility into military-specific health patterns based on combat and geographic exposures.

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3.3 - Republican Herald: More details released about veterans’ clinic coming to Pottsville
(17 November, Amy Marchiano, 75k online visitors/mo; Pottsville, PA)

Additional details were released Wednesday about the new veterans clinic coming to Pottsville.

Schuylkill County commissioners and representatives with the Lebanon Veterans Administration Medical Center and STG International Inc. spoke with a small group of people at the Salvation Army on Sanderson Street in the city about the clinic, which is expected to open early next year.

“We just came through a walk through of the new facility. You’re going to be thrilled to be able to get your health care there,” Margaret Wilson, acting director of the Lebanon VA Medical Center, said.

The address of the Schuylkill County Community Clinic is 1410 Laurel Blvd. Suite 2, which is the former United Metal Receptacle building. Plans for the clinic were announced in September.

About 9,400 square feet are available for use for a full range of services including mental, behavioral and women’s health. Primary care, telehealth services, referral for speciality care, radiology, laboratory and pharmacy services will also be provided. Hours are 8 a.m. to 4:30 p.m. Monday through Friday.

“We are expecting to be able to see patients in February 2018,” Wilson said.

STG International Inc., headquartered in Alexandria, Virginia, was awarded the contract for the clinic by the U.S. Department of Veterans Affairs’ Lebanon VA Medical Center previously. A lease was signed between STG and MBC Grings Hill, Schuylkill Haven. MBC Grings Hill is the real estate division of Miller Brothers Construction for the property.

Elle Ramirez, deputy director of clinical operations with STG, said they will strive to provide “the best five-star service.”

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She said “access will not be an issue.” Those who visit the clinic will have a team assigned to them that consists of a provider, a registered nurse, a clerk and licensed practical nurse that will help them. A provider could be a medical doctor, a nurse practitioner or a physicians assistant. Fifteen primary care employees will work at the site along with five VA employees.

“We’re very proud to serve you. We are excited to be here,” Ramirez said.

A floor plan of the building shows a lobby/reception area, open offices where employees work, eight primary care exam rooms, four mental health consulting rooms, a telepsych and a teleretinal and teledermatology room, where patients can talk to medical professionals via a TV screen, and a laboratory.

Brenda Zechman, director of Veterans Affairs for Schuylkill County, said there are more than 16,000 veterans in the county and most go to the Lebanon VA Medical Center for medical services.

Commissioner George F. Halcovage Jr. appreciated the investment in the community.

“We want to welcome you to the Schuylkill County family,” he said to STG representatives.

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3.4 - ConnectingVets.com (CBS Radio): A plea for money, then a possible merger: what’s up with VA’s health records system? (17 November, Jonathan Kaupanger, New York, NY)

So, this is a little confusing: on Wednesday, Veterans Affairs was desperate to move $782 million around in its accounts so they could start payment on the proposed electronic health record system. Today, it’s exploring a merger with the Pentagon’s system.

These two options are really the same thing. The company that won the contract for VA’s new electronic health record (EHR) system is Cerner. It was chosen partially because the DoD is already using Cerner as its EHR provider. DoD has started implementation of the Cerner system in the Pacific Northwest, and VA wants the money so it can have VA facilities in the area start the swap over at the same time.

VA Secretary, Dr. David J. Shulkin, was at the House Appropriations Military Construction and Veterans Affairs Subcommittee hearing this week and asked that Congress move the money so the VA could start changing its ancient electronic health record system, HER. The money would come from a couple different areas: $374 million from the current budget, $324 million from the patient care fund and $50 million from a staff hiring budget.

“We have to do this quickly,” Shulkin said. “We have achieved substantial discounts by aligning our HER deployment and implementation with the Department of Defense’s.” But to get this deal, the paperwork needs to be signed and payments made by the end of the month.

The money would be repurposed from the medical care budget that was set for next year. Shulkin explained that this money would have been used to buy medical equipment, but that it could be procured later. Some on the subcommittee pushed back at this idea. Rep. Charlie Dent

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(R-PA) brought up that the VA's 2018 budget already had $245 million cut from its medical equipment budget. He thought these additional cuts were "a hard sell."

"We will achieve DoD interoperability," Shulkin told the subcommittee. "This has taken way too long, and there have been many false starts along the way." The EHR system is supposed to be live 18 months after the contract is signed.

John H. Windom, VA's EHR Modernization Executive Director also said, "by us deploying into the same geographical area, we'll be able to leverage the resources that are already in that area." He also said that the overall cost of the 10-year project could increase by up to 5 percent if VA doesn't do it's EHR rollout with DoD. It's been reported that the Cerner contract could cost more than $10 billion.

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4. Focus Resources More Efficiently

4.1 - The Hill: **Don't forget the VA's role in emergency preparedness** (17 November, Suzanne Gordon, 11.8M online visitors/mo; Washington, DC)

Congress is considering numerous bills that would defund and ultimately privatize the Veterans Health Administration (VHA). One of the things many political representatives seem to have forgotten is the role the VHA plays in responding to emergencies like wildfires, hurricanes, volcanic eruptions, and other natural disasters that occur all too frequently throughout the United States.

One of the four missions of the Veterans Health Administration is responding to national emergencies. This also goes along with delivering clinical care to veterans, conducting research that benefits veterans and all Americans; and teaching the nation's health care workforce.

In Puerto Rico, for example, the San Juan VA Medical Center was one of the only functioning hospitals to after hurricane Irma and Maria devastated the island.

It could continue to help patients because it's mission is to be well prepared for emergencies, equipped with backup generators and well stocked with supplies.

Over the past four weeks in California, I have watched the San Francisco VA Health care System utilize its well developed emergency infrastructure to respond to the series of fires that devastated Northern California in October.

When it became clear how serious the outbreak was, the hospital set up a Hospital Incident Command service and mobilizing hundreds of staff to reach out to employees and veterans.

VHA employees instantly began calling staff and veterans to make sure they were safe. When the Santa Rosa Community Outpatient clinic that serves over 9400 veterans-to close, the VHA knew that thousands of veterans could be impacted.

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VA staffers from all over Northern California went into action and contacted almost 6,000 veterans. The most pressing need would be getting medication. Incident commander and nurse practitioner MaryAnn Nihart — who has been through this kind of drill during other fires — understood that one of the most pressing needs would be to provide veterans with life saving medication.

When you're racing out of your house or apartment with the flames of a wildfire hurtling toward your house, one of the first things you leave behind is your medications.

We're not talking aspirins or antacids here. We're talking insulin, heart and blood pressure medications, anti-depressants and anti-psychotics. Because of its state of the art electronic medical records and its well established disaster pharmacy relief plans, the VA has a mechanism to immediately access patients' charts to find out what meds they need, in what doses. The VHA activated contracts with community pharmacies to make sure that veterans were able to fill their prescriptions.

The VHA vet centers brought mobile clinics into Santa Rosa to seek out veterans and VHA social workers scoured shelters and evacuation centers to find veterans who did not respond by phone. The VHA also recognized that the Santa Rosa clinic would not be able to reopen unless the air inside the facility was breathable and brought air scrubbers to cleanse it of smoke and toxins.

Veterans Benefit Administration staff went into action to make sure veterans had access to their benefit and pension checks. Staff also ascertained and dealt with the kind of psychological stress that is a by-product of a natural disaster.

When the acute survival phase of the emergency had passed, and the command incident closed that was not the end of the response. During the recovery period, staff called thousands of veterans they had not been able to reach by phone to make sure they were okay and had their needs met.

Mental health staff are now dealing with real mental health impact which will be felt in the days, weeks and months to come. All told 117 veterans lost or had serious damage to their homes. The day after his house burned down, Air Force Veteran Victor Negron, the administrative officer of the Santa Rosa clinic, arrived at work to help other veterans.

He was wearing flip flops, shorts and a tee shirt, which was all he had after evacuating his house just minutes before the fire hit. Negron told me the ability to help other veterans is what has kept him going.

The kind of rapid emergency response the VA launched is only possible in an integrated health care system, which has the infrastructure to deliver supplies, information, and clinical staff support to a population of patients whose health care needs and whereabouts they can quickly ascertain. If the VHA is dismantled, step-by-step as the Trump administration proposes, veterans will be forced to fend for themselves, without the social safety net they have now, which serves them well, both day to day and during major emergencies.

Suzanne Gordon is the author of The Battle for Veterans Healthcare: Dispatches from the Frontlines of Policy-Making and Patient Care.

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4.2 - KDVR (FOX-31, Video): Rep. Coffman calls for review of Denver VA management (17 November, Rob Low, 663k online visitors/mo; Denver, CO)

A Congressional subcommittee is demanding the VA Office of Medical Inspector investigate complaints of mismanagement of the surgical and anesthesia departments at the Denver Veteran Affairs Medical Center.

The letter dated November 15, is addressed to Secretary David Shulkin, who leads the U.S. Department of Veteran's Affairs and it's signed by Colorado Congressman Mike Coffman (R) and Michigan Congressman Jack Bergman (R), chairman of the Subcommittee on Oversight and Investigations.

Their letter comes one month after the Problem Solvers revealed 65 to 90 surgeries had been canceled or delayed since August at the Denver VA because of a shortage of anesthesiologists and nurse anesthetists.

Congressman Mike Coffman told the Problem Solvers he's heard from a whistleblower at the Denver VA who claims issues of mismanagement run deeper than postponed surgeries. "It`s not just a lack of resources, it`s not just a lack of personnel it`s a lack of desire to do their job," said Representative Coffman.

In fact, since our story on Oct. 11, the Chief of Staff for the Denver VA acknowledges it has rescheduled another 45 surgeries because of a staffing shortage. "That`s not the ideal situation though and I guess there`s no such thing as bad publicity because we`ve had a tremendous amount of interest in our positions and we have four offers out," said Dr. Ellen Mangione, referring to the four anesthesiologists it's hoping to permanently hire by March 2018.

In the meantime, the Denver VA is using contract doctors and nurses to fill it's staffing shortage and says it welcomes an outside review from the the VA Office of Medical Inspector. "The VA is very transparent and we welcome anyone to come in and help us to understand where we may have some challenges. We believe we’re on a much better and much more positive track now even in the past month," said Dr. Mangione.

But the letter to VA Secretary Shulkin lays out multiple allegations of wrong-doing. It contends a VA hand surgeon has not been scheduling cases for over a month. Dr. Mangione says that's a false accusation, "I can’t remember exactly the number of cases that were done by that individual but it was a typical number of cases that were done."

The congressional letter also states some staff anesthesiologists are not working more than 20 hours a week and are coding their hours to suggest they're on campus when they're not. Again, Dr. Mangione insists that's false. "I reviewed that with our new chief of anesthesia and we don’t find that to be the case. Our anesthesiologists typically work well over the 40 hours per week."

Despite what the Denver VA told the Problem Solvers, the letter also states "there has been no attempt to improve staffing in the OR (operating room), pain clinic, or surgical intensive care units" and it notes the pain clinic closed down.

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Representative Coffman says he's learned from the whistleblower that bad employees aren't held accountable. He cited an employee who supposedly wasn't punished for assaulting two coworkers and another employee who was caught diverting drugs from the anesthesia department. "An employee caught shooting up fentanyl was given corrective action but not fired," claims Rep. Coffman.

When asked about those instances of employee misconduct, Dr. Mangione said, "I can`t comment on the specifics but I will tell you we take the safety of our patients and our employees very, very seriously and investigate those in great detail."

FOX31 pressed Dr. Mangione on whether mismanagement exists at the Denver VA and she replied, "I think we`ve had some challenges in the past and again we don`t want to miss an opportunity to look at those and see how we can go forward in a more positive direction."

The congressional letter asks the medical inspector to decide by Friday November 24 if it will investigate the allegations raised by the Denver whistleblower.

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4.3 - WBMA (ABC-33/40, Video): Veterans learning to heal through art therapy (17 November, Melanie Yuill, 448k online visitors/mo; Hoover, AL)

The Hoover Arts Council teamed up with the Birmingham VA Center to offer art therapy classes at their Hoover center.

In this art class each paint brush stroke brings stress relief.

Elaine Fuerst says the feeling of relaxation she gets here can't be bought.

"You don't have a performance review; you are just so free."

Fuerst is the wife of a Marine who served two tours in Vietnam.

"I come to counseling and explore ways to make sure I'm taking care of myself and taking care of him because when somebody has PTSD the rules change."

The art therapy class includes vets of all ages and their spouses.

"You find people understand what you've gone through and people understand what service means," said Fuerst.

Michelle Davis is one of the class instructors. She is a readjustment counselor and a veteran. She says she can see it in people's eyes, conversations, and artwork, that this class is making a difference.

"Many aren't ready to talk or tell their stories but art allows them the opportunity to tell their stories [in a way] that feels much more comfortable and safer to them I believe."

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You can now see their stories at Hoover City Hall. The veterans' artwork is on display there through December.

If you'd like to support the veterans in this art class, they are looking for donations. The class needs art supplies and cabinets or shelves to store that supplies. If you can help, contact the Vet Center at 205-212-3122.

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4.4 - The Register-Guard: Investigation continues into management and practices at veterans health care centers in Roseburg and Eugene (18 November, Sherri Buri McDonald, 438k online visitors/mo; Eugene, OR)

U.S. Department of Veterans Affairs investigators plan to return to Oregon a third time on Nov. 27 to interview employees at Roseburg and Eugene veterans health care centers, a spokeswoman for U.S. Rep. Peter DeFazio said Friday.

DeFazio had pressed for an investigation into practices at the centers after numerous constituents made allegations of mismanagement, retaliation against employees, and compromised patient safety, said Beth Schoenbach, a spokeswoman for DeFazio.

DeFazio is encouraged that the investigators are taking the allegations seriously and conducting more employee interviews. However, it will delay release of their findings, Schoenbach said.

VA officials had told DeFazio’s office they would issue a preliminary report around Thanksgiving and complete a formal report by year’s end.

Schoenbach said she didn’t know the new timetable for the report’s release.

Investigators have interviewed over 60 employees in Roseburg and Eugene, Schoenbach said. They said they plan to return on Nov. 27 to complete 50 more interviews, she said.

In mid October The Register-Guard reported allegations by a former surgeon and several nurses at the Eugene VA clinic that poor leadership in Roseburg and retaliation against whistle-blowers were causing doctors to flee the large, new clinic in northeast Eugene, compromising patient care.

A team led by Dr. Erica Scavella with the Office of the Medical Inspector at the VA in Washington, D.C., visited the Roseburg and Eugene health care centers on October 30 and 31, and again Nov. 13-16, Schoenbach said.

VA employees who want to speak to investigators, but fear retaliation, may call DeFazio’s office, 541-465-6732, for help relaying their information while preserving their anonymity, Schoenbach said.

The VA opened the 126,000-square-foot Eugene clinic on Chad Drive west of North Game Farm Road in January 2016. The Eugene clinic has 270 full-time equivalent employees, said Shanon Goodwin, a VA spokesman in Roseburg.

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4.5 - The Sentinel: New transportation service announced for Cumberland County veterans (17 November, Zack Hoopes, 168k online visitors/mo; Carlisle, PA)

Cumberland County veterans will soon have access to free transit to the VA medical center in Lebanon.

The county's Department of Veterans Affairs is coordinating with Rabbittransit to provide regular Monday-Friday shuttle service between the Lebanon facility and the VA's satellite clinic in Camp Hill.

County officials announced the service on Thursday in conjunction with a groundbreaking for the VA's new clinic on Ritter Road in Upper Allen Township, a new and improved facility that is scheduled to replace the Camp Hill clinic in the summer of 2018.

"Our veterans and their families have given so much for each of us," said County Commissioner Vince DiFilippo. "Through this partnership with Rabbittransit, we are able to give back a little bit."

"Simply saluting our veterans on one day a year is not enough ... we need to honor their service and sacrifice by helping them in their time of need," said Commissioner Jim Hertzler.

Rabbittransit is a public transit agency that provides service to a number of local governments in Central PA, including Cumberland County's ride-share service for seniors and persons with disabilities.

The veterans' shuttle was rolled out in York and Adams counties last year, and has already logged 3,300 trips, said Rich Farr, Executive Director of Rabbittransit.

"Mobility changes veterans' lives, and the demand is clearly there," Farr said. "I cannot underline the importance enough."

The federal government does have some limited transit service for the VA, although this is limited to veterans themselves only and not spouses or caregivers who may need to travel with them. The line being run by Rabbittransit will allow veterans' escorts to ride as well, Farr noted.

Rabbittransit will receive some funding via PA Act 89, which provides per-rider funding for senior services – however, Farr said, only about half of the veterans who have used the service in Adams and York are old enough to counted in the allocation.

In order to make the service completely free to veterans of all ages, Rabbittransit will be seeking donations to help cover costs that exceed Act 89 allocations. The county itself has put $2,000 into the pool to start.

Some veterans may also be eligible for the county's' ride share service, meaning they can also get service from their home to the Camp Hill shuttle drop-off.

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Service will begin Monday, Nov. 20, Farr said. The current schedule has the shuttle departing Camp Hill at 7 a.m. and arriving in Lebanon at 8:45 a.m., then departing Lebanon at 12:30 p.m. and arriving back at Camp Hill at 2:15 p.m.

To submit an application for eligibility, or to make a donation for veterans' transit funding, visit www.rabbittransit.org or call 717-846-RIDE (7433) or 1-800-632-9063.

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4.6 - WSAV (NBC-3, Video): Savannah VA Clinic is working to find a treatment for PTSD and substance abuse (17 November, Danni Dikes, 161k online visitors/mo; Savannah, GA)

SAVANNAH, GA – The Savannah VA Outpatient Clinic is conducting a clinical trial to develop a treatment for PTSD and substance abuse.

Twenty percent of the millions of men and women who serve in the U.S. military experience Post-traumatic Stress Disorder. Nearly half of them turn to drugs and alcohol to cope. PTSD can lead to unemployment, violence, homelessness or even suicide.

"It's sort of a way of self medicating, and a lot of veterans think that it will help, but in the long run it can actually make the symptoms worse," said Michelle Pompei Research Study Coordinator at the Savannah VA Outpatient Clinic.

The VA Clinic in Charleston has been conducting the Patriot Study, or PTSD and Alcohol Treatment Research in Outpatient Trials, for the past year. The Savannah VA Clinic began the study over the summer of 2017 after its grand opening. For twelve weeks, veterans in the trial take doxazosin, a medication normally used to treat high blood pressure. Researchers believe doxazosin will last longer than prazosin, which is commonly used to treat PTSD. Participants also have the option to undergo therapy at the clinic, or accept help elsewhere.

"If we're able to curb some of the drug or alcohol use and curb some of the symptoms like nightmares, they're able to just in general cope with PTSD better," said Pompei.

Pompei told News 3, she hopes the study will encourage veterans to seek help, building a bridge to further treatment in the future. "I feel like this is a valuable way to give back to the medical community and then also be able to help veterans and just be a source of compassion for them," she said.

If you suffer from PTSD and substance use and are interested in participating in the Patriot Study, call: 912-920-0214 ext. 2169 or 2132. Participants in the study are compensated.

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4.7 - KLKN (ABC-8): Veterans Advisory Group presents two major donations (17 November, Zach Worthington, 153k online visitors/mo; Lincoln, NE)

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Earlier today the Veterans Advisory Group for the Lincoln Veterans Affairs Clinic presented two major donations at the Veteran Affairs Coffeehouse, which is held in the Veterans Advisory Clinic auditorium.

The donations were a new audio sound system and a painting of an American Eagle that was signed by all those who participated in donating money to the cause.

Donations were coordinated by the Lincoln VA Group and the project was funded by various veterans groups and community members who wanted to give back to the VA Clinic.

Due to budget constraints, VA leadership was in need of funding in order to replace the rapidly aging audio system that had served the VA auditorium for many years.

After hearing about the budget shortages, VA Group member Dave Rusk decided to take matters into his own hands.

"Dave called me up and said we want to try and figure out a way to try and raise some money. He thought that I could do one of my paintings and then let the people who donated sign it and see if the VA will let us hang it up in here. I've been doing artwork for many many years so I felt privileged to be able to offer my talents and my artwork for a project like this," said Greg Holloway, the artist who painted the American Eagle portrait.

For the past 12 months Rusk has been collecting donations from veterans as well as other community members who wanted to help out in any way possible.

Rusk and the Lincoln VA Group was able to raise close to $10,000.

These donations were made possible by the VA Clinic's voluntary service program, which is the only VA program that accepts donations of time or money.

The VA Group hosts monthly Coffeehouse events that are held on the third Friday of every month from 11am to 1pm as an opportunity to bring in veterans to learn more about the health care benefits and services offered to them.

Additionally, it is also a community event to celebrate with music and dancing.

"Our veterans... They don't just consider this as a place to go and get health care, they consider it as a place to come and have camaraderie with their fellow veterans... To do things like these community type events, and really get involved in getting back to the VA and their fellow veterans, which is so important," said Will Ackerman, Director of communications for Nebraska with the U.S. Department of Veteran Affairs.

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4.8 - Charleston Gazette-Mail: Letter: Letter about Beckley VA Hospital contained false information (17 November, Dir. Stacy Vasquez, 28k online visitors/mo; Charleston, WV)

On October 27, the letter “Beckley VA Hospital’s acupuncturist decision hurts vets” was published. It contained false information regarding the status of acupuncture care available

through the Beckley VA Medical Center. I would like to address the inaccuracies included in that letter.

The Beckley VA Medical Center still continues to provide acupuncture treatments, and that has never changed. In addition to offering consultations to outside acupuncturists in the area, 12 providers, including mid-level providers, in the medical facility were trained in battlefield acupuncture during the past year. Acupuncturists do not need to be a medical doctor to care for veterans.

Last year, Beckley spent more than $1.08 million on chiropractic, massage and acupuncture care — $525,785 of that amount was on acupuncture care alone. We are exploring options to provide in-house medical acupuncture and osteopathic manipulation very soon.

Beckley was recently selected for a $3.3 million Whole Health Grant to create a holistic pain management program and are moving forward with the development of this plan throughout the 11 WV counties we serve. The Whole Health Steering Committee includes representation of veteran advisers.

We are in the process of recruiting a Whole Health director who will assist with integrating these services. A contract is being developed with a local fitness instructor to offer yoga, t'ai chi and meditation. A dedicated Whole Health space in the Beckley hospital is going under renovation.

We are furthering these alternative therapies that are proven to decrease opioid use, stress levels, improve coping skills and overall well-being of veterans. These alternative therapies are important pain management options and crucial in combatting the opioid drug epidemic. As the Whole Health Plan evolves, we will able to offer a menu of alternative healthcare options that are integrative and patient-centered.

The quality of health care received by the veterans we serve is my utmost priority. We are constantly striving to improve the access and availability of health care services. With help from community partners, the Beckley VA can create change in Southern West Virginia by bringing the best health care options available to Veterans without interruption.

Stacy Vasquez, Director

VA Medical Center

Beckley

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5. Improve Timeliness of Service

5.1 - Kitsap Sun: **Deny until you die, unless VA is funded** (17 November, Ed Palm, 320k online visitors/mo; Bremerton, WA)

Last week, I was heartened to read that Rep. Derek Kilmer is lighting a fire under the VA to deliver on their long-promised new and improved, and adequately staffed, community based

outpatient clinic (CBOC) for Kitsap County ("Vets deserve better from VA services," Nov. 11). Kilmer charges the Puget Sound VA Healthcare System with dropping the ball on this one. The new facility should have been leased and staffed a couple years ago. And I trust he'll stay on them to make good on their promise to have it up and running next year.

Democrat that Kilmer is, however, it would seem that he has bought into a long-standing point of Republican orthodoxy — namely, that the problems with the VA are mainly due to mismanagement and the constraints of the civil service system.

Consider the bill Kilmer introduced and which has passed unanimously in the Republican-majority House. This bill, Kilmer reports, spells out "roles and responsibilities" and would hold senior staff and organizational units accountable for promoting greater efficiency. All well and good. I'm sure the VA could stand some improvement in these areas. But the fact remains that efforts at pressuring the VA to work smarter and faster have backfired in the past, and this one too is likely to backfire unless we stop expecting the VA do more with less.

Recently, PBS aired a documentary titled "VA: The Human Cost of War." This documentary details the history of the VA and sets the record straight about its problems and about what it continues to do right. Most of the agency's critics, I dare say, don't realize that 70 percent of doctors now practicing received some of their training in VA hospitals, nor do they realize that medical advances such as the implantable pacemaker and aspirin therapy for heart disease were pioneered by VA researchers.

All this was because a forward thinking general in 1945, Omar Bradley, made a deal with the medical establishment. Future VA hospitals would be affiliated with medical schools, making them teaching hospitals and offsetting chronic shortages in medical staff.

But this is not to suggest that the VA healthcare system has been healthy ever since Bradley's reform. As that documentary acknowledged, Vietnam was an especially dark period for the VA. It was not adequately staffed and funded for the great influx of wounded during that war — especially since advances in military medicine made wounds survivable that would have proved fatal in our previous wars. And ever since Vietnam, the agency has also been struggling to treat the psychological wounds of war.

Then, in 1996, as if the VA didn't already have enough to do, Congress — a Republican Congress at that! — relaxed the eligibility requirements for VA medical care. The VA shifted from acute care for service-connected injuries or illnesses to comprehensive care, allowing even middle-class veterans to make the VA their primary healthcare provider. Since 1996, the number of veterans in this category has risen from 4.5 to 6.5 million.

At the same time, the VA began establishing outpatient clinics across the country. Aside from being a boon for local politicians, the clinics were drawing even more veterans into the system. But Congress never provided adequate funding for either initiative. Demand simply outstripped supply.

And demand promises to keep outstripping supply. In 1975, two million American veterans were over 65; now we have 10 million.

Of course, the Phoenix VA scandal that made headlines in 2014 should never have happened. Thousands of claims and records were destroyed; veterans died before being seen. But it traces back to the carrot-and-stick approach politicians are still trying to apply today: Put pressure on

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VA officials to process more claims more quickly and then dangle bonuses in front of them to succeed. Human nature being what it is, some seized the opportunity to cheat.

Don't be fooled, moreover, by President Trump's recent signing of the Veterans Appeals Improvement and Modernization Act of 2017. The electronic records upgrade Trump touted has yet to be funded and contracted. The VA is still facing a backlog of 470,000 claims appeals, and to lapse into administration speak, VA Secretary David Shulkin is not "on message." The VA would need $800 million to hire enough additional claims processors, Shulkin has told Congress, to clear the current backlog within ten years. (AP, Nov. 11)

(I predict that Shulkin will soon be replaced by someone who will stay on message.)

Is there no balm in this Gilead? A lot of those 470,000 veterans don't have ten years to wait. "Deny, deny, until you die" will continue to be the unacknowledged mantra of the VA until Congress appropriates enough money to hire the medical and administrative staff they need.

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6. Suicide Prevention

6.1 - The Mountaineer: Fighting veteran suicide gets personal (17 November, Kyle Perrotti, 655k online visitors/mo; Waynesville, NC)

When Sgt. Jared Best reenlisted to go to Afghanistan after having already done a tour in Iraq, he did so to be there for his guys, many of whom were inexperienced in combat.

But he never realized the toll that final deployment would take on him.

When Best finally got out of the Army and returned to Haywood County to tend his family's farmland in Crabtree, he learned just how hard it can be to adjust to civilian life, and how hard it can be to forget the things he'd experienced. Last New Year's Eve, alone and with too much time to think, the 26-year-old took his own life with a gun.

His mother, Patti Best, who lives in Canton, said suicide is becoming all too common among those who served with her son.

"He was the eighth young man in his unit that left us last year," she said.

10 feet tall and bulletproof

Jared, who Patti endearingly said was always an "old soul," entered the Army at only 17 after being homeschooled by his parents. Upon completing basic training and Infantry school, he was stationed with the 10th Mountain Division at Ft. Drum, in upstate New York.

He excelled immediately.

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Before long, Jared was deployed to Iraq, where he made sergeant and held a leadership role. Patti said that under his direction, Jared's infantrymen were regarded as some of the best-trained in the region.

"He was tough on his guys, but they were always ready," Patti said. "They also always talked about how compassionate he was. He was always there to help them."

Jared's brother, Aaron, 35, also served in the Army as an infantryman. Toward the end of his career, when his younger brother was a sergeant at Ft. Drum, Aaron was a drill instructor. The two would swap stories and joke around, always arguing over which brother was tougher. Because the two looked so much alike, young soldiers fresh out of boot camp who had to deal with Aaron would arrive at Fort Drum, see the younger Best, and "turn white as a ghost," Aaron said.

"He'd be like, 'Guess what? I'm way worse than my brother,'" Aaron joked.

But all jokes aside, Jared impressed his older brother.

"He loved what he did and he was very good at it," Aaron said.

When Jared neared the end of his contract, although he originally wanted to leave the service, he decided to re-enlist to deploy to Afghanistan.

"He said, 'Mom, don't get mad at me, but I resigned for another 18 months,'" Patti said.

Often in the military, a person gets an assignment they never asked for, a term many refer to as being "voluntold." Patti said that not long after arriving in Afghanistan, her son was "voluntold" that he would be the personal assistant for the commanding officer, a duty that entails everything from being a personal body guard to aiding with logistical tasks to accompanying bodies of dead soldiers — soldiers Jared knew and cared about deeply — as they leave the country.

"He would ride in the helicopters back to Kuwait with the bodies," she said. "That old soul could not get past that feeling he was responsible."

Patti remembers her son fondly, and joked that when he came back from Afghanistan, he thought he was "10 feet tall and bulletproof." But the problem, she said, is that that mindset makes people think they don't need help, no matter how dire the circumstance.

To make matters tougher, Jared struggled navigating the Department of Veterans Affairs to find care. Aaron said that is not uncommon, and he usually recommends people make sure they are enrolled in the VA prior to separating from active duty.

"He just got so frustrated dealing with the VA that he pretty much just gave up … and I've seen that with so many of my friends who got out," Aaron said.

Because Aaron, who is now medically retired and living in Georgia, also served in the Army as an infantryman in Afghanistan and also struggles with PTSD, he provides a unique insight as someone who both knew Jared personally, and also someone who understands the demons his brother was battling.

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“It’s not what we saw, it’s not what we did that haunts us. It’s after the fact,” Aaron said. “It’s not being there that hurts. You turn on the news and see something that happens overseas or see that your buddy died. It’s that survivor’s guilt. You see something that happens to your unit, and you say, ‘I could have been there.’ And that’s something my brother really struggled with.”

Potential legislation

In the months immediately following her son’s passing, Patti Best grieved. But it wasn’t long before she became determined to do something to ensure those who leave the military get the help they need before it’s too late, even if they don’t think they need it.

“They’re not going to come forward and admit to needing help,” Patti said.

Congressman Mark Meadows agrees.

“Sometimes having it available doesn’t necessarily mean it will get used because of the peer pressure that may come with it,” he said. “That’s what we’re trying to address.”

To highlight the crisis, Patti likes to cite a 2012 New York Times opinion column written by Nicholas Kristoff, which notes that, for every American killed in combat, 25 veterans take their own lives. Late last month, she reached out to Meadows to see if there is a potential legislative solution.

Meadows, who runs for office on a strict fiscal conservative platform, has come to grips with spending large sums of money on such an initiative.

Although he knows the seriousness of this issue, Meadows has a of couple concerns about roadblocks that could derail legislation on mandatory counseling, including the high cost of implementation.

“It can be one of those difficult situations where you want to support your veterans and you want to make sure they have the resources necessary to thank them for their service and yet you do see the fiscal constraints that are there,” he said.

Meadows ultimately downplayed this concern, saying that caring for the men and women who have served is a top priority.

“There are casualties of war,” Meadows said. “And sometimes those casualties of war are not only the physical wounds we can see, but also the mental wounds that are just as severe. Just like we provide proper appropriations for handling the physical wounds, we need to do the same for those wounds that may not be able to be see, but are no less perilous in terms of the diagnosis.”

Patti agreed that money can’t be a limiting factor in finding a solution.

“I say, ‘You know, what’s expensive is losing our nation’s most precious resource at a rate of 22 per day,” she said.

However, Meadows’ bigger concern is coming between a person and their rights when it comes to medical care.

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“I think the biggest pushback that we’ve got so far is not as much the cost as it is how do we make sure we do this in a manner that does not trample constitutional rights for individuals,” he said.

Meadows did note there may be one way around that issue.

“We can potentially make it happen if it’s a condition of enlisting,” he said. “So, you say that if diagnosed with this particular PTSD particular illness when discharged, you will be required to seek a certain number of hours of counseling.”

To find solutions, Meadows is working every angle he can.

“I’m committed to find a way to address this,” he said. “We’ve got a military advisory group that I meet with on a very regular basis on a number of very hard and complex issues, so this particular issue will be on the agenda for our next military advisory group back in the district, and I’m optimistic that we will find some type of solution.”

In addition, Meadows wants to work with the Department of Defense to explore further options.

“I have not personally talked to [Defense] Secretary [James] Mattis on this matter, but we’ve let his office, at very high levels, know,” he said. “I was with the chief legislative affairs individual with the White House today. We’re making sure every avenue is explored at the very highest levels of the executive branch.”

Although Meadows sounds confident in Congress’ ability to conjure up a solution, Aaron is not quite as hopeful.

“Right now, mental health falls under three different categories in the Department of Defense, and there’s no oversight,” he said.

He added that previously proposed solutions have hit a wall in Congress, largely due to earmarks that are thrown into bills — earmarks that almost always keep one party or the other from supporting the legislation.

“I think that’s one thing that hinders a lot of bills that could help us,” he said.

Patti’s husband, Hugh, wanted to remind people Congress is responsible for making sure those who served their country are taken care of when they come home.

“It’s Congress’ job to see to the welfare of the soldiers, and they’ve dropped the ball there,” he said.

Other solutions

The other Best siblings aren’t waiting for Congress to act. They want to take matters into their own hands.

Aaron is in the process of starting his own 501(c)(3) nonprofit and is hoping to begin a walk across the country in May to raise awareness and funds for combat-related PTSD.

“Having PTSD is not an illness or a defect, it’s an injury,” he said.

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Patti's daughter, Chelsea, 30, who lives in Buncombe County, has ideas of her own. Because she likes to ride motorcycles, she wants to start a nonprofit that provides motorcycles as a therapeutic outlet. Because Chelsea, who works as a paramedic, lost an EMS friend to a PTSD-related suicide, she wants to extend her service beyond just veterans.

"I want to focus on both veterans and first responders," she said. "I'm hoping to have it up and running next fall."

Both siblings are also working on masters degrees to become certified PTSD counselors in hopes of preventing further unnecessary deaths of those who have been through traumatic events.

Along with trying to ensure no one suffers the same fate as her son, Patti likes to look back fondly on her son's life and the people he touched. She recalled some of the men who served with him coming down from Ft. Drum to attend his funeral, adding that many shared stories of their own.

One soldier talked about a training exercise near Yuma, Arizona, during which the men were marching on a narrow goat trail. On one side of the trail was a steep bank that ultimately led to a large cliff. Despite his best efforts, the soldier slipped and began to slide down the bank.

"He said, 'Best was the only one who broke rank and grabbed me before I went down,'" Patti said. "And we've heard a lot of people say things like that."

Although fond memories preserve her son's legacy, Patti said nothing can take away the pain of losing a child.

"Those soldiers all said, 'He was my best friend.' My son says, 'He was my best friend.' My daughter says, 'He was my best friend.' My husband says, 'He was my best friend,'" Patti said. "But to me, he was my baby."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBRC (FOX-6, Video): Birmingham VA doing more to help female veterans (17 November, Alan Collins, 597k online visitors/mo; Birmingham, AL)

The Veterans Administration is doing more to help women veterans. "I feel like the Veteran's Administration as a whole is undergoing a cultural shift," said Amy Southern, Women's Veteran Program Manager at the VA Clinic.

She said VA needed more space to a meet a growing demand for women veterans healthcare needs. "Our women veterans population has grown by 15 percent in the last year, so we are seeing our women are choosing to get their care at the Birmingham VA," Southern said.

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There is a Women's Health Clinic inside the new building providing four times more space than what they had at the old VA hospital. The clinic offers a variety of gender specific services like OB-GYN services, a breast health clinic, maternity, mammography, social, and mental health services.

Chandra Carroll is from Huntsville. She was in the Army Reserve as an Assistant Chaplin. She appreciates the VA's expansion effort aimed at female veterans. "Men and women are just different and we have different needs and I'm thankful for it," Carroll said.

A lot of women have made the military a career choice so there will be a continued need for addressing their healthcare needs.

Carroll says that number is not going away. "Not just being that homebody. Taking care of the kids. We want to do it," Carroll said.

The average age of the women vets at the clinic is about 46 years old. Carroll and other women vets say they appreciate the clinic being so convenient and available for their needs verses having to go downtown to a more than sixty year old building.

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7.2 - Herald & Review: Central Illinois veterans find support, services at Stand Down event (17 November, Ryan Voyles, 199k online visitors/mo; Decatur, IL)

In his seven-plus years in the U.S. Army, Douglas Luthy said he had the chance to travel across North and Central America.

Now, 25 years later and living at the men’s shelter at the Salvation Army, Luthy has found himself in need of help.

Veterans down on their luck have, unfortunately, become an all-too-familiar story across the country. But for Luthy and others in the community, Friday offered them a chance to find assistance in one location as the Salvation Army held its 6th annual Veterans' Stand Down event at its community center in downtown Decatur.

Along with free haircuts and lunch being offered, various local agencies were on hand to offer information on topics ranging from job training, housing assistance and mental health services.

“Having it all in one generalized area, as opposed to you having to go out and find all these agencies, it makes it very convenient,” Luthy said. “And some of these things I had never even heard of ... so it’s been very helpful.”

The event, sponsored in part by the Department of Veterans’ Affairs and the Coalition for Veterans’ Concerns, was coordinated by John Buckles, shelter operations manager at the Salvation Army. With a father and a brother who have served in the U.S. Armed Forces, Buckles said he understands the sacrifices that veterans make when they enlist, as well as the struggle many face when they head home.

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He jokes that he “chose a different army” than his family, but Buckles said it was a personally rewarding experience to help continue an event that helps those low-income and homeless veterans who are most in need.

“It’s an honor now to give back to them and to help them,” he said.

An exact count of how many veterans attended Friday’s event was not immediately available. Buckles said they looked to be on pace to match the 103 veterans who attend last year’s event.

As time has gone on, the demand for help has grown.

Last year alone, the Veteran's Assistance Commission of Macon County saw between 600 and 700 veterans, said Gregory Collins, a veterans service officer who was at Friday’s event. Collins, as well as Commission Superintendent Kathie Powless, said Friday was a chance to reach out to veterans they either know are in need or meet new ones and learn what sort of help they need.

“If we can help them, then we will,” Powless said.

Veterans in attendance also received help from those such as Anthony Taylor, himself a veteran who has taken advantage of the services offered to low-income or homeless veterans.

Taylor, who served in the U.S. Army from 1976-1977, volunteers with the Salvation Army and Help 4 Heroes, a program with the Veterans Assistance Commission of Macon County which provides assistance for veterans that “tend to fall through the cracks.” Along with giving out food and bus cards, Taylor also helped point veterans to the right agencies to speak with. As a Decatur resident involved in the U.S. Department of Housing and Urban Development’s Veterans Affairs Supportive Housing program, Taylor said he understands that sometimes help is just what one needs.

“I’m just a guy here to help the veterans, as well as getting some help myself,” Taylor said. “It’s just wonderful. It’s a wonderful, wonderful day.”

As he spoke with the agencies, Luthy said he was specifically interested in those that could help with housing and education. After brief chats, Luthy said he has already scheduled further meetings with the agencies for next week.

Along with moving out of the men’s shelter, Luthy said he is looking forward to continuing classes at Richland Community College.

"It's been 20 years since I've been in college, and I'm back again," he said. “It’s been humbling, very humbling. Especially since the people in my class are half my age.”

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7.3 - Daily Toreador: System hosts Veterans' Affairs hearing for educational opportunities, support in higher education (17 November, Michael Cantu, 93k online visitors/mo; Lubbock, TX)

A panel of Texas Tech and Tech System guests testified before a House Committee on Veterans' Affairs today at 2 p.m. in the System building located at 1508 Knoxville Ave.

The hearing, entitled "Best Practices in Veterans Education and Transition to Civilian Life," was headed by District 19 Congressman Jodey Arrington and subcommittee ranking member District 16 Congressman Beto O'Rourke.

This hearing was one of the first field hearings hosted in Lubbock that was centered around veterans, Arrington said.

"I think this is a perfect location for this hearing, especially being on the Texas Tech campus because they've won awards and have been recognized for being a military friendly campus," Arrington said.

The point of the hearing was to highlight some practices in aiding veterans who are in higher education. Many of those who testified gave insight into some of the highlights of their experiences with military programs around the Tech campus and system.

Those who testified also made recommendations to the committee on what they believe could use improvements. Some of the improvements recommended included continued funding for existing veterans programs, establishing ways of better communicating veterans' accessibility to various benefits and enhancing systems such as those within the Department of Veterans Affairs.

"(We want to) connect to them with education through a post-9/11 G.I. Bill benefit for example," O'Rourke said, "so that they can compliment those skills with additional training, ensuring they're connected with a job right away and then backing those who want to start businesses."

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8. Other

8.1 - The Plain Dealer (Video): Advocacy group runs television ads targeting VA for testing on dogs (17 November, Emily Bamforth, 11.5M online visitors/day; Cleveland, OH)

CLEVELAND, Ohio -- Advocacy group the White Coat Waste Project is now running national television advertisements targeting the U.S. Department of Veterans Affairs for use of dogs in experiments.

The organization posted billboards in Cleveland earlier this year with captions reading "Prisoners of Waste, Stokes VA Medical Center, Stop Taxpayer-Funded Animal Experiments!"

And the White Coat Waste Project sued the Cleveland VA, along with other locations, for records pertaining to testing on dogs at the center. It's still going through federal court.

The Cleveland VA does test on dogs, Kristin Parker, chief of external affairs for the Northeast Ohio VA Healthcare System, previously told cleveland.com.

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More specifically, most experiments on animals involve rodents, but the Cleveland VA uses dogs to examine ways to prevent potentially fatal lung infections in veterans living with spinal cord injuries, paralysis from stroke, or amytrophic lateral sclerosis (ALS).

Parker said the VA uses dogs only when rodent physiology can't provide necessary information.

Legislators wrote language into a spending bill to stop the VA from spending money on "painful" experiments on dogs, which some medical organizations are lobbying against.

The ad will run in Cleveland this weekend on channels including CNN, ESPN and Fox News, according to the White Coat Waste Project.

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8.2 - Washington Examiner: VA head David Shulkin: Biased reporters 'make our jobs harder here in Washington' (17 November, Sarah Westwood, 4.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin blames sloppy reporting for sensationalizing the details of an official trip he took to Europe in July and for complicating the daily work of administration officials more broadly.

“I know that there’s not been any inappropriate actions,” Shulkin told the Washington Examiner in an interview this week, referring to the controversy last month over personal excursions he took during a work-related trip to Denmark and the U.K. “The reporting in the newspapers was, as I’ve said before, horrible reporting. It just was not — it was a very, very biased story filled with inaccuracies.”

Shulkin was among a handful of administration officials who faced scrutiny of their taxpayer-funded travel this fall. One Cabinet member, former Health and Human Services Secretary Tom Price, resigned on Sept. 29 due to the political headaches his use of a private jet had caused the administration.

Although Shulkin did not take private or military travel, he came under fire after the Washington Post reported in late September that he and his wife toured historic sites and went shopping during downtime on a work-related trip to Europe. The VA’s inspector general opened an investigation into Shulkin’s travel in early October.

Shulkin has seemingly remained in President Trump’s good graces, however.

Trump frequently praises Shulkin and the work he has undertaken to transform the VA from a scandal-ridden agency to one of the most oft-cited success stories of his presidency.

Like his media-bashing boss, Shulkin faulted skewed reporting for distracting administration officials, including the president, from their agenda

“I understand that the world of, the journalism field right now is a very competitive field. And it’s based upon grabbing people’s attention through headlines and the rapidity of which one can get stories out, and I think that there are extreme pressures to publish stories without doing all the

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full fact-checking," Shulkin said. "And look, I'm not trying to be critical of what must be a very challenging field, but I can tell you that when reporting is done without the appropriate fact-checking, that then it does have consequences and it does make our jobs harder here in Washington."

The VA secretary noted that "allegations" against Trump have also diverted the attention of the White House.

"I think that there's no doubt, that when the president has to spend his time addressing issues that are allegations before facts are out, that it's taking away his time and focus from what he wants to do," Shulkin said. "I mean, I've not talked to him about this nor have I talked to my other fellow Cabinet members about this, but I just know the way that it impacts me and the way that it must impact them as well."

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8.3 - WOIO (CBS-19): Millions in federal contracts going to companies that owe back taxes: A Carl Monday investigation (17 November, Carl Monday, 604k online visitors/mo; Cleveland, OH)

CLEVELAND, OH - If you don't pay your taxes, you get punished. Some people even get jail time.

But when it comes to businesses, are the rules the same?

Our investigative team found the federal government has been awarding millions of dollars in contracts to companies who owe millions in delinquent taxes.

Dannette Render owns a small public relations company in northeast Ohio, but her clients have included some big-time government agencies.

Over the years, DAR Public Relations Inc. has been awarded at least $1.43 million in government contracts with the State Department, U.S. Air Force, Food and Drug Administration, Bureau of Engraving and Printing, and the National Institutes of Heath.

But at the same time Render's company was cashing in on government contracts, we found DAR Public Relations also owed the federal government more than $50,000 in back taxes and penalties.

When asked about her company's federal tax liens, Render said, "I don't know anything about that, because I took care of all mine."

But we checked and found that's not necessarily the case.

Back in February, around the same time the U.S. Air Force awarded Render and her company over $70,000 in new contracts, IRS records show DAR Public Relations had at least nine open tax liens federal tax liens totaling $52,934, some dating back to 2007.

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While Render made some payments, she admitted us that she didn't pay off her company's tax debt in full. Some of DAR's liens recently "self-released," meaning 10 years have passed since the liens were filed and the IRS did not refile the liens, essentially forgiving the tax debt.

Render also admits she still owes $7,363.31 in interest and penalties accrued from the tax liens.

Our investigation shows DAR Public Relations is not alone.

We found that as of August 2017, at least 125 companies across the U.S. owed a total of $40,633,951 in unpaid taxes and were still awarded large contracts from the federal government. The contracts total nearly $135 million of your tax dollars.

"It's just blatant disregard for taxpayer money," said Sen. John Kennedy (R- LA).

When it comes to the delinquent company taxes, party lines mean nothing.

Democrats and Republicans are equally dismayed.

"I'm frustrated when I hear that story!" said Congressman Donald McEachin (D-VA). "Are you kidding me? The average taxpayer or not - this is just flat out wrong!"

Expert System Applications is another Cleveland-area company that's cashed in on government contracts. The electronic medical records management solutions firm, owned by former Cleveland Clinic research lab director Frank Ngo and his wife Virginia, has won over $7 million in federal contracts through the years.

At least one of those contracts was awarded while they owed almost $57,000 in back taxes.

We tried to interview the couple at their Shaker Heights home, but they had moved out. An auction company was selling off their household goods.

Frank Ngo did return our call and left a message. Later, through a family friend, Ngo told us the liens were for unpaid payroll taxes. They plan to pay off the lien by the end of the month.

"It's really a double whammy for taxpayers," said David Williams, the president of Taxpayer's Protection Alliance, a non-partisan, non-profit based out of Washington, D.C. that's focused on how the government spends our tax money.

"If you don't pay your taxes, you don't get any more taxpayer money – That is easy, and it's not controversial," said Williams. "People will not disagree with this! The only people who will disagree with this are the ones that are not paying their taxes and getting the contracts."

The North American Management and Business Corporation in Northern Virginia currently has more than $5 million is unpaid taxes from 2008, 2012, 2013 and 2015. Despite that, the research and communication company received more than $4.4 million in government contracts.

The company declined an interview on the matter.

Surface Technologies, based in Florida, received $47 million worth of federal contracts to build and repair Navy ships, all despite owing the IRS $1.35 million in tax liens for unpaid taxes.

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“It not only shows that the system is broken, but no one is monitoring; there’s no oversight,” said Williams. “Simple oversight could solve this whole thing. This is not rocket science.”

The company has reduced its tax liens since WVUE in New Orleans first looked at this issue in February 2017.

At that time, Surface Technologies owed $5.3 million in unpaid taxes and claimed it’s "in compliance with all the requirements as to its contracts and the tax liens are being resolved in accordance with agreements with the Internal Revenue Service."

The company declined to further comment.

“There are times when government waste isn't so complicated. It's simple, and this is one of those examples,” said Williams. "We have technology that can recognize someone's face on a new iPhone. Why can't we have technology that says, 'You don't pay your taxes, you don't get a government contract!' It's very simple."

The government's been aware of the problem for at least 10 years.

In 2007, the U.S. Government Accountability Office, Congress's watchdog, found 63,800 federal contractors owed $7.7 billion in taxes.

Former President Obama tried to crack down on the practice in a 2010 memo to agency heads, but it was largely ignored.

And just last year, the Treasury Inspector General reviewed 73 federal contracts and found no evidence a single qualified bidder underwent a tax check.

“It's shocking, because it's illegal,” said Congressman McEachin. “You cannot get federal contracts and have a federal tax indebtedness. That obviously begs the question, ‘how is this happening?’”

The Department of Defense is the biggest abuser - the agency never responded to requests for comment.

The Department of Veteran’s Affairs is number two on the list. The agency’s press secretary, Curt Cashour, released this statement:

“The Department of Veterans Affairs follows the Federal Acquisition Regulations (FAR) system. The FAR prohibits awards to corporations with unpaid tax liabilities. Corporations must certify to the government if a “tax liability is finally determined,” and if “the taxpayer is delinquent in making payment.” VA contracting officers rely on these certifications to make award determinations. Should the government determine that a corporation misrepresented its status, VA has the option to pursue debarment proceedings.”

Even the IRS is not immune to the problem. It awarded $354,420 to a company in Maryland that owes $1,574,553.32 in unpaid taxes.

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“That's just, it's flabbergasting,” said Congressman McEachin. “How the very agency that doesn't even have to talk to anybody else, they can have internal conversations, is making that mistake and violating the law.”

He’s so frustrated, he's already taking action. He's asked Congress's think tank - Congressional Research Services - to see if there's a legislative fix, a way to insure companies that owe taxes are not rewarded with more taxpayer money.

He’s also checking to see if it would be as simple as adding a question to all federal grant applications that asks companies if they are current on their taxes.

The IRS sent the following statement in response to the investigation:

“A tax lien is just one of the collection activities available to the IRS. For a better understanding of the collection process as it applies to federal contractors, please read the following TIGTA report. Besides reading the report itself, it is important that you read the letter by IRS SBSE Commissioner Mary Beth Murphy at the end of the report ... Although the federal tax lien is a public document, the federal tax law, 26 U.S.C. § 6103, precludes the IRS from disclosing tax return information."

Federal vendors with tax liens

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Document ID: 0.7.10678.390360

From: (b) (6) [redacted] >
Cc:
Bcc:
Subject: [EXTERNAL] 19 November Veterans Affairs Media Summary and News Clips
Date: Sun Nov 19 2017 04:15:09 CST
Attachments: 171119_Veterans Affairs Media Summary and News Clips.docx
171119_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

19 November 2017

1. Top Stories

1.1 - Omaha World-Herald: **Omaha VA's use of unauthorized waiting lists dates back to at least 2006** (19 November, Steve Liewer, 2.1M online visitors/mo; Omaha, NE)
The Omaha VA hospital system used unauthorized waiting lists to track psychotherapy patients for much longer and far more extensively than VA officials previously acknowledged, according to documents The World-Herald obtained. An internal VA investigation dated Sept. 30, 2015, documented the use of the unofficial lists as far back as 2006.

Hyperlink to Above

1.2 - Military Times: **White House officials looking into merging VA and Tricare health services** (18 November, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Lawmakers and veterans advocates are demanding more details of a secret White House plan to merge parts of the Department of Veterans Affairs and the military's Tricare health system in an effort to trim billions in federal medical bills. But VA Secretary David Shulkin insists there is no underhanded effort to sneak through major reforms, and that the work thus far amounts to brainstorming about ways to make veterans care more efficient.

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1.3 - The Topeka Capital-Journal: **Kansas Army Guard ignores warning signs of flight surgeon's sexual misconduct** (18 November, Tim Carpenter, 853k online visitors/mo; Topeka, KS)
Kansas National Guard Staff Sgt. Derron Lindsey hustled around the nose of a churning UH-60 Black Hawk to help guide a group of Australian dignitaries out of the aircraft in Iraq. It was a routine task he'd executed hundreds of times without incident. But the events of Feb. 27, 2007, would transform Lindsey's life. The emotional and physical harm flight surgeon Mark Wisner inflicted upon him that day reflected the perversion that would lead to Wisner's conviction for molesting patients at a Kansas veterans' hospital.

Hyperlink to Above

1.4 - Lancaster Eagle-Gazette: **Fairfield County veterans services juggles changes in federal mandates** (19 November, Michaela Sumner, 74k online visitors/mo; Lancaster, OH)
A local veterans organization is struggling to provide services following federal mandates on veteran transportation from the Department of Veterans Affairs in the last few years. The Veterans' Choice Program, initially signed into law in 2014, has evolved since its inception, putting more pressure on organizations at the local level to transport veterans to various appointments.

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2. Greater Choice for Veterans

2.1 - The Gazette: **Colorado Springs VA woes drive Lamborn plan for national fix** (18 November, Tom Roeder, 873k online visitors/mo; Colorado Springs, CO)

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Things are so bad at the Colorado Springs VA clinic that Colorado Springs U.S. Rep. Doug Lamborn says it will take drastic action, including privatized veteran health care, to fix it. Spurred by a new report on scheduling irregularities at the Colorado Springs clinic, Lamborn, a Republican, plans to introduce a bill this month that would give veterans access to private doctors with few restrictions.

Hyperlink to Above

2.2 - The Spokesman-Review: **Spokane VA to expand urgent care while scrapping plans to re-open emergency room** (18 November, Thomas Clouse, 864k online visitors/mo; Spokane, WA)
Efforts to reopen the emergency room at Mann-Grandstaff VA Medical Center have flatlined, and the fate of rural outpatient clinics appears to be sealed. U.S. Rep. Cathy McMorris Rodgers said she's been fighting for the emergency room since she was first elected to Congress in 2005. The VA emergency room closed in 2014 and administrators have failed to hire enough doctors to reopen it.

Hyperlink to Above

2.3 - The Columbian: **Reps. Herrera Beutler, Roe hold roundtable on Veterans Affairs issues** (18 November, Patty Hastings, 853k online visitors/day; Vancouver, WA)
Long wait times. Prescriptions not getting filled. Claims not addressed until after a veteran dies. Trouble getting to the nearest clinic. These are some of the issues with the U.S. Department of Veterans Affairs that veterans discussed Saturday morning with Rep. Jaime Herrera Beutler, R-Battle Ground, at 40 Et 8, a nonprofit bingo parlor and veterans organization in Hazel Dell.

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3. Modernize Our System

4. Focus Resources More Efficiently

4.1 - The Gainesville Sun: **Letters to the editor for Nov. 18, 2017** (18 November, Tom Wisnieski, 439k online visitors/mo; Gainesville, FL)
For 50 years, the Malcom Randall VA Medical Center has been focused on providing the highest quality of care to veterans. VA has positively impacted not only the lives of countless veterans throughout our vast network of medical facilities in North Florida and South Georgia, but the community at large through long-standing affiliations with the University of Florida and 200 additional institutions.

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4.2 - The News-Review: **State-supported work group created by Oregon Legislature to aid allied health college initiative kicks-off** (18 November, Oregon Rep. Dallas Herald (R), 160k online visitors/mo; Roseburg, OR)
Despite the struggles felt in our part of the state, one area of our economy has seen growth. Health care in our region has expanded to keep up with our community's growing needs. Health care demand throughout Southern Oregon is so great that CHI Mercy Health and the Roseburg VA have had trouble finding enough medical personnel to staff the massive need.

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4.3 - KXXV (ABC-25): Investigation finds corruption, intimidation at Temple VA campus (18 November, 83k online visitors/mo; Waco, TX)
Veteran's in the work program at the Department of Veterans Affairs at the Temple campus had complained about being assigned to the motor pool for years according to the Austin Statesman. Several veterans that were undergoing drug and alcohol treatment complained that the boss of the unit had subjected them to verbal abuse.

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4.4 - Big Spring Herald: VA hospital leadership responds to 1-star rating (18 November, 4k online visitors/mo; Big Spring, TX)
A story in last weekend's edition of the Herald reported that the West Texas VA Health Care system had received a 1-star rating out of 5 possible stars on the Strategic Analytics for Improvement and Learning (SAIL) Quality of Care assessment for Fiscal Year 2017.

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5. Improve Timeliness of Service

6. Suicide Prevention

6.1 - USA Today (Video): Arizona veterans' suicide rate 4 times higher than civilians' (15 November, Dennis Wagner, 36.8M online visitors/mo; McLean, VA)
A university's suicide study found that military veterans in Arizona are nearly four times more likely to take their own lives than non-veterans and are at much greater risk than the federal Department of Veterans Affairs has reported.

Hyperlink to Above

6.2 - News Times: New Milford discussion focuses on opioid abuse and suicide prevention (18 November, Katrina Koerting, 435k online visitors/mo; Danbury, CT)
Several years ago a young veteran joined Veterans of Foreign Wars Post 1672. The young man was friendly and talkative, married with children. Post Commander Jim Delancy remembers often chatting with him in the canteen — until one day the young vet turned quiet and withdrawn. That night the young vet killed himself.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Hill: Supporting our veterans is a family commitment (17 November, Rep. Sanford D. Bishop, Jr. (D-Ga.), 11.8M online visitors/mo; Washington, DC)
Our service members and their families deserve our untiring gratitude and support for their service to our country. After 16 years of war, most Americans recognize the unprecedented challenge of caring for our military service members and veterans. However, the personal sacrifices of spouses and families are often overlooked.

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7.2 - Military.com: Ashford University Runs Into Trouble With VA Again (18 November, Jim Absher, 9M online visitors/mo; San Francisco, CA)
Ashford University announced this week that it has temporarily stopped new enrollments of students who are using the GI Bill. The action by the online for-profit university is the latest development in a long-running dispute between Ashford, the VA, and state regulators. In fact, Wikipedia shows 13 “controversies and lawsuits” between Ashford and state & federal regulators since 2006.

Hyperlink to Above

7.3 - Washington Examiner: Separate housing for veterans in jail becomes a national trend (19 November, Todd Shepherd, 4.8M online visitors/mo; Washington, DC)
What began as a simple idea in Middlesex, Mass., is now a trend being adopted quickly by county jails across the country: the creation of separate housing units solely for veterans. “I felt like this was an opportunity to not only help reduce recidivism in my jail, but at the same time, give some honor and respect back to people who deserve it, regardless if they’ve made mistakes or not,” Pinal County Sheriff Mark Lamb told the Washington Examiner.

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7.4 - Lubbock Avalanche-Journal: Texas Tech the focus in Veterans’ Affairs meeting on economic opportunity (18 November, Matt Dotray, 194k online visitors/mo; Lubbock, TX)
U.S. Rep. Jodey Arrington hosted a Veterans Affairs subcommittee meeting in Lubbock on Friday to hear from people at Texas Tech on how universities and federal programs can better help veterans transitioning to civilian life after service.

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8. Other

8.1 - Salon: It’s time for the #MeToo effect to take on the military. Reform is needed to change how the military handles sexual assault and harassment cases (18 November, David Masciotra, 23.9M online visitors/mo; San Francisco, CA)
A recitation of the numbers is sufficient to horrify anyone with objective decency. In one study cited by the U.S. Department of Veterans Affairs, 23 percent of female users of VA health care reported experiencing at least one sexual assault while in the military. The VA found one in four women fighting in the Iraq and Afghanistan wars said they experienced sexual assault.

Hyperlink to Above

8.2 - ModernMedicine (Managed Healthcare Executive): ICER-VA alliance for formulary management sparks debate (19 November, Tracey Walker, 427k online visitors/mo; New York, NY)
The Institute for Clinical and Economic Review (ICER) collaboration with the Department of Veterans Affairs (VA) Pharmacy Benefits Management Services office (PBM) on price negotiations is garnering attention—some good, some bad.

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1. Top Stories

1.1 - Omaha World-Herald: Omaha VA's use of unauthorized waiting lists dates back to at least 2006 (19 November, Steve Liewer, 2.1M online visitors/mo; Omaha, NE)

The Omaha VA hospital system used unauthorized waiting lists to track psychotherapy patients for much longer and far more extensively than VA officials previously acknowledged, according to documents The World-Herald obtained.

An internal VA investigation dated Sept. 30, 2015, documented the use of the unofficial lists as far back as 2006. They continued to be used after the U.S. Department of Veterans Affairs prohibited them in 2010, and after a scandal at the Phoenix VA four years later revealed that veterans there had died while languishing on hidden waiting lists.

The World-Herald revealed last month the discovery of a separate unauthorized list earlier this year. At the time, Omaha VA officials declined to answer the newspaper's questions. But in subsequent letters to three U.S. senators, they said the waiting list violations at the outpatient mental health clinic occurred "during the Spring 2017 timeframe" and resulted in delayed care to 87 veterans.

"The management of these psychotherapy referrals ... was handled poorly and did not meet the standards of our VA Health Care System," the VA wrote in an unsigned response to Sen. Ben Sasse, R-Neb.

The earlier wait lists, however, had been in use for years. They "distorted" wait-time data sent to the national VA, the 2015 investigation concluded.

After surveying a sampling of 104 veterans on the list, investigators determined that 47 percent of those referred for psychotherapy had their care delayed. At the time, VA officials were under intense pressure to cut wait times because of bad publicity over the huge backlog of veterans waiting for care.

After the Phoenix scandal, the use of unauthorized wait lists turned out to be widespread in the VA. In 2016, USA Today documented such lists at 40 different VA health care systems in 19 states.

Last week the VA inspector general released a report documenting the recent use of "inappropriate" wait lists in the Eastern Colorado Health Care System (based in Colorado Springs) for mental health group therapy and in a PTSD clinic.

The 2015 investigation was mailed anonymously to The World-Herald, and its authenticity was confirmed by Omaha VA officials. On Friday, Omaha VA Director Don Burman and Chief of Staff David Williams agreed to answer questions about what happened in 2015 and why the wait list problem recurred in 2017.

Burman said he learned of the wait lists soon after taking the helm of the Omaha-based VA Nebraska-Western Iowa Health Care System in the spring of 2015. Internal investigations

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verified the problem, and he called an administrative investigation board, bringing in two outsiders from other VA systems to conduct it.

“I wanted to make sure there was immediate action,” Burman said. “I didn’t want to be classified as another Phoenix.”

Burman said the VA made numerous changes after the investigation. But some problems didn’t get fixed properly, allowing the wait list to recur in 2017.

Burman acknowledged the shortcomings of the earlier repair effort in an interview Friday.

“I learned a lot from 2015 that helped me to be a better administrator in 2017,” he said.

Burman omitted mention of the earlier wait list problem in a World-Herald opinion page article this month. In the article he praised his own “proactive approach to problem solving in Omaha.”

“The phrase ‘VA does the right thing’ may not make for a great headline,” Burman wrote. “But in this instance, that’s exactly what happened.”

The 2015 investigation was also not mentioned in the VA’s responses to senators. Burman said Friday that he considered the two investigations and wait-list problems to be largely separate matters.

Burman and Williams said that although some veterans had to wait longer than the VA’s 30-day standard for psychotherapy treatment, all of them were receiving other mental health care. About 85 percent, Williams said, were referred by VA psychiatrists who were already treating them.

“This population was very much on our radar screen,” he said.

The Omaha VA prides itself on getting same-day mental health treatment for most veterans.

The 2015 investigative board collected testimony from 18 witnesses and submitted its report three months later. Among the findings:

» The unofficial list — kept in an Excel spreadsheet on a shared computer drive — had been in use since at least 2006, perhaps longer. At the time, it was the only way the clinic tracked psychotherapy appointments.

» Use of the list continued even after a 2010 VA directive that barred the use of any list other than the VA’s approved “Electronic Wait List.”

» The department’s four social workers became alarmed after the Phoenix wait-list scandal in 2014. One of them told investigators the group thought their list “ ‘was similar to what happened in Phoenix’ and that they should get rid of it,” the report said. Use of the list was stopped in March 2015.

» An antagonistic relationship between the social workers and the mental health department managers, Dr. Subhash Bhatia and Dr. Praveen Fernandes, “stymied any significant efforts to come up with a coherent scheduling policy.”

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The social workers believed the managers were focused on performance measures and bonuses and became suspicious that “meeting the measure was the product of malfeasance,” the report said. Williams said Friday there’s no indication Bhatia, Fernandes or any other mental health providers were paid bonuses based on those measures.

» The clinic also scheduled new patients referred for psychotherapy consults into a non-therapeutic “orientation group” during 2014 and 2015 in order to make it appear they had gotten treatment when they had not, the report said. As a result, the hospital could claim shorter average wait times for appointments.

Fernandes, director of the outpatient mental health clinic, told social workers to cancel the consults and place the veterans on the unofficial waiting list. Auditors couldn’t tell whether those veterans ever received treatment.

The board, which was led by a VA administrator from California, made 12 recommendations that included a complete overhaul of the scheduling system, referral of any patients who have waited more than 30 days to treatment outside the VA, the use of routine scheduling audits, and a full review of all veterans referred since April 2014 to ensure patients hadn’t been lost without receiving care.

The board further recommended that Bhatia, chief of patient care service mental health, and Fernandes be disciplined for poor management. It said Fernandes should also be disciplined for not complying with VA scheduling policies and that he should be removed from supervision of the psychotherapy social workers.

Burman declined to discuss disciplinary action against individual employees. In an interview, Bhatia said he was not disciplined. Fernandes, who still works at the Omaha VA, could not be reached for comment.

By Burman’s account, most of the board’s recommendations were implemented and scheduling procedures were overhauled.

Burman said the official electronic waiting list has been used since 2015, and the primary work of scheduling appointments was shifted from the social workers to the mental health schedulers.

But then last June, Williams said, anomalies in the list made him suspect that a second list was being used again. He discovered that some of the schedulers were using a separate spreadsheet, because it made appointments easier to track. They also failed to offer veterans left waiting for care more than 30 days the option of receiving care at a civilian clinic through the Veterans Choice program.

Burman said he pounded home his point at a staff meeting.

“I made it clear we would not tolerate the use of any unauthorized spreadsheets and there would be disciplinary action,” Burman said. “We’re much more aggressive in making sure they know.”

Bhatia acknowledged he is one of two people who left after the second wait list was revealed but said he had planned to retire this year anyway, after 27 years with the VA. One of his deputies also resigned. He said he was not told any details about the most recent report.

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“Nobody forced me to retire, but I chose to,” Bhatia said. “I took responsibility, and I decided that another leader could deal with it more objectively.”

He remains on the faculty at the Creighton University Medical School as a distinguished professor.

Williams said an investigation has recently been completed into whether other employees were culpable. He said no decisions have been made yet. But Williams said the mental health department has been overhauled.

“We brought in new leadership,” he said. “Turning the department upside down.”

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1.2 - Military Times: White House officials looking into merging VA and Tricare health services (18 November, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Lawmakers and veterans advocates are demanding more details of a secret White House plan to merge parts of the Department of Veterans Affairs and the military’s Tricare health system in an effort to trim billions in federal medical bills.

But VA Secretary David Shulkin insists there is no underhanded effort to sneak through major reforms, and that the work thus far amounts to brainstorming about ways to make veterans care more efficient.

“In no way should this be interpreted as privatizing or taking down the VA system,” he said in an interview with Military Times. “This is nothing more than good business discussions.”

At issue is a proposal, first made public by the Associated Press Friday, that would combine aspects of the Veterans Health Administration and Tricare, the military’s health care program for troops, families and retirees.

Specifics of the plans are unclear, but White House officials have discussed establishing a single purchased-care contract for the two different systems, sharing some military and VA facilities and linking the hiring of medical professionals in both systems.

The moves could potentially save up to $2 billion annually, largely through cuts in the federal workforce. Actual program changes would not start before 2023.

Those details are spelled out in a series of White House memos that caught lawmakers and veterans groups unaware this week. Shulkin said his department has been involved in some conversations on the issue but did not draft the documents.

The surprises prompted House Veterans’ Affairs Committee ranking member Tim Walz, D-Minnesota, on Friday to send a letter to President Donald Trump demanding more information on the possible merged services, notes from any meetings on the issue and an explanation for the lack of transparency.

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“A proposal as significant as merging TRICARE and the Veterans Choice Program should be fully transparent to the public,” he wrote. “It should be the subject of congressional hearings, and should include the input of veterans, military families, and retirees who would be affected.

Committee vice ranking member Mark Takano, D-Calif., blasted the White House for “developing a plan in secret – with no input from veterans or veterans advocates – that would seriously jeopardize the financial stability of VA hospitals and clinics. This is both unproductive and completely unacceptable.”

The plan would intermix the medical needs of two different patient pools. The Tricare system currently serves about 9.4 million beneficiaries, including the primary health care needs for all active-duty troops and their families.

The Department of Veterans Affairs system has roughly 9 million patients, too, but is largely focused on an older population dealing with service-connected illnesses. VA officials in recent months have talked about moving away from some primary care responsibilities in favor of increasing funds for more specialized services.

Such moves would involve billions of dollars in upgrades and operational changes to the two massive health care systems, work that would have to be approved and funded by lawmakers.

Shulkin said any such decisions are years away, and the internal conversations on the issue thus far have been “beyond preliminary.” He said lawmakers and veterans groups have not been brought into the conversation yet because department officials are still gathering information and are not pursuing any specific recommendations.

“We’re not taking early ideas outside the walls of our organization until we have enough to know whether we really want to explore it,” he said.

Memos on the topic show several meetings among White House staffers on the issue, and plans to make the idea a major topic of the December VA/DoD Health Executive Committee meeting.

Republicans on Capitol Hill said they have not been part of the conversation thus far.

“The only (health care) proposal Chairman (Phil) Roe has seen from the administration is VA’s CARE proposal, which was reviewed at our legislative hearing alongside the chairman’s community care proposal,” said Tiffany McGuffee Haverly, a spokeswoman for the House Veterans’ Affairs Committee chairman.

“At this time the committee intends to move forward with the chairman’s proposal that has the support of every member of the committee.”

Veterans groups met with White House officials on Friday and expressed frustration that they have been left in the dark on the proposal.

“We would be willing to be open minded on the issue,” said Lou Celli, director of veterans’ affairs and rehabilitation for the American Legion. “And we understand these are early discussions. But we certainly want to be brought into the conversation, or at least notified about it.”

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Bob Wallace, executive director of the Veterans of Foreign Wars, said his group "would oppose any effort to erode the system specifically created to serve the health care needs of our nation's veterans by reducing VA's role to a payer of care for veterans."

AMVETS Executive Director Joe Chenelly said he has "deep concerns" over this plan and how the discussion has been handled.

"Several alarming ideas have become public this year before they were even mentioned to the veterans service organizations," he said. "We believe that the administration wants to do what is best for veterans, but some of these ideas negatively impacted veterans.

"Some ill-advised moves were later dropped once the administration saw the negatives, but not before eroding trust veterans have in their federal government."

Earlier this year, White House officials were criticized for holding several meetings on veterans issues with health care executives and interested parties before meeting with veterans groups.

The new private meetings come as VA officials are working with lawmakers on potentially sweeping changes in how the department handles veterans medical appointments both inside and outside the federal system.

That debate, which could send billions in new spending to private-sector doctors for veterans care, has lead to accusations from critics of the administration that they're working to privatize the veterans care system instead of repairing its shortcomings.

Roe and other House lawmakers have offered a new community care bill that would provide more options for veterans to seek private-sector care but still leave VA doctors as the primary medical manager for those patients. VA leaders, including Shulkin, have proposed going even further, allowing veterans to pursue some walk-in appointments without prior approval but still at taxpayer expense.

Critics say the secret Tricare/VA meetings are an indication that their concerns about the Trump administration dismantling veterans health care services are well-founded.

"The plan to merge the VA with Tricare represents the first step on the path to total privatization of the VHA," said Suzanne Gordon, a health care advocate who has written a book on the department's medical system. "It will turn a healthcare plan that delivers integrated services to veterans into an insurance plan that pays for care that the private sector delivers.

"That will kill the VA."

Shulkin said the issue of looming veterans community care reforms and sharing services with Tricare are not connected. He said administration officials have worked to foster an environment of open ideas, and encouraged looking across agencies to find efficiencies and better performance procedures.

He said the Tricare discussions grew naturally out of plans earlier this summer to adopt the same electronic medical records system as the Department of Defense, a process that's expected to take almost a decade. He also compared it to discussions behind-the-scenes with Department of Health and Human Services officials on handling opioid addiction.

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“If there are efforts where we could do things better, we want to look at all those ideas and the potential synergies,” he said.

“But there is no plan here. There is no draft. We are simply having early discussions.”

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1.3 - The Topeka Capital-Journal: Kansas Army Guard ignores warning signs of flight surgeon’s sexual misconduct (18 November, Tim Carpenter, 853k online visitors/mo; Topeka, KS)

Kansas National Guard Staff Sgt. Derron Lindsey hustled around the nose of a churning UH-60 Black Hawk to help guide a group of Australian dignitaries out of the aircraft in Iraq.

It was a routine task he’d executed hundreds of times without incident. But the events of Feb. 27, 2007, would transform Lindsey’s life. The emotional and physical harm flight surgeon Mark Wisner inflicted upon him that day reflected the perversion that would lead to Wisner’s conviction for molesting patients at a Kansas veterans’ hospital.

Lindsey’s personal torment began when he slipped off the helicopter’s tire and fell backward onto an asphalt lot. An armor plate designed to protect his back from bullets distributed the impact through his torso like a lightning bolt. An adrenaline rush initially covered the stabbing pain of broken ribs. He was able to climb into the chopper next to his gun turret as the pilot lifted off for a long return flight to Camp Anaconda.

He sought help for the pain at a clinic staffed with personnel from the Kansas Guard’s 1st Battalion, 108th Aviation Regiment, that deployed with him from Topeka to the airbase in Balad, Iraq.

Inside the clinic, Capt. Wisner responded to Lindsey’s agony with a bizarre proposal.

“He wanted to do a rectal exam,” Lindsey said. “He offered to do things that were not part of a medical procedure — twice — in three days.”

The incident in Iraq occurred long before Wisner was exposed by the U.S. Department of Veterans Affairs and the Leavenworth County District Attorney’s office as a sexual predator who abused patients at Eisenhower Veterans Administration Medical Center. State and federal court records, including claims made in about 80 lawsuits, indicate Wisner frequently subjected patients to needless anal and penile examinations.

Crude slideshow

A few months after Lindsey’s encounter with Wisner in 2007, Wisner published a dispatch from Iraq in a newsletter distributed to members of his extended family.

Wisner described his duties in the Kansas Guard and insisted soldiers received the finest care.

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“As a medical and military officer,” Wisner wrote, “I feel that the young men and women who are fighting this insurgency over here deserve the best medical care and support our country can provide, and I am proud to be able to do my part in that endeavor.”

Lindsey, who served more than 30 years in uniform and retired as a sergeant major in 2016, never received proper medical attention from Wisner for his injuries. To keep flying, Lindsey said, he would tightly bind his ribs with duct tape. Lindsey didn’t report Wisner’s inappropriate conduct. “It was just something you didn’t say back then,” Lindsey said. “You’d be chastised. They’d ground me. I had to be with my troops.”

He said such an active-duty report in Iraq would have been handled by the same Kansas Guard officers who laughed during a battle update briefing as Wisner flashed slides showing evidence of U.S. soldiers’ sexually transmitted diseases.

Lindsey waited until shortly before retiring from the Kansas Guard to file a confidential complaint about Wisner. He was told months later the document had been lost along with files tied to complaints from other Kansas Guard members. He said a Kansas Guard officer handling sexual abuse issues indicated Kansas Guard leadership was loathe to delve into allegations involving Wisner, who by then was caught up in a legal whirlwind in Leavenworth.

Kansas Guard officials didn’t respond to repeated requests from The Topeka Capital-Journal for comment about Wisner’s years of service and the potential of impropriety involving troops deployed in Iraq or soldiers participating in routine physicals back in Kansas.

In an interview with federal investigators, Wisner was asked if he fondled active-duty soldiers.

“No,” he said. “No.”

Wisner’s Bronze Star

The men and women of the 108th returned from Iraq in 2007. Wisner was awarded the Bronze Star and promoted to major by the Kansas Guard.

The Horton resident had served in the U.S. Air Force and Air Force Reserve in the 1970s and 1980s. He earned a medical degree at the University of Wisconsin and received a Kansas license in 1993 to work as a physician assistant. He was in private practice before signing on with the Kansas Guard in 2005. He was assigned to a unit in Manhattan before being transferred to Topeka.

Wisner was entrusted with leadership roles on the Kansas Guard’s medical staff despite a 1999 complaint to the Kansas Board of Healing Arts alleging he engaged in “inappropriate, sexualized conduct” with a patient and evidence of his arrest in 1987 on a charge of soliciting a lewd act in San Bernardino, Calif.

Before retiring from the Kansas Guard in 2009, Wisner acquired the nickname “Sausage Fingers.” He also landed a job as a physician assistant at the VA Medical Center in Leavenworth.

VA patients reportedly began complaining about Wisner’s violation of medical boundaries in 2011, and the VA found itself confronted by expanding evidence of malfeasance. The VA sent

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letters to Wisner's patients in an attempt to identify possible victims, but there is no evidence the Kansas Guard did likewise.

Kansas Guard Chief Warrant Officer 4 Steve Hood, who recently completed a career that included a quarter-century flying military helicopters, said enough should have been known by Kansas Guard commanders years ago to initiate a formal inquiry of Wisner.

Hood said the arrest of Wisner in 2015 for abusing VA patients ought to have compelled the Kansas Guard to track down approximately 220 soldiers, including Lindsey and himself, who deployed with the 108th to Iraq.

"When the Wisner case became public, I couldn't understand why there was no movement on attempting to identify if there was any such incidences within the military," Hood said. "He served as our flight surgeon for almost two years, and if he was doing this at the VA, he probably was doing it to soldiers on our deployment. I was dismayed that the battalion commander didn't come forward and say, 'Hey, he was my flight surgeon. We should check into this to make sure this didn't happen on my watch.' "

Hood said the Kansas Guard, led by Maj. Gen. Lee Tafanelli, should awaken from its slumber of neglect or indifference to properly care for soldiers mistreated by Wisner.

"It is now 10 years after the deployment," Hood said. "Soldiers are dying, moving and just getting lost in time. It just makes you lose faith that the system has your back or cares about your well-being after the fact."

Grim details

Wisner was accused of forceful anal penetration of VA patients during otherwise routine medical examinations. He was accused by veterans of rubbing their penis and massaging their testicles — sometimes at the same time — with bare hands. He allegedly threatened to withhold pain medication from veterans who resisted.

Veterans said they also were over-prescribed opiates by Wisner, apparently to make them dependent upon him once addicted. He may have relied upon confidential medical records to prey upon veterans with post-traumatic stress or individuals in a fragile mental state.

Wisner allegedly posed lewd questions to patients about their sex life. He purportedly made such comments as "things are looking good down there," or inquired about how long a patient could "keep it up."

It is unclear how Wisner's conduct escaped VA officials responsible for vetting job applicants.

"Mr. Wisner should never have been hired by the VA in the first place," said U.S. Sen. Jerry Moran, R-Kan. "It's worse than infuriating that a person with a criminal record … was still hired to be at the front lines of veteran patient care."

In May 2014, Wisner confided to a special agent with the VA's office of inspector general that he was prepared to discontinue his career as a medical provider because he had been "letting his guard down." In a subsequent interview with VA investigator Kerry Baker, Wisner said he "crossed the professional line."

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“I don’t have any business in medicine. Period,” Wisner told investigators during a taped interview before he was charged in the case. “All I can say is I truly messed up. I’m totally, completely — no control. I don’t feel good about what happened to these patients.”

Wisner surrendered his Kansas medical license in February 2015. He signed a consent decree in which he admitted to illegal sexual contact with VA patients and considered himself an “impaired practitioner and not capable of patient care.”

“There was clearly a pattern of deviant, negligent and unlawful actions perpetrated upon these brave soldiers in their time of great need,” said Daniel Thomas, part of an Independence, Mo., law firm that filed suit against Wisner and the federal government.

Flood of lawsuits

The torrent of lawsuits against Wisner and the VA allege the government was aware or should have been aware Wisner was a danger to patients. U.S. Department of Justice attorneys filed responses to a portion of the lawsuits, claiming the government wasn’t liable for actions of Wisner outside the scope of his employment.

In a pending suit brought by a U.S. Army veteran, the plaintiff alleged Wisner told patients his medical advice should be unquestioned because they were all combat veterans. Wisner had deployed to Iraq with the Kansas Guard while the plaintiff served in Iraq and other combat areas. At the VA hospital, the plaintiff was assigned to Wisner in 2011 for treatment of cardiac issues and knee pain.

“I am your battle buddy,” Wisner told the former soldier, according to the lawsuit. “You can trust me. I was a medic in combat. You trusted them when you were in combat and needed medics. And you can trust me.”

In August, Wisner was convicted in Leavenworth County District Court on felony counts of aggravated criminal sodomy and aggravated sexual battery, as well as three counts of misdemeanor sexual battery. The charges were drawn from Wisner’s improper treatment of VA patients from 2012 to 2014.

A retired U.S. Air Force officer testified at trial that Wisner shoved an object up his anus twice during an office visit.

“I hollered out, ‘What the (expletive) was that?’ He smiled at me,” the retiree said. “We were both officers. Supposedly gentlemen. I trusted him.”

Earlier this month, a Leavenworth County District Court judge sentenced Wisner to 15 years in prison.

A soldier’s quest

In April 2016, Lindsey filed a complaint with the Kansas Guard, pointing a finger at Wisner. The officer who took the report neglected to log it into a military database, Lindsey said.

In September of last year, Lindsey said, he was informed by another Kansas Guard officer that his complaint and those of his peers were missing.

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“How do you lose something so personal?” Lindsey said. “That system was completely broken. No one is monitoring culture and climate.”

He said his case was handed off to a Kansas Guard officer monitoring sexual harassment, but Lindsey said no one showed a willingness to draw attention to Wisner’s service as an officer in the Kansas Guard.

“They ignored it,” Lindsey said. “When I filed this report, you could almost feel the ‘we don’t give a (expletive).’ ”

Lindsey contacted the U.S. Army’s inspector general assigned to the Kansas Guard in early 2017. He requested action be taken by the Kansas Guard to guarantee complaints of sexual misconduct were handled professionally.

Lindsey also sought therapy to steady himself. In the process, he wrapped his arms around a message of hope that he shares with others.

“Don’t give up,” he said. “Get help and realize you’re not alone. Don’t quit. You have to heal.”
ON THE GUARD

Fourth in a series about leadership concerns at the Kansas National Guard and Adjutant General’s office

PART 1: Kansas National Guard’s confidential inquiry of widespread misconduct pointed to “toxic” leadership at highest levels.

PART 2: Fates of two Kansas Army Guard officers diverge as leadership flexes disciplinary process to shield an ally.

PART 3: Civilian adjutant general’s office employee who refused to have sex with her supervisor was harassed, fired.

SUNDAY: Kansas Army Guard misses warning signs a flight surgeon, later convicted of sex crimes, mistreated soldiers deployed in Iraq.

GET HELP

U.S. Department of Veterans Affairs: The crisis intervention hotline is 1-800-273-TALK (8255). Information about the VA’s services and benefits related to military sexual trauma can be found at www.mentalhealth.va.gov/msthome.asp

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1.4 - Lancaster Eagle-Gazette: Fairfield County veterans services juggles changes in federal mandates (19 November, Michaela Sumner, 74k online visitors/mo; Lancaster, OH)

A local veterans organization is struggling to provide services following federal mandates on veteran transportation from the Department of Veterans Affairs in the last few years.

The Veterans' Choice Program, initially signed into law in 2014, has evolved since its inception, putting more pressure on organizations at the local level to transport veterans to various appointments. Within the program, the VA can refer veterans out to different doctors and hospitals within a certain radius and time frame. The goal of the program was to help alleviate the long wait for veterans to be seen for their medical needs.

"The choice program is the best thing to happen to veterans because they're able to get help quicker and that's the purpose," Park Russell, director of Fairfield County Veterans Service Commission, said. "When they chose to do this, they now have put the county offices in a position of trying to transport them to all of these places."

Frank Buckalew, an Air Force veteran, said the county's veterans service commission has transported veterans to their appointments for years, but the commission staff told him they weren't transporting veterans to a non-VA facility anymore.

Buckalew, who uses the choice program for his medical needs, goes to Fairfield Medical Center Pavilion and said he's had to cancel at least two appointments because he didn't have any transportation and he couldn't continue to ask his sons, who live nearby.

"I can't keep asking them to take me to appointments because they're going to get fired (if I do that)," he said.

Buckalew said he's contacted several politicians, including Congressman Steve Stivers, President Donald Trump, and Senator Rob Portman.

The veterans service commission transports over 700 veterans, of which they have over 100 which require a home pick up and subsequently, a home drop off. Prior to the opening of the Lancaster VA clinic and the choice card, the organization transported veterans to VA hospitals in Chillicothe, Columbus, Cincinnati, Dayton, Cleveland, and Huntington, W. Va. With the choice card, Russell said they are now transporting to over 50 locations with just five vans.

"Because the VA was overwhelmed, now we are," Russell said simply. "And so I had to take a look at what I'm able to do."

The difficulty with transportation when dealing with the choice card, Russell said, was a trip to a VA medical center would average anywhere from two to six veterans whereas a trip using the choice card can transport one veteran to that location. Combining a trip to a VA facility and a choice card, he added, leads to veterans waiting hours for others to get seen and waiting for drivers to come pick them back up.

"When you look at veterans who have medical needs, they never plan on a 20-minute hospital visit to turn into a 10-hour day," he said. "It's overwhelming."

The temporary solution has been sending two vans to one location and taking the choice card on a case-by-case basis.

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"This has been brutal," Russell said. "And it's been a hard decision and a gut-wrenching decision on my part to try to meet the needs. And while we are still transporting on the choice card, it is a case-by-case (basis) because I can't have my drivers on the road long hours."

Drivers for the commission are part-time and have recently had their hours increased from 20 to 28 hours — a decision approved by the Fairfield County Board of Commissioners earlier this year. The county employs nine people at the Veterans Service Commission, not including the organization's appointed commissioners.

As of Oct. 31, the Fairfield County Veterans Service Commission had transported to 1,281 veterans' appointments, 231 of those being through the choice program, this year.

Russell has been actively discussing their options with the organization's commissioners and county commissioners. They are now looking at making a request for proposal, which would allow businesses to make a bid for how much they would charge the county to take over transportation for the veterans service commission.

County Commissioner Mike Kiger said if the RFP in any way helps the situation, he's all for it. As a veteran himself, he spoke firsthand of the promises service members are given about healthcare.

"Veterans have served their time," he said, going on to talk about the aging population of Vietnam era veterans in need of elderly care. "They don't have a way to get to the doctor. They don't have a way to get to the hospital."

Although he doesn't have a problem with transportation when it comes to his medical appointments, Kiger said he used the veterans service commission van once to get to an appointment, citing the veterans are treated well and he didn't observe any animosity from the drivers.

"It's hard to get three or four veterans in a van and get everybody on a schedule that makes everybody happy," he said. "I would have to say that they're doing a great job out there."

According to Russell, the commission is set to have a meeting with County Administrator Carri Brown to discuss the request for proposal, which will later be released through the county.

"It's no one's fault. It's not the VA's fault; it's not our fault," Russell said of their struggle to transport veterans in the county to their appointments. "We're trying to accommodate everyone. Veterans need the help and we want to provide the help. Sometimes my hands are limited until I'm able to make a change, but change does not happen quickly."

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2. Greater Choice for Veterans

2.1 - The Gazette: **Colorado Springs VA woes drive Lamborn plan for national fix** (18 November, Tom Roeder, 873k online visitors/mo; Colorado Springs, CO)

Things are so bad at the Colorado Springs VA clinic that Colorado Springs U.S. Rep. Doug Lamborn says it will take drastic action, including privatized veteran health care, to fix it.

Spurred by a new report on scheduling irregularities at the Colorado Springs clinic, Lamborn, a Republican, plans to introduce a bill this month that would give veterans access to private doctors with few restrictions. While it wouldn't eliminate VA health care programs, it would give veterans unfettered access to private care, he said.

"As hard as people try to bring reform, we're always going to have serious problems," Lamborn said Friday. "The bureaucracy is so entrenched and it prevents veterans from getting care like they could get in the private sector."

Missteps at the Lindstrom clinic off Fillmore Street were the focus of a Department of Veterans Affairs inspector general report last week that found that 91 percent of veterans seeking help for post-traumatic stress last year had their wait times falsified. Leaders at the clinic used what were described as "secret" waiting lists that hid actual wait times from the agency, the report found.

Troubles at the clinic included 40 veterans seeking PTSD help getting no appointment for care.

According to a Nov. 9 report from VA, patients in Colorado Springs still face the longest wait times in America among the agency's large clinics. Nearly one patient in five waits more than a month for care.

The 17-day average wait for mental health treatment in Colorado Springs is the fourth worst among all VA facilities across the nation.

VA issued a statement countering the report of its own inspector general, saying its clinic in Colorado Springs "at no point in time had unauthorized 'secret wait lists.'"

"This finding is not only incorrect, it is a disservice to the hard-working employees ... many of whom are veterans themselves," the agency said.

The agency, though, said it welcomes inspector general "findings and recommendations as an additional check to ensure veterans are receiving the highest-quality care."

The Colorado Springs clinic has been the focus of criticism for years. Scheduling shenanigans were the focus of another inspector general's report from 2015 that found 28 veterans there had same-day appointments recorded in their records when they had actually waited an average of 76 days.

Problems at the clinic have drawn ire from both political parties in Congress. Democratic Colorado U.S. Sen. Michael Bennet expressed frustration over the latest revelations.

"This report makes clear that the VA in Colorado still has a long way to go toward delivering proper care," he said in an email.

Lamborn said the anger growing on both sides of the aisle gives him confidence that a major overhaul of VA could gain congressional traction.

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The congressman's plan mirrors a proposal floated last year by U.S. Rep. Cathy McMorris Rodgers, a Washington state Republican who heads the GOP conference in the House.

It would offer veterans insurance similar to that offered to federal employees. Fully disabled veterans would get free care, others would get subsidized premiums.

"It sets up the private sector as a competitor for the VA," Lamborn said.

It's a move that's unlikely to get wide support among veterans advocacy groups. The Veterans of Foreign Wars issued a survey earlier this year that found overwhelming support among members for maintaining the existing VA system.

"The most important takeaway is the overwhelming majority of respondents said they want to fix, not dismantle the VA health care system," VFW national commander Brian Duffy said in a statement.

Lamborn said he knows he'll face a fight with organizations that support existing VA medical services.

"There are some veterans groups or leaders who are wedded to the current system and cannot see to the next level," he said.

Pressure from veterans groups and VA's more than 300,000 workers have kept broad-based private care options at bay since 2014, when Congress rolled out the Choice program. Designed to eliminate wait times for VA care, the program was mired in red tape, including provisions that veterans could not seek private care unless they had waited more than a month or lived more than 40 miles from VA services.

Lamborn's measure would eliminate those restrictions and goes beyond the Choice act in providing flexibility.

VA health care wouldn't end with Lamborn's measure, but it would see massive change.

The current Veterans Health Administration's health care duties would give way to a federally backed nonprofit entity called Veterans Accountable Care Organization. Under Lamborn's plan, that entity would continue to provide specialized care, but could act more like private hospitals when it comes to hiring and firing employees.

Lamborn said the move would end a culture that has been averse to change.

"The bureaucracy as it is presently constructed will fight tooth and nail to avoid competition," he said.

The bill would also create a separate Veterans Health Insurance Program to manage the private care part of the plan.

Veterans would also gain access to federal long-term care insurance under the bill, giving them coverage for private nursing homes.

It's a radical solution, but Lamborn says the problems in Colorado Springs prove a revolution is required.

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Lamborn is angry over a revelation in the inspector general's report that a veteran in 2016 committed suicide while suffering through scheduling delays for mental health care at the Colorado Springs clinic.

The veteran had been identified as a "low acute and chronic suicide risk" the report said. He died 13 days after a consultation at the clinic.

"It is a real gut shot - for someone to reach that point of despair is unacceptable," Lamborn said. "It shows that we need massive, major reform."

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2.2 - The Spokesman-Review: Spokane VA to expand urgent care while scrapping plans to re-open emergency room (18 November, Thomas Clouse, 864k online visitors/mo; Spokane, WA)

Efforts to reopen the emergency room at Mann-Grandstaff VA Medical Center have flatlined, and the fate of rural outpatient clinics appears to be sealed.

U.S. Rep. Cathy McMorris Rodgers said she's been fighting for the emergency room since she was first elected to Congress in 2005. The VA emergency room closed in 2014 and administrators have failed to hire enough doctors to reopen it.

After years of calling for its return, McMorris Rodgers said Friday that she now supports a plan to expand the hours of the existing urgent care to 24 hours, seven days a week.

"I think it's very important for veterans in Eastern Washington to know that they have a place available for them 24/7. This is a longtime challenge," she said. "The way we show our gratitude is to make sure they get the care that they need when the time comes."

However, neither she nor the VA staff could say when they expect urgent care, which currently is open daily from 8 a.m. to 6 p.m., to expand its hours. "The biggest challenge has been the recruitment of doctors," she said.

In addition, McMorris Rodgers said the Veterans Choice Program, which allows veterans to choose private doctors who are then paid by the government, is putting an end to clinics in rural communities. Outpatient clinics remain in Coeur d'Alene and Libby, Montana, but clinics have closed in Colville and Republic. A contract that expired in July has not been renewed in Tonasket.

"The clinics in the rural areas were a longtime priority for me," McMorris Rodgers said. "But Choice came along and those rural contracts went away."

She previously championed the rural clinics to avoid forcing veterans to drive over mountain passes or three hours one way for appointments in Spokane.

"If we could get Choice to work, then the veterans in those areas would get the care they need." McMorris Rodgers said. "But, there are some really big hurdles."

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VA officials began offering the Choice program after a 2014 wait-time scandal was discovered at the Phoenix VA hospital and spread throughout the country. Veterans had been waiting weeks or months for appointments while phony records covered up the lengthy delays.

The program, which was extended in August by President Donald Trump, originally allowed veterans to receive care from outside doctors if they had to wait 30 days for an appointment or drive more than 40 miles to a VA facility. But McMorris Rodgers and U.S. Rep. Phil Roe, R-Tenn., who came to Spokane on Friday for the announcement, both said those distance and time requirements have been eliminated.

Roe, a 72-year-old physician who chairs the House Veterans Affairs Committee, said Spokane's problem of finding doctors is not unique to the country, which has 168 medical centers like Mann-Grandstaff.

"The way health care is going, more and more care is provided in the outpatient setting," he said. "I'd like to see us take the care to the veterans, push the care for where the veterans live. The VA needs to be more nimble … so people don't have to drive long distances."

Roe, who spent 31 years as a doctor in Johnson City, Tennessee, said he supports the idea of a 24-hour urgent care rather than forcing the facility to reopen its emergency room.

"Having a place where you can take 95 percent of the problems is a real plus," he said. "It's not just here. It's a nationwide shortage of providers."

New director arrives

McMorris Rodgers praised the work of Interim Director Tracye Davis, who was brought over from Portland to cover for former Director Ron Johnson, who now works in Virginia.

"I appreciate the way she has come in and addressed a long list of challenges we have faced for many long years," McMorris Rodgers said. "In September, I was told it would take about a year to get a new director."

But on Friday, she introduced Dr. Robert Fischer, who will take over as the Mann-Grandstaff director on Dec. 5. Fischer, a retired Air Force veteran, comes from several years of service at Army Landstuhl Regional Medical Center in Germany.

"I'm very excited to be here," Fischer said.

In addition to tackling several issues, including fixing a 5-year-old hole in the hospital's roof, Davis implemented a new wellness program that ended protests from several veterans who were upset when they lost access to exercise equipment at the facility.

Asked if Fischer will follow through with Davis' plans, McMorris Rodgers replied: "That's my understanding, yes. She was part of identifying the new director. She spoke very highly of him."

Partnership with medical schools

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Roe said Spokane has a unique opportunity to partner with the medical schools in Spokane from Washington State University and a cooperation between the University of Washington and Gonzaga University to help alleviate the VA hospital's staffing problems.

In Johnson City, the VA allowed a medical school on its campus in 1980, which has been a boon for that community, Roe said.

The partnership between the VA and the Spokane-based medical schools "would really put this VA hospital on steroids," Roe said. "I think you have a tremendous opportunity … to teach (medical) students and provide care for veterans."

As part of the partnership, VA officials hope to open 36 positions that could be filled by the students, McMorris Rodgers said.

"Getting residents here can provide some stability," she said. "We have had a challenge retaining physicians here. If we can get the partnership going … that is a way to meet the need here."

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2.3 - The Columbian: Reps. Herrera Beutler, Roe hold roundtable on Veterans Affairs issues (18 November, Patty Hastings, 853k online visitors/day; Vancouver, WA)

Long wait times. Prescriptions not getting filled. Claims not addressed until after a veteran dies. Trouble getting to the nearest clinic.

These are some of the issues with the U.S. Department of Veterans Affairs that veterans discussed Saturday morning with Rep. Jaime Herrera Beutler, R-Battle Ground, at 40 Et 8, a nonprofit bingo parlor and veterans organization in Hazel Dell.

As of September, she said, more than 8.5 percent of veterans are still waiting more than 30 days to receive care at both the Portland and Vancouver VA campuses.

The congresswoman held the roundtable with Rep. Phil Roe, R-Tenn., who is chairman of the U.S. House Committee on Veterans Affairs and was visiting area VA campuses. He served two years in the U.S. Army Medical Corps during the Vietnam War.

"The United States of America spends more money on its veterans than every other nation in the world put together," Roe said. "It is a not lack of money that the VA has — I can flatly tell you that. A lot of it is a management issue and how the money is spent."

The Committee on Veterans Affairs looks at where the VA is failing and where it's doing a good job. There are 168 VA medical centers, more than 800 outpatient clinics across the country and about 340,000 employees, he said. Roe encouraged those attending Saturday's event to tell Herrera Beutler about issues at the VA, which can be investigated. After hearing of an issue at the Spokane VA campus, an investigative team was sent out.

"They're fixing everything that should've been fixed five years ago," said Roe, who visited the campus Friday.

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Despite being committee chairman, he's encountered his own issues at the VA. The VA called Roe three days after he'd buried his wife (who died of cancer) and told him she was eligible to be buried at the Mountain Home National Cemetery in Tennessee.

"I can say it now and kind of chuckle at how they did it, but at the time it was very hurtful when I got that call," he said.

A friend who served in the Air Force in Thailand and developed cancer as a result of exposure to Agent Orange didn't get his disability claim until 15 months after he died.

"That's wrong. We've got veterans out there waiting three, five, seven years. There are 470,000 claims out there that are under appeal," Roe said. "We hear what you're saying and we're trying to do something."

But, he said, change within the VA is like "turning an aircraft carrier around" because it's such a "big, slow organization."

Judy Russel, president of Clark County Veterans Assistance Center and a claims officer for the American Legion, said that many of her clients like the VA and are willing to wait more than 30 days to see their doctor, but there are still problems.

"Every day we see veterans who come in and talk about how long their appeals process is taking," she said.

When her husband needed to go to the emergency room because he couldn't breathe, it was an out-of-network claim that she said the VA initially denied. At first she also had trouble getting his prescription filled at the VA. Not every veteran has someone like her to advocate for them through the process.

It shouldn't be that way, Herrera Beutler said.

Matt Hoerner spent 22 years in the Army. After he retired, he struggled to hold down a job in the civilian world.

"What I discovered is running a tank platoon is nowhere similar to running a business," he said. "My struggle still continues to this day."

His problems started with the amount of time it took to get seen by a vocational rehabilitation specialist, and he knows he's not the only former soldier dealing with these kinds of issues. In another instance, he called the mental health clinic when he was in crisis saying he needed immediate help and they told him he could get an appointment for next month.

Another veteran in the crowd chimed in: "His story is my story."

Some recent legislative changes include the Accountability and Whistleblower Protection Act becoming law over the summer. The bill protects whistleblowers and gives the VA authority to remove employees for misconduct or performance reasons. A bill was recently introduced to amend the Veterans Access, Choice and Accountability Act of 2014 in order to improve treatment.

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Roe said things are improving at the VA but those in D.C. won't know what the issues are in Southwest Washington and how to address them until people here notify Herrera Beutler.

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3. Modernize Our System

4. Focus Resources More Efficiently

4.1 - The Gainesville Sun: Letters to the editor for Nov. 18, 2017 (18 November, Tom Wisnieski, 439k online visitors/mo; Gainesville, FL)

Quality care

For 50 years, the Malcom Randall VA Medical Center has been focused on providing the highest quality of care to veterans. VA has positively impacted not only the lives of countless veterans throughout our vast network of medical facilities in North Florida and South Georgia, but the community at large through long-standing affiliations with the University of Florida and 200 additional institutions.

The Malcom Randall center is the main hub of the largest VA health-care system in the country, where we see nearly 7,000 veterans daily. We are a leader in opioid dependence reduction and deliver innovative procedures.

A top priority is preventing suicide. We all have a role to play and I encourage you to #BeThere for veterans and promote the Veterans Crisis Line at 1-800-273-8255 (press 1).

Like all health-care organizations, we constantly seek to deliver better health outcomes and measure ourselves accordingly. We look forward to another 50 years of serving veterans and our community.

Tom Wisnieski, director, North Florida South Georgia Veterans Health System

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4.2 - The News-Review: State-supported work group created by Oregon Legislature to aid allied health college initiative kicks-off (18 November, Oregon Rep. Dallas Herald (R), 160k online visitors/mo; Roseburg, OR)

I wanted to reach out to the community this fall with a quick update regarding our work on the allied health college initiative work group that my colleagues and I successfully created in this year's 2017 legislative session. It is no secret that our community and the greater Southern Oregon region has seen heavy hits to our economic health due to federal timber resources restrictions.

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Despite the struggles felt in our part of the state, one area of our economy has seen growth. Health care in our region has expanded to keep up with our community's growing needs. Health care demand throughout Southern Oregon is so great that CHI Mercy Health and the Roseburg VA have had trouble finding enough medical personnel to staff the massive need.

I believe that part of the solution to revitalizing our struggling economy and demand is to tap into this health care need, to drive future growth and long-term stability. We need to make it possible for our health care providers to continue providing and expanding services, especially as our population ages and we continue to see more retirement age individuals move into the area. We need to connect workers with new career job training opportunities and good health care jobs.

That's why building an allied health college in Roseburg, which is centrally located in Southern Oregon, makes good economic and social sense. Not only will the school increase opportunities for those interested in the health care field, but the influx of students, faculty and their families will trigger supporting industries, strengthening and expanding economic activity in the region.

The beauty of this solution is that it is not dependent on attracting and retaining some large out-of-state corporation. Rather, it allows us to "grow our own." Expanding our local economy in this way will help transform Roseburg, and Southern Oregon, into a place where our youth will want to call home after graduation.

This last legislative session, I worked with Oregonians for Rural Health, which includes among many others the Umpqua Economic Development Partnership, CHI Mercy Health and Roseburg VA, in securing bipartisan support for a state-supported work group, tasked with advancing the allied health college initiative. These steps signify a level of commitment from the state of Oregon that this project has not previously enjoyed.

In addition to securing state involvement in the effort, the project has seen increased support from community leaders and elected officials across the region and state. It was expanded on our partnerships with the U.S. Department of Veteran Affairs and the Oregon Department of Veterans Affairs. The college would enable the VA to grow its own health care workforce, ensuring better care for our veterans who in Douglas County make up roughly 20 percent of our total population. Not only that, but veterans with medical training coming off active duty would be able to attend a college that provides them an opportunity to build upon and apply their skills in a civilian setting.

I believe the allied health college will be an important part of a revitalized regional economy and improved access to the critical health care services. This project will help the Douglas County area rediscover our sense of purpose, strength and identity.

We are a strong and ambitious people here in Douglas County and all we are asking for is that people let us earn and shape our own destiny. I ask for your support, and most of all your prayers, that we will achieve our goals in this worthy endeavor.

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4.3 - KXXV (ABC-25): Investigation finds corruption, intimidation at Temple VA campus
(18 November, 83k online visitors/mo; Waco, TX)

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TEMPLE, TX - Veteran's in the work program at the Department of Veterans Affairs at the Temple campus had complained about being assigned to the motor pool for years according to the Austin Statesman.

Several veterans that were undergoing drug and alcohol treatment complained that the boss of the unit had subjected them to verbal abuse.

Other complaints were of possible items from the VA being stolen after items such as lawnmowers and expensive tools disappeared.

Veterans said assignments sometimes took them off the VA campus in Temple and to the homes of high-ranking VA officials, where they said they were ordered to work.

The administration took no action even after the complaints were filed.

After veterans had submitted about 50 grievances over a decade, the Central Texas VA finally launched an internal investigation into the motor pool.

In August, the three-person administrative board confirmed much of what the veterans had alleged.

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4.4 - Big Spring Herald: VA hospital leadership responds to 1-star rating (18 November, 4k online visitors/mo; Big Spring, TX)

A story in last weekend's edition of the Herald reported that the West Texas VA Health Care system had received a 1-star rating out of 5 possible stars on the Strategic Analytics for Improvement and Learning (SAIL) Quality of Care assessment for Fiscal Year 2017.

This week, officials with the VA Medical Center sat down with Herald staff to discuss the low rating and the hospital staff's commitment to improving the quality of care it provides.

WTVAHC Director Kalautie JangDhari, Associate Director Manuel Davila and Associate Director of Patient Care and Nurse Executive Rebekah Friday, explained the rating from the viewpoint of the VA.

“Really what SAIL was intended to do for us, it was created internally by the VA, for us to measure ourselves against our peer groups within the VA, and also against ourselves, with how we performed the year prior. So those two measures,” said Davila. “Although it's been touted as a quality measure, it's only one of many. The VA has many, many quality measures, and SAIL is only part of that.”

Davila added that, on other assessments of the facility’s effectiveness, West Texas VA Health Care has scored very well.

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5. Improve Timeliness of Service

6. Suicide Prevention

6.1 - USA Today (Video): Arizona veterans' suicide rate 4 times higher than civilians' (15 November, Dennis Wagner, 36.8M online visitors/mo; McLean, VA)

TEMPE, Ariz. — A university's suicide study found that military veterans in Arizona are nearly four times more likely to take their own lives than non-veterans and are at much greater risk than the federal Department of Veterans Affairs has reported.

Veterans in Arizona committed suicide at a rate of 55 per 100,000 last year while non-veterans did so at a rate of 14 per 100,000, according to the report from Arizona State University's Center for Violence Prevention and Community Safety.

That reflects a 391% difference.

Yet a VA report last year said U.S. veterans are 22% more likely to commit suicide than civilians.

Each report included adjustments for age and gender differences among veterans. The VA had touted its study, based on 2014 suicide data, as the most exhaustive ever conducted. Investigators relied on 55 million documents from all 50 states.

Charles Katz, a professor with ASU's School of Criminology and director of the center, said he cannot account for the radically different conclusions.

However, university researchers were diligent in gathering evidence for their report, he said.

"We're very comfortable with our findings," Katz said. "We're sticking with it."

The VA has struggled to accurately calculate veteran suicide numbers in the past, prompting criticism from Congress and advocacy groups. In a written reply to questions from The Arizona Republic, a department spokesman said the university findings "cover different years and focus on different populations, so comparing them is like comparing apples to oranges."

Both studies concluded that Arizona veterans are at a much greater risk than their counterparts across the USA.

The nationwide rate for veterans is 38 suicides per 100,000, compared with Arizona's 55.

Katz said he cannot immediately explain that proclivity, but the research center will seek resources to investigate. In the meantime,other study findings may also bear inquiry. Among them:

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• The youngest Arizona veterans, ages 18 to 34, are most vulnerable — taking their own lives at a rate of 92 per 100,000.

• Four-fifths of the veteran suicides in Arizona are committed with firearms, compared to two-thirds nationally.

• Male veterans in Arizona are about three times more likely to take their own lives than female veterans: 57.7 per 100,000 for men vs. 21.6 per 100,000 for women. Yet both are far larger than the civilian rates: 20.8 for males, 7.3 for females.

About 506,000 veterans reside in Arizona, comprising about 7% of the state's overall population.

The ASU center's research, based on police reports, medical-examiner records and other violent-death data, is conducted annually to "shine the light on issues pertaining to veterans," Katz said.

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6.2 - News Times: New Milford discussion focuses on opioid abuse and suicide prevention (18 November, Katrina Koerting, 435k online visitors/mo; Danbury, CT)

NEW MILFORD — Several years ago a young veteran joined Veterans of Foreign Wars Post 1672.

The young man was friendly and talkative, married with children. Post Commander Jim Delancy remembers often chatting with him in the canteen — until one day the young vet turned quiet and withdrawn.

That night the young vet killed himself.

“He was a nice young guy that just got back and was totally lost,” Delancy said.

By learning the warning signs of suicide and sharing them with the community, Delancy and many others who work with veterans hope to prevent more suicides.

“Suicide prevention is everyone’s business,” Delancy said.

The post hosted a discussion Saturday on opioid abuse and suicide prevention to give the community the tools to help those in need. The panel included U.S. Rep. Elizabeth Esty; Christina Allen, a suicide prevention coordinator at the Veterans Affairs Hospital; veterans and local elected leaders.

Allen said she was glad the two topics were being presented together, because they often intersect. She said opioid abuse is a major risk factor for suicide.

Esty said Connecticut, with the third-highest overdose rate in the country, expects overdose deaths to hit 1,000 this year. She added that the state medical examiner’s office lost its accreditation because it couldn’t keep up with the autopsies.

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Esty urged people to bring unused medications to prescription drop-off boxes like the one at the New Milford Police Department, to prevent others from abusing them. Flushing them down the toilet is bad for the environment, she noted.

About 44,000 people commit suicide annually in the U.S., making it the 10th leading cause of death. In Connecticut, about one person a day commits suicide — 379 last year, Allen said.

Nationally, about 20 veterans commit suicide a day. Of those only six have been getting help with the VA, Allen said. She said it's important to talk about suicide openly and connect those in need with the appropriate resources.

"If we continue to sweep it under the rug, nothing is going to change and this problem is going to persist," she said.

While opioids play a role, the most common method of committing suicide is by firearms, and veterans generally use the weapons they were trained handle in the services. Allen suggested that friends or relatives urge loved ones with suicidal thoughts give their weapons to a friend or another veteran until they get better.

The VA recently launched a new initiative with the acronym SAVE to prepare the community to help those in a crisis by spotting the warning signs, asking if the person has suicidal thoughts and encouraging and expediting treatment.

Anyone can call the national suicide prevention hotline at 800-273-8255 for help and can speak to a fellow veteran. Allen follows up with any Connecticut veteran who calls.

The VFA also recently made suicide prevention a main initiative.

Stephanie Keegan said she sometimes asked her son, Daniel, a sergeant with the 82nd Airborne Division, whether he was having suicidal thoughts, giving him an opportunity to talk about it with her or with a friend.

But he died from a drug-related issue just shy of his 29th birthday, while he was waiting for treatment for post-traumatic stress disorder at the VA. He had been waiting 16 months for treatment.

"It was very hard," she said. "But we got him through those suicidal thoughts."

Esty said she is working with the VA to bring back the Ruptured Duck patch used in WWII, or a similar image, to help veterans show they are transitioning and get the support they need. She urged everyone to work together to face these challenges.

"Yes, it is serious, but we are not powerless," Esty said. "There's something each of us can do. Hopelessness gets us nowhere."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

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7.1 - The Hill: Supporting our veterans is a family commitment (17 November, Rep. Sanford D. Bishop, Jr. (D-Ga.), 11.8M online visitors/mo; Washington, DC)

Our service members and their families deserve our untiring gratitude and support for their service to our country. After 16 years of war, most Americans recognize the unprecedented challenge of caring for our military service members and veterans. However, the personal sacrifices of spouses and families are often overlooked. As a member of Congress who represents a constituency with over 60,000 veterans and a strong presence of active duty Soldiers, Marines, and Airmen along with their families, I remain committed to providing a voice for military and veteran spouses.

As a founder and co-chair of the Congressional Military Family Caucus and member of the House Appropriations Subcommittee on Military Construction and Veterans Affairs, service members and veterans often share with me personal stories regarding the challenges their spouses face. Frequent moves and multiple deployments have forced military spouses to forgo higher education, to place their career aspirations on hold, and sometimes face unemployment or underemployment. Although we have made significant progress strengthening military-connected spouse education and employment initiatives, we must also invest in programs that support veterans and retirees' spouses as they transition to civilian life.

Veteran spouses find it just as difficult to find employment as active duty spouses. While we understand that service members must navigate many challenges as they transition into civilian society, we must also recognize the personal sacrifices that military spouses endure in support of our nation. Unlike our veterans, veteran spouses are not privy to transitional employment, education, and training programs, yet they are just as deserving of these types of opportunities. According to the 2017 Blue Star Families Military Family Lifestyle Survey, employed spouses positively impact the veteran transition experience. Often after military retirement, it is the spouse's income that sustains the family until the veteran can find appropriate employment. Thus, we must reimagine the VA systems to extend benefits to the family of the veteran.

Although our VA system provides adequate education and training programs for widows and dependent children of fallen service members and disabled veterans; it falls short in supporting the veteran families who fall outside of those categories. For example, the VA Employment Center provides tools to help veterans find employment and advance their civilian careers. These are benefits that could easily be extended to all veteran spouses regardless of a veteran's death or disability status.

Another way we can better support our veteran families is to provide veteran spouses education and training opportunities. The VA administers many benefit programs designed to advance the education and skills of service members and veterans to include the Veterans Educational Assistance Program and the National Testing Program. These programs provide critical educational assistance including reimbursement for national admission tests and national tests required for college credit. These same benefits should also be available to veteran family members.

The federal government has an opportunity to provide greater support for veteran spouses who have made significant sacrifices for military families, and now need our help as civilians. For over two centuries, the United States Armed Forces have fought to defend our freedom and preserve our liberties. It is a mission that requires dedication, not only from our service members, but their families as well. Thus, our obligation is not just to our veterans, but to their

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families who have faced the unique demands of the military lifestyle. When a person joins the military, it is also a family commitment to our country. Therefore, we must do more to support our veteran spouses and their families.

Bishop represents Georgia's 2nd District. He is co-chairman of the Congressional Military Family Caucus and is a member of the House Appropriations Subcommittee on Military Construction and Veterans Affairs.

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7.2 - Military.com: Ashford University Runs Into Trouble With VA Again (18 November, Jim Absher, 9M online visitors/mo; San Francisco, CA)

Ashford University announced this week that it has temporarily stopped new enrollments of students who are using the GI Bill.

The action by the online for-profit university is the latest development in a long-running dispute between Ashford, the VA, and state regulators. In fact, Wikipedia shows 13 “controversies and lawsuits” between Ashford and state & federal regulators since 2006.

Background

The VA has no real regulatory authority to decide which schools can enroll GI Bill students. They rely on State Approving Agencies (SAA), which are usually part of a state’s department of education to ensure that schools operate according to regulations, are academically sound, and don’t engage in underhanded business or recruiting tactics.

These SAAs then pass the information about accreditation, record-keeping, costs, and other stuff on to the VA who usually rubber-stamps the state’s approval.

In the past this wasn’t a problem, since most schools were non-profit state institutions. In the last 5-10 years many private schools started or expanded, fueled by the growth of online learning and the large amounts of money involved in the Post-9/11 GI Bill. In fact, the Post-9/11 GI Bill pays out nearly $12 billion annually for nearly 800,000 students.

Ashford’s History

Ashford University is a totally online university based in San Diego, it had one physical campus in Iowa which closed in 2016. Since it had a physical campus in Iowa, the Iowa SAA approved the school for GI Bill benefits to the VA. Well, after that campus closed, Iowa withdrew their approval since the school no longer did business in their state.

Why didn’t Ashford just register as a school in California (where it’s headquarters are) after that, and get approved by the California SAA for GI Bill benefits? Well, California is notoriously strict about approving for-profit colleges, in fact lawsuits by the California SAA were major reasons that ITT Tech and Corinthian College, once both major for-profit colleges, went out of business.

What did Ashford do? They moved to Arizona.

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According to media reports, Ashford rented a small office in Phoenix, described as “roughly the size of a Chipotle restaurant,” and moved some employees there. Apparently, no classes took place at that location. VA inspectors dropped by unannounced to find the place dark and empty. So the VA indicated they would press the Arizona SAA to disapprove Ashford’s request for GI Bill approval.

Soon Senator Jeff Flake (R-AZ), wrote a letter to the VA saying, in part: “Please explain the VA’s apparent federal overreach into what should be state authority and purview at the expense of veterans.”

The VA then reversed itself and said that veterans would once again be eligible for GI Bill benefits at Ashford. To be fair, Ashford and the VA are also involved in a court case, and rulings in the case seem to come at the same time as the events listed above.

Most Recent Action

Well, last week, the VA sent Ashford a letter saying the Phoenix location doesn’t qualify as a campus and that unless things change in 60 days, no more GI Bill money for you. In a corporate filing Ashford strongly disagreed with the VA, they also said they would voluntarily stop enrolling new people using the GI Bill.

What Does This Mean To Veterans

Choose your school wisely. In the past if you were using your GI Bill to go to a school which closed before you got your degree you were out of luck.

The new “Forever GI Bill” changed this. If you went to a school that closed or lost accreditation and you didn’t get credit for the classes you took, the GI Bill that you used for those classes will be given back to you. This is effective for any school closings after January 1, 2015.

Still, doing a bit of homework before making a large time and money investment in a college is always a good thing to do.

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7.3 - Washington Examiner: Separate housing for veterans in jail becomes a national trend (19 November, Todd Shepherd, 4.8M online visitors/mo; Washington, DC)

What began as a simple idea in Middlesex, Mass., is now a trend being adopted quickly by county jails across the country: the creation of separate housing units solely for veterans.

“I felt like this was an opportunity to not only help reduce recidivism in my jail, but at the same time, give some honor and respect back to people who deserve it, regardless if they’ve made mistakes or not,” Pinal County Sheriff Mark Lamb told the Washington Examiner.

Pinal County, just southeast of Phoenix, Ariz., is one of the latest adopters of this practice that’s been quietly building for two years or more.

The origins of the program can be traced back to a small number of county jails, one of them under the direction of Sheriff Peter Koutoujian in Massachusetts. His own family history led him to be interested in veterans assistance programs, but that took a leap forward once he became sheriff.

Through his own research, Koutoujian came across the Veterans Re-entry Search Service program, a service from the Department of Veterans Affairs that helps identify defendants or inmates in correctional facilities.

Koutoujian knew that one of the biggest problems in helping veterans in jail was a matter of simple identification. For several reasons, many who find themselves on the wrong side of the law never identify themselves as veterans. But the depth of this self-reporting phenomenon struck the sheriff when he first used the database.

Using the VRSS program for the first time in the summer of 2013 with a population of about 1,100 inmates, Koutoujian says he knew he had 19 vets.

"When we ran our names through the system, through the VA database, we found out there were another 44 in the system who had never self-identified."

The sheer number alone began to suggest the idea of housing them together.

“At the same time that some of our administrators were thinking, ‘You know, that’s enough population perhaps we could actually create a unit’ – at the very same time, the veterans that we began working with more closely who were distributed throughout the institution ... also raised the possibility of creating a unit for those who were incarcerated,” Koutoujian explained.

The end product of the “veterans pod” was among the first of the kind in the nation.

The model quickly became successful. Grouping the veterans together facilitated mentoring from local vets, and fast-tracked the paperwork process on many of the services the vets were previously missing out on or would need soon after being turned out. And group therapies for PTSD, psychological counseling, and other group projects also became easier to organize and deliver.

“We bring in the VA to help us get appointments set up for these guys, whether it’s for mental health, or physical issues they’ve got. The VA’s been great about helping us with that as well,” Lamb said.

It also helped improve the behavior of the incarcerated veterans, and other prisons in the neighborhood began sending some of their veterans to the Middlesex jail.

“You’re inside a prison, where there’s a lot of shame, and embarrassment, and in this unit you can feel the self-respect and integrity of this unit,” Koutoujian said. It’s a very different feel than the rest of the places in there. You almost feel a sense of pride in this unit.”

When Middlesex created the separate housing area, the veterans painted the cell block, created a creed and motto, and began even breaking up their prison chores into platoon-like assignments. And they named the unit the Housing Unit for Military Veterans – or HUMV for short – giving it a distinctive military ring. The Middlesex jail also got a waiver from the state to mix veterans who have already been sentenced and those still in pre-trial.

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Shortly after Lamb's unit was created, one veteran spent a week in the unit but then was moved to the state prison.

"Unsolicited, we got a letter from him saying even in that week how much it had impacted his life, and he was very thankful," Lamb said. "He said he felt like he kind of got that rejuvenation to be able to do things right once he got out of prison and make changes in his life."

Koutoujian has a similar story. He said as he was walking in a Labor Day parade, someone along the route shouted out "HUMV!" to him, and he immediately ran over to meet the man who had been in the unit.

"The guy looked great, he was squared away, he was healthy-looking," Koutoujian said.

Koutoujian said many veterans who might have been sentenced to state prison were instead sent to serve out their time in the HUMV unit, based largely on the progress the individuals had made in their time there.

In some cases, the veterans who have left the jail have created their own support networks with "alumni" once back on the outside.

Lamb is quick to credit Koutoujian, and says it's proof bipartisan work still accomplishes great things.

"It's kind of funny, because we're like the 'Odd Couple,'" Lamb said of the partnership. "He's a Democrat, liberal from Massachusetts. And I'm a conservative cowboy sheriff out of Arizona. But together as sheriffs, it shows how we work together across this country."

Koutoujian says he remains inspired by what he sees in the HUMV unit.

"They raised a hand and swore an oath. And one of the elements of their motto was 'Leave no man behind.' And that was what we attempted to do here. Leave no man behind."

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7.4 - Lubbock Avalanche-Journal: Texas Tech the focus in Veterans' Affairs meeting on economic opportunity (18 November, Matt Dotray, 194k online visitors/mo; Lubbock, TX)

U.S. Rep. Jodey Arrington hosted a Veterans Affairs subcommittee meeting in Lubbock on Friday to hear from people at Texas Tech on how universities and federal programs can better help veterans transitioning to civilian life after service.

Why at Tech? Because, Arrington said, the university is consistently ranked one of the top institutions for advancing veterans' educational and career opportunities. Arrington said he didn't want to just hear from people at Tech, but also to learn from them.

Arrington chairs the House Veterans' Affairs Subcommittee on Economic Opportunity. Along with U.S. Rep. Beto O'Rourke of El Paso, the senior-most Democrat on the subcommittee, the two hosted a field hearing titled "Best Practices in Veterans Education and Transition to Civilian

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Life." The focus was on what higher-education institutions are doing to help this transition, and how services can be improved. Sitting in Tech's Regents Conference Room, the pair heard testimony from six members of the Texas Tech community.

"We have some best-in-class programs," Arrington said. "I like to think we have some best-in-class people that I'd like to show off today, and highlight. When we say we love our veterans — I don't know if I've met anyone that wouldn't say the very same. The question is, 'What are we doing to love them?' At Texas Tech, they're putting their money where their mouth is … that's what makes me so proud and we're going to dig into that."

Some testimony came from people leading the programs at Tech. Tedd Mitchell, president of Tech's Health Sciences Center, discussed its Veteran and Military Advising Office and some of the programs offered for military veterans. He specifically discussed TTUHSC's more innovative program, which is the accelerated nursing degree that can be completed in 12 months.

"We want to take care of the military folks," said Mitchell. "We've done things to make sure they get the funding they need to go to college when they get out of the military, but if you can do something to marry that with some of the educational experience they pick up while they're in the military and let that translate into a degree in a shortened period of time, that's a huge benefit. We're trying to do that."

Retired Col. Lou Ortiz is the director of Tech's Military and Veterans Programs, which was created in 2010 as a department solely dedicated to helping veterans. Ortiz said his department assists veterans in obtaining federal and state educational benefits. He said the program also plays a role in helping support veterans' transition to campus and then employment.

Tech's Vet Boot Camp is a quick, two-day learning experience, and its support system is available throughout the year for help in the classroom.

"Veterans are young, and so they come out with a great opportunity for higher education," said Tech system Chancellor Robert Duncan. "Higher ed is a really important transitioning opportunity for veterans as they come in, whether it's an undergraduate degree or at the Health Sciences Center."

Veteran students enrolled at Tech also gave testimony. While they applauded the programs they're utilizing, these veterans used firsthand accounts to encourage ways VA programs need to improve. Nicole Meyer, who served in the U.S. Air Force, said dealing with the VA Medical System has been a long, convoluted process. She said there needs to be better medical treatment for women's health issues and said it wasn't until utilizing the services through Angelo State University that she got the responses she needed.

Ikaika Iuta, an Army veteran, said there were resources available, but he didn't have the knowledge on how to access them.

"The Army Career and Alumni Program helped me create a resume and get a job, but I didn't know where I was going to live or what kind of services were offered for housing or help in getting housing," Iuta's testimony reads. "If it wasn't for the kindness of friends, I would have been homeless coming out of the military and another statistic to the veteran demographic."

He also said there's confusion between states as to what services and benefits are available.

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O'Rourke said before the testimonies began that he was eager to learn what the people at Tech had to say, and translate it into better practices.

"We clearly are not getting the job done in ensuring that we have a successful transition from service and active duty into civilian life," O'Rourke said. "We need to look no further than the fact that we are losing 20 veterans a day, every day in this country, by their own hand — the majority of whom choose not to or are unable to access services at the VA. Many of whom are unable to find purpose or function in their lives … we have a role to ensure that transition is better, more seamless and more effective towards allowing that veteran to contribute to their full potential."

O'Rourke said he knows of the success in West Texas and at Texas Tech in helping with these transitions and said that needs to get spread to the entire country.

As the subcommittee meeting was coming to a close, O'Rourke said he had three big takeaways to pursue in Washington, D.C.: the possibility of requiring or asking every nursing program in the country to implement a fast-track degree plan similar to Tech's, implementing some of the practices being done at Tech into the VA's transition assistance program, and creating more of a focus on connecting veterans with community support.

Arrington agreed, saying these needs were very clear after Friday's meeting.

"I think a lot of the solutions to the problem of making services more efficient and effective and providing the support our veterans need in transitioning from military to civilian life are out there," Arrington said. "It's just identifying the best in class, and best practices, and replicating them. … (Tech's programs) are unique in this country and we need to highlight them. We need to learn and drill down on why they're working, and what changes they'd make, so that we can replicate them throughout the country."

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8. Other

8.1 - Salon: It's time for the #MeToo effect to take on the military. Reform is needed to change how the military handles sexual assault and harassment cases (18 November, David Masciotra, 23.9M online visitors/mo; San Francisco, CA)

A recitation of the numbers is sufficient to horrify anyone with objective decency. In one study cited by the U.S. Department of Veterans Affairs, 23 percent of female users of VA health care reported experiencing at least one sexual assault while in the military. The VA found one in four women fighting in the Iraq and Afghanistan wars said they experienced sexual assault. A 2014 study found an estimated 22 percent of active-component women had been sexually harassed in the previous year. A recent USA Today investigation found that, since 2013, senior military officials were sanctioned for 500 cases of sexual misconduct. Women military personnel face the worst and most consistent forms of abuse, but men are also affected. To add further humiliation and punishment to the pain, a large Pentagon survey concluded that 58 percent of victims experienced retaliation and reprisals for reporting sexual assault.

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The explosion of allegations of sexual assault and harassment against Harvey Weinstein and other leading entertainment figures has provoked a necessary reexamination of the cruel mistreatment of women in the workplace.

Anyone with even minor lucidity should find the story of powerful men misusing their authority and influence for the sexual exploitation and denigration of women familiar and predictable. But the staggering amount of accusations emanating out of Hollywood, high tech and other wealthy industries makes it clear that what some might have considered an isolated problem is actually a social crisis of much greater proportions.

The statistics on sexual misconduct in the military should stun even the most cynical of observers. There are even cases, such as the tragic story of LaVena Johnson, involving military women who have died, with wounds on their genitalia, under suspicious circumstances, that military leadership have ruled suicides before stonewalling inquisitive family members searching for justice.

If Americans, after typical delay and extended neglect, have sincerely decided to make a moral and legal commitment to combating sexual misconduct and trauma, they cannot allow the military to escape scrutiny and responsibility. If they do, they will risk rendering the application of whatever policy they espouse as hollow.

The problem is that a massive obstacle exists in the way of consistency and morality on all matters related to the military. A recent Pew survey demonstrated the obvious: The United States Military is the most respected institution in the country. The American people, beginning with the respectable instinct to offer gratitude to those who have made great sacrifices for the country, have an unrealistic reverence for anyone in uniform, often believing that military personnel are incapable of wrongdoing, and should operate within sacred zone of impunity.

John Kelly, Chief of Staff in the Trump administration, recently gave clever, but ultimately crass amplification to the insidious idea of military worship when he declared that active duty military servicemen and women, along with combat veterans — a group that includes himself — are “the best this country produces,” and implied that, because it was he, a retired general, who advised President Trump how to handle his controversial phone call to a Gold Star widow, the media and members of Congress should refrain from expressing objection.

Sarah Huckabee Sanders fully unmasked the totalitarian impulse behind military reverence when she supported Kelly’s analysis with the exhortation, “If you want to get into a debate with a four-star Marine general, then I think that’s something highly inappropriate.”

Kelly and Sanders’ garrison-state doctrine demonstrates why the epidemic of sex crimes in the military receives little journalistic or political attention. It also captures why a nation addicted to displays of adulation for “the troops,” does not seem to care much for the troops who endure rape on base, only to have their superiors send them away without support.

Sen. Kirsten Gillibrand is displaying brave and noble "inappropriateness" in her effort to “professionalize the military justice system.” She is leading a bipartisan group of Senators in the reintroduction of the Military Justice Improvement Act, which would allow a sexual-abuse survivor to initiate the complaint process with an independent body outside their chain of command.

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The Military Justice Improvement Act has twice failed to receive the 60 votes it needs to pass, but one can hope that the nation's sharpened focus on sexual misconduct will pressure callously indifferent legislators into giving it their endorsement.

An equally fascinating and frustrating thought experiment exists for those willing to imagine the cultural and political reaction if any other institution, industry, or sector of society had a record on rape similar to the U.S. Military. If one fourth of employees at Walmart, for example, had been sexually assaulted during their tenure on the job, and roughly a quarter had been sexually harassed, and the managers, executives and supervisors routinely punished the victims for reporting the crimes, might the federal government and national media join forces to insist on condemnation of the Walton family?

I have not yet seen a bumper sticker or ribbon with the words, "Support the troops [unless they are raped]." Critics in the mindless Kelly camp will likely claim that Gillibrand, and politicians with similar proposals, are anti-military when in reality they are valiantly fighting to protect the members of the military who volunteer to serve their country only to face horrific abuse for their trouble.

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8.2 - ModernMedicine (Managed Healthcare Executive): ICER-VA alliance for formulary management sparks debate (19 November, Tracey Walker, 427k online visitors/mo; New York, NY)

The Institute for Clinical and Economic Review (ICER) collaboration with the Department of Veterans Affairs (VA) Pharmacy Benefits Management Services office (PBM) on price negotiations is garnering attention—some good, some bad.

As part of this arrangement, ICER will work with staff in the VA PBM to facilitate their integration of ICER reports into the VA formulary management process of evaluating the comparative clinical effectiveness and value of drugs. This is an ongoing collaboration first announced in June 2017.

In a Health Affairs blog post, National Pharmaceutical Council (NPC) Chief Science OfficerRobert Dubois, MD, PhD, urges caution with the VA-ICER arrangement.

"If the use of multiple value assessment frameworks by organizations such as the VA brings greater value to our veterans, who have given so much for their country, then this could be a positive development," Dubois says. "But frameworks cannot be used in a vacuum. It's incumbent upon the VA and ICER to ensure that a broad array of evidence is used and regularly updated, a variety of frameworks and stakeholder input is considered, and the factors that are important to veterans and their families are included in decision-making."

In a response piece also published on the Health Affairs blog, representatives of the VA noted that "The sole purpose of the VA's collaboration with the ICER is to have access to an independent assessment of value for new drugs of interest, as just one part of the VA's overall evidence-based, deliberative process. The VA budget is fixed each year at a certain level—within this context our (VA PBM) goal is to provide the highest-quality, safest, and best-value pharmacy benefit to our veteran patients. The fact that we leverage our buying power to

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negotiate the “steepest discounts in the country” for prescription drugs should be celebrated and not be a cause for concern.”

According to Ken Perez, vice president of healthcare policy, Omnicell, Inc., an automated healthcare solutions company, the “bigger, unspoken concern of pharmaceutical companies is the precedent that the VA-ICER collaboration may set for price negotiations applied to other populations, such as Medicare and Medicaid, or in the worst case from the drug makers’ perspective, for the entire population under a single-payer system such as Medicare for All, as evidenced by Dubois’s reference to the healthcare systems of the United Kingdom, Germany, and Australia,” Perez says.

Meanwhile, the ICER says that it is helping the VA provide the highest quality care for veterans while protecting U.S. taxpayers from unnecessarily high drug prices.

“ICER’s evidence reports are objective and supported solely by grants from nonprofit foundations,” ICER wrote in a statement to Managed Healthcare Executive. “In a public, transparent process that includes input from manufacturers, clinicians, insurers and patients, ICER independently reviews all available evidence to assess the clinical and cost effectiveness of each drug. In addition to reviewing all newly approved medicines, we plan to revisit and update our assessments as new evidence becomes available for therapy classes we have previously reviewed.”

“The VA does not plan to apply a strict cost-effectiveness threshold approach to its formulary,” according to the ICER statement. “The ICER value-based assessments are important—but not the only—inputs that the VA considers when making these coverage determinations. By incorporating ICER’s reports into its own PBM processes, the VA is now able to 1) identify which medicines offer the best long-term value and 2) negotiate agreements with manufacturers that more closely align each drug’s price with how well it improves veterans’ lives.”

Criticisms and concerns

NPC’s concerns are described in an earlier Health Affairs blog, pointing out the issues with the ICER framework’s underlying methodologies, including the budget threshold impact and heavy focus on the payer perspective, among others.

“Another challenge is that ICER assessments are a static representation of evidence at a point in time,” Dubois says. “They don’t routinely update their coverage decisions as new evidence evolves, like most payers do. Outdated information could hurt, rather than help patients; we hope that won’t be the case in this partnership."

ICER recently announced that it will be expanding its scope to include more frequent updates to existing reviews based on new evidence.

Medical Economist Robert Goldberg, PhD, cofounder and vice president of the Center for Medicine in the Public Interest, believes that the VA has consistently limited access to new medicines at a great cost to patients.

"The innovation gap has grown since then," Goldberg says.

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In its Health Affairs blog, the VA notes “the goal [of the collaboration] is not to use these assessments to deny veterans access to new and expensive drugs but to make these drugs more accessible by obtaining the best price available and hence increasing their value.”

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Veterans Affairs Media Summary and News Clips

19 November 2017

1. Top Stories

1.1 - Omaha World-Herald: **Omaha VA's use of unauthorized waiting lists dates back to at least 2006** (19 November, Steve Liewer, 2.1M online visitors/mo; Omaha, NE)
The Omaha VA hospital system used unauthorized waiting lists to track psychotherapy patients for much longer and far more extensively than VA officials previously acknowledged, according to documents The World-Herald obtained. An internal VA investigation dated Sept. 30, 2015, documented the use of the unofficial lists as far back as 2006.

Hyperlink to Above

1.2 - Military Times: **White House officials looking into merging VA and Tricare health services** (18 November, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)
Lawmakers and veterans advocates are demanding more details of a secret White House plan to merge parts of the Department of Veterans Affairs and the military's Tricare health system in an effort to trim billions in federal medical bills. But VA Secretary David Shulkin insists there is no underhanded effort to sneak through major reforms, and that the work thus far amounts to brainstorming about ways to make veterans care more efficient.

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1.3 - The Topeka Capital-Journal: **Kansas Army Guard ignores warning signs of flight surgeon's sexual misconduct** (18 November, Tim Carpenter, 853k online visitors/mo; Topeka, KS)
Kansas National Guard Staff Sgt. Derron Lindsey hustled around the nose of a churning UH-60 Black Hawk to help guide a group of Australian dignitaries out of the aircraft in Iraq. It was a routine task he'd executed hundreds of times without incident. But the events of Feb. 27, 2007, would transform Lindsey's life. The emotional and physical harm flight surgeon Mark Wisner inflicted upon him that day reflected the perversion that would lead to Wisner's conviction for molesting patients at a Kansas veterans' hospital.

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1.4 - Lancaster Eagle-Gazette: **Fairfield County veterans services juggles changes in federal mandates** (19 November, Michaela Sumner, 74k online visitors/mo; Lancaster, OH)
A local veterans organization is struggling to provide services following federal mandates on veteran transportation from the Department of Veterans Affairs in the last few years. The Veterans' Choice Program, initially signed into law in 2014, has evolved since its inception, putting more pressure on organizations at the local level to transport veterans to various appointments.

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2. Greater Choice for Veterans

2.1 - The Gazette: **Colorado Springs VA woes drive Lamborn plan for national fix** (18 November, Tom Roeder, 873k online visitors/mo; Colorado Springs, CO)

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Things are so bad at the Colorado Springs VA clinic that Colorado Springs U.S. Rep. Doug Lamborn says it will take drastic action, including privatized veteran health care, to fix it. Spurred by a new report on scheduling irregularities at the Colorado Springs clinic, Lamborn, a Republican, plans to introduce a bill this month that would give veterans access to private doctors with few restrictions.

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2.2 - The Spokesman-Review: **Spokane VA to expand urgent care while scrapping plans to re-open emergency room** (18 November, Thomas Clouse, 864k online visitors/mo; Spokane, WA)
Efforts to reopen the emergency room at Mann-Grandstaff VA Medical Center have flatlined, and the fate of rural outpatient clinics appears to be sealed. U.S. Rep. Cathy McMorris Rodgers said she's been fighting for the emergency room since she was first elected to Congress in 2005. The VA emergency room closed in 2014 and administrators have failed to hire enough doctors to reopen it.

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2.3 - The Columbian: **Reps. Herrera Beutler, Roe hold roundtable on Veterans Affairs issues** (18 November, Patty Hastings, 853k online visitors/day; Vancouver, WA)
Long wait times. Prescriptions not getting filled. Claims not addressed until after a veteran dies. Trouble getting to the nearest clinic. These are some of the issues with the U.S. Department of Veterans Affairs that veterans discussed Saturday morning with Rep. Jaime Herrera Beutler, R-Battle Ground, at 40 Et 8, a nonprofit bingo parlor and veterans organization in Hazel Dell.

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3. Modernize Our System

4. Focus Resources More Efficiently

4.1 - The Gainesville Sun: **Letters to the editor for Nov. 18, 2017** (18 November, Tom Wisnieski, 439k online visitors/mo; Gainesville, FL)
For 50 years, the Malcom Randall VA Medical Center has been focused on providing the highest quality of care to veterans. VA has positively impacted not only the lives of countless veterans throughout our vast network of medical facilities in North Florida and South Georgia, but the community at large through long-standing affiliations with the University of Florida and 200 additional institutions.

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4.2 - The News-Review: **State-supported work group created by Oregon Legislature to aid allied health college initiative kicks-off** (18 November, Oregon Rep. Dallas Herald (R), 160k online visitors/mo; Roseburg, OR)
Despite the struggles felt in our part of the state, one area of our economy has seen growth. Health care in our region has expanded to keep up with our community's growing needs. Health care demand throughout Southern Oregon is so great that CHI Mercy Health and the Roseburg VA have had trouble finding enough medical personnel to staff the massive need.

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4.3 - KXXV (ABC-25): Investigation finds corruption, intimidation at Temple VA campus (18 November, 83k online visitors/mo; Waco, TX)
Veteran's in the work program at the Department of Veterans Affairs at the Temple campus had complained about being assigned to the motor pool for years according to the Austin Statesman. Several veterans that were undergoing drug and alcohol treatment complained that the boss of the unit had subjected them to verbal abuse.

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4.4 - Big Spring Herald: VA hospital leadership responds to 1-star rating (18 November, 4k online visitors/mo; Big Spring, TX)
A story in last weekend's edition of the Herald reported that the West Texas VA Health Care system had received a 1-star rating out of 5 possible stars on the Strategic Analytics for Improvement and Learning (SAIL) Quality of Care assessment for Fiscal Year 2017.

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5. Improve Timeliness of Service

6. Suicide Prevention

6.1 - USA Today (Video): Arizona veterans' suicide rate 4 times higher than civilians' (15 November, Dennis Wagner, 36.8M online visitors/mo; McLean, VA)
A university's suicide study found that military veterans in Arizona are nearly four times more likely to take their own lives than non-veterans and are at much greater risk than the federal Department of Veterans Affairs has reported.

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6.2 - News Times: New Milford discussion focuses on opioid abuse and suicide prevention (18 November, Katrina Koerting, 435k online visitors/mo; Danbury, CT)
Several years ago a young veteran joined Veterans of Foreign Wars Post 1672. The young man was friendly and talkative, married with children. Post Commander Jim Delancy remembers often chatting with him in the canteen — until one day the young vet turned quiet and withdrawn. That night the young vet killed himself.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Hill: Supporting our veterans is a family commitment (17 November, Rep. Sanford D. Bishop, Jr. (D-Ga.), 11.8M online visitors/mo; Washington, DC)
Our service members and their families deserve our untiring gratitude and support for their service to our country. After 16 years of war, most Americans recognize the unprecedented challenge of caring for our military service members and veterans. However, the personal sacrifices of spouses and families are often overlooked.

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7.2 - Military.com: **Ashford University Runs Into Trouble With VA Again** (18 November, Jim Absher, 9M online visitors/mo; San Francisco, CA)
Ashford University announced this week that it has temporarily stopped new enrollments of students who are using the GI Bill. The action by the online for-profit university is the latest development in a long-running dispute between Ashford, the VA, and state regulators. In fact, Wikipedia shows 13 “controversies and lawsuits” between Ashford and state & federal regulators since 2006.

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7.3 - Washington Examiner: **Separate housing for veterans in jail becomes a national trend** (19 November, Todd Shepherd, 4.8M online visitors/mo; Washington, DC)
What began as a simple idea in Middlesex, Mass., is now a trend being adopted quickly by county jails across the country: the creation of separate housing units solely for veterans. “I felt like this was an opportunity to not only help reduce recidivism in my jail, but at the same time, give some honor and respect back to people who deserve it, regardless if they’ve made mistakes or not,” Pinal County Sheriff Mark Lamb told the Washington Examiner.

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7.4 - Lubbock Avalanche-Journal: **Texas Tech the focus in Veterans’ Affairs meeting on economic opportunity** (18 November, Matt Dotray, 194k online visitors/mo; Lubbock, TX)
U.S. Rep. Jodey Arrington hosted a Veterans Affairs subcommittee meeting in Lubbock on Friday to hear from people at Texas Tech on how universities and federal programs can better help veterans transitioning to civilian life after service.

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8. Other

8.1 - Salon: **It’s time for the #MeToo effect to take on the military. Reform is needed to change how the military handles sexual assault and harassment cases** (18 November, David Masciotra, 23.9M online visitors/mo; San Francisco, CA)
A recitation of the numbers is sufficient to horrify anyone with objective decency. In one study cited by the U.S. Department of Veterans Affairs, 23 percent of female users of VA health care reported experiencing at least one sexual assault while in the military. The VA found one in four women fighting in the Iraq and Afghanistan wars said they experienced sexual assault.

Hyperlink to Above

8.2 - ModernMedicine (Managed Healthcare Executive): **ICER-VA alliance for formulary management sparks debate** (19 November, Tracey Walker, 427k online visitors/mo; New York, NY)
The Institute for Clinical and Economic Review (ICER) collaboration with the Department of Veterans Affairs (VA) Pharmacy Benefits Management Services office (PBM) on price negotiations is garnering attention—some good, some bad.

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1. Top Stories

1.1 - Omaha World-Herald: Omaha VA's use of unauthorized waiting lists dates back to at least 2006 (19 November, Steve Liewer, 2.1M online visitors/mo; Omaha, NE)

The Omaha VA hospital system used unauthorized waiting lists to track psychotherapy patients for much longer and far more extensively than VA officials previously acknowledged, according to documents The World-Herald obtained.

An internal VA investigation dated Sept. 30, 2015, documented the use of the unofficial lists as far back as 2006. They continued to be used after the U.S. Department of Veterans Affairs prohibited them in 2010, and after a scandal at the Phoenix VA four years later revealed that veterans there had died while languishing on hidden waiting lists.

The World-Herald revealed last month the discovery of a separate unauthorized list earlier this year. At the time, Omaha VA officials declined to answer the newspaper's questions. But in subsequent letters to three U.S. senators, they said the waiting list violations at the outpatient mental health clinic occurred "during the Spring 2017 timeframe" and resulted in delayed care to 87 veterans.

"The management of these psychotherapy referrals ... was handled poorly and did not meet the standards of our VA Health Care System," the VA wrote in an unsigned response to Sen. Ben Sasse, R-Neb.

The earlier wait lists, however, had been in use for years. They "distorted" wait-time data sent to the national VA, the 2015 investigation concluded.

After surveying a sampling of 104 veterans on the list, investigators determined that 47 percent of those referred for psychotherapy had their care delayed. At the time, VA officials were under intense pressure to cut wait times because of bad publicity over the huge backlog of veterans waiting for care.

After the Phoenix scandal, the use of unauthorized wait lists turned out to be widespread in the VA. In 2016, USA Today documented such lists at 40 different VA health care systems in 19 states.

Last week the VA inspector general released a report documenting the recent use of "inappropriate" wait lists in the Eastern Colorado Health Care System (based in Colorado Springs) for mental health group therapy and in a PTSD clinic.

The 2015 investigation was mailed anonymously to The World-Herald, and its authenticity was confirmed by Omaha VA officials. On Friday, Omaha VA Director Don Burman and Chief of Staff David Williams agreed to answer questions about what happened in 2015 and why the wait list problem recurred in 2017.

Burman said he learned of the wait lists soon after taking the helm of the Omaha-based VA Nebraska-Western Iowa Health Care System in the spring of 2015. Internal investigations

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verified the problem, and he called an administrative investigation board, bringing in two outsiders from other VA systems to conduct it.

“I wanted to make sure there was immediate action,” Burman said. “I didn’t want to be classified as another Phoenix.”

Burman said the VA made numerous changes after the investigation. But some problems didn’t get fixed properly, allowing the wait list to recur in 2017.

Burman acknowledged the shortcomings of the earlier repair effort in an interview Friday.

“I learned a lot from 2015 that helped me to be a better administrator in 2017,” he said.

Burman omitted mention of the earlier wait list problem in a World-Herald opinion page article this month. In the article he praised his own “proactive approach to problem solving in Omaha.”

“The phrase ‘VA does the right thing’ may not make for a great headline,” Burman wrote. “But in this instance, that’s exactly what happened.”

The 2015 investigation was also not mentioned in the VA’s responses to senators. Burman said Friday that he considered the two investigations and wait-list problems to be largely separate matters.

Burman and Williams said that although some veterans had to wait longer than the VA’s 30-day standard for psychotherapy treatment, all of them were receiving other mental health care. About 85 percent, Williams said, were referred by VA psychiatrists who were already treating them.

“This population was very much on our radar screen,” he said.

The Omaha VA prides itself on getting same-day mental health treatment for most veterans.

The 2015 investigative board collected testimony from 18 witnesses and submitted its report three months later. Among the findings:

» The unofficial list — kept in an Excel spreadsheet on a shared computer drive — had been in use since at least 2006, perhaps longer. At the time, it was the only way the clinic tracked psychotherapy appointments.

» Use of the list continued even after a 2010 VA directive that barred the use of any list other than the VA’s approved “Electronic Wait List.”

» The department’s four social workers became alarmed after the Phoenix wait-list scandal in 2014. One of them told investigators the group thought their list “ ‘was similar to what happened in Phoenix’ and that they should get rid of it,” the report said. Use of the list was stopped in March 2015.

» An antagonistic relationship between the social workers and the mental health department managers, Dr. Subhash Bhatia and Dr. Praveen Fernandes, “stymied any significant efforts to come up with a coherent scheduling policy.”

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The social workers believed the managers were focused on performance measures and bonuses and became suspicious that “meeting the measure was the product of malfeasance,” the report said. Williams said Friday there’s no indication Bhatia, Fernandes or any other mental health providers were paid bonuses based on those measures.

» The clinic also scheduled new patients referred for psychotherapy consults into a non-therapeutic “orientation group” during 2014 and 2015 in order to make it appear they had gotten treatment when they had not, the report said. As a result, the hospital could claim shorter average wait times for appointments.

Fernandes, director of the outpatient mental health clinic, told social workers to cancel the consults and place the veterans on the unofficial waiting list. Auditors couldn’t tell whether those veterans ever received treatment.

The board, which was led by a VA administrator from California, made 12 recommendations that included a complete overhaul of the scheduling system, referral of any patients who have waited more than 30 days to treatment outside the VA, the use of routine scheduling audits, and a full review of all veterans referred since April 2014 to ensure patients hadn’t been lost without receiving care.

The board further recommended that Bhatia, chief of patient care service mental health, and Fernandes be disciplined for poor management. It said Fernandes should also be disciplined for not complying with VA scheduling policies and that he should be removed from supervision of the psychotherapy social workers.

Burman declined to discuss disciplinary action against individual employees. In an interview, Bhatia said he was not disciplined. Fernandes, who still works at the Omaha VA, could not be reached for comment.

By Burman’s account, most of the board’s recommendations were implemented and scheduling procedures were overhauled.

Burman said the official electronic waiting list has been used since 2015, and the primary work of scheduling appointments was shifted from the social workers to the mental health schedulers.

But then last June, Williams said, anomalies in the list made him suspect that a second list was being used again. He discovered that some of the schedulers were using a separate spreadsheet, because it made appointments easier to track. They also failed to offer veterans left waiting for care more than 30 days the option of receiving care at a civilian clinic through the Veterans Choice program.

Burman said he pounded home his point at a staff meeting.

“I made it clear we would not tolerate the use of any unauthorized spreadsheets and there would be disciplinary action,” Burman said. “We’re much more aggressive in making sure they know.”

Bhatia acknowledged he is one of two people who left after the second wait list was revealed but said he had planned to retire this year anyway, after 27 years with the VA. One of his deputies also resigned. He said he was not told any details about the most recent report.

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“Nobody forced me to retire, but I chose to,” Bhatia said. “I took responsibility, and I decided that another leader could deal with it more objectively.”

He remains on the faculty at the Creighton University Medical School as a distinguished professor.

Williams said an investigation has recently been completed into whether other employees were culpable. He said no decisions have been made yet. But Williams said the mental health department has been overhauled.

“We brought in new leadership,” he said. “Turning the department upside down.”

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1.2 - Military Times: **White House officials looking into merging VA and Tricare health services** (18 November, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — Lawmakers and veterans advocates are demanding more details of a secret White House plan to merge parts of the Department of Veterans Affairs and the military’s Tricare health system in an effort to trim billions in federal medical bills.

But VA Secretary David Shulkin insists there is no underhanded effort to sneak through major reforms, and that the work thus far amounts to brainstorming about ways to make veterans care more efficient.

“In no way should this be interpreted as privatizing or taking down the VA system,” he said in an interview with Military Times. “This is nothing more than good business discussions.”

At issue is a proposal, first made public by the Associated Press Friday, that would combine aspects of the Veterans Health Administration and Tricare, the military’s health care program for troops, families and retirees.

Specifics of the plans are unclear, but White House officials have discussed establishing a single purchased-care contract for the two different systems, sharing some military and VA facilities and linking the hiring of medical professionals in both systems.

The moves could potentially save up to $2 billion annually, largely through cuts in the federal workforce. Actual program changes would not start before 2023.

Those details are spelled out in a series of White House memos that caught lawmakers and veterans groups unaware this week. Shulkin said his department has been involved in some conversations on the issue but did not draft the documents.

The surprises prompted House Veterans’ Affairs Committee ranking member Tim Walz, D-Minnesota, on Friday to send a letter to President Donald Trump demanding more information on the possible merged services, notes from any meetings on the issue and an explanation for the lack of transparency.

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“A proposal as significant as merging TRICARE and the Veterans Choice Program should be fully transparent to the public,” he wrote. “It should be the subject of congressional hearings, and should include the input of veterans, military families, and retirees who would be affected.

Committee vice ranking member Mark Takano, D-Calif., blasted the White House for “developing a plan in secret – with no input from veterans or veterans advocates – that would seriously jeopardize the financial stability of VA hospitals and clinics. This is both unproductive and completely unacceptable.”

The plan would intermix the medical needs of two different patient pools. The Tricare system currently serves about 9.4 million beneficiaries, including the primary health care needs for all active-duty troops and their families.

The Department of Veterans Affairs system has roughly 9 million patients, too, but is largely focused on an older population dealing with service-connected illnesses. VA officials in recent months have talked about moving away from some primary care responsibilities in favor of increasing funds for more specialized services.

Such moves would involve billions of dollars in upgrades and operational changes to the two massive health care systems, work that would have to be approved and funded by lawmakers.

Shulkin said any such decisions are years away, and the internal conversations on the issue thus far have been “beyond preliminary.” He said lawmakers and veterans groups have not been brought into the conversation yet because department officials are still gathering information and are not pursuing any specific recommendations.

“We’re not taking early ideas outside the walls of our organization until we have enough to know whether we really want to explore it,” he said.

Memos on the topic show several meetings among White House staffers on the issue, and plans to make the idea a major topic of the December VA/DoD Health Executive Committee meeting.

Republicans on Capitol Hill said they have not been part of the conversation thus far.

“The only (health care) proposal Chairman (Phil) Roe has seen from the administration is VA’s CARE proposal, which was reviewed at our legislative hearing alongside the chairman’s community care proposal,” said Tiffany McGuffee Haverly, a spokeswoman for the House Veterans’ Affairs Committee chairman.

“At this time the committee intends to move forward with the chairman’s proposal that has the support of every member of the committee.”

Veterans groups met with White House officials on Friday and expressed frustration that they have been left in the dark on the proposal.

“We would be willing to be open minded on the issue,” said Lou Celli, director of veterans’ affairs and rehabilitation for the American Legion. “And we understand these are early discussions. But we certainly want to be brought into the conversation, or at least notified about it.”

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Bob Wallace, executive director of the Veterans of Foreign Wars, said his group “would oppose any effort to erode the system specifically created to serve the health care needs of our nation’s veterans by reducing VA’s role to a payer of care for veterans.”

AMVETS Executive Director Joe Chenelly said he has “deep concerns” over this plan and how the discussion has been handled.

“Several alarming ideas have become public this year before they were even mentioned to the veterans service organizations,” he said. “We believe that the administration wants to do what is best for veterans, but some of these ideas negatively impacted veterans.

“Some ill-advised moves were later dropped once the administration saw the negatives, but not before eroding trust veterans have in their federal government.”

Earlier this year, White House officials were criticized for holding several meetings on veterans issues with health care executives and interested parties before meeting with veterans groups.

The new private meetings come as VA officials are working with lawmakers on potentially sweeping changes in how the department handles veterans medical appointments both inside and outside the federal system.

That debate, which could send billions in new spending to private-sector doctors for veterans care, has lead to accusations from critics of the administration that they’re working to privatize the veterans care system instead of repairing its shortcomings.

Roe and other House lawmakers have offered a new community care bill that would provide more options for veterans to seek private-sector care but still leave VA doctors as the primary medical manager for those patients. VA leaders, including Shulkin, have proposed going even further, allowing veterans to pursue some walk-in appointments without prior approval but still at taxpayer expense.

Critics say the secret Tricare/VA meetings are an indication that their concerns about the Trump administration dismantling veterans health care services are well-founded.

“The plan to merge the VA with Tricare represents the first step on the path to total privatization of the VHA,” said Suzanne Gordon, a health care advocate who has written a book on the department’s medical system. “It will turn a healthcare plan that delivers integrated services to veterans into an insurance plan that pays for care that the private sector delivers.

“That will kill the VA.”

Shulkin said the issue of looming veterans community care reforms and sharing services with Tricare are not connected. He said administration officials have worked to foster an environment of open ideas, and encouraged looking across agencies to find efficiencies and better performance procedures.

He said the Tricare discussions grew naturally out of plans earlier this summer to adopt the same electronic medical records system as the Department of Defense, a process that’s expected to take almost a decade. He also compared it to discussions behind-the-scenes with Department of Health and Human Services officials on handling opioid addiction.

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“If there are efforts where we could do things better, we want to look at all those ideas and the potential synergies,” he said.

“But there is no plan here. There is no draft. We are simply having early discussions.”

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1.3 - The Topeka Capital-Journal: Kansas Army Guard ignores warning signs of flight surgeon’s sexual misconduct (18 November, Tim Carpenter, 853k online visitors/mo; Topeka, KS)

Kansas National Guard Staff Sgt. Derron Lindsey hustled around the nose of a churning UH-60 Black Hawk to help guide a group of Australian dignitaries out of the aircraft in Iraq.

It was a routine task he’d executed hundreds of times without incident. But the events of Feb. 27, 2007, would transform Lindsey’s life. The emotional and physical harm flight surgeon Mark Wisner inflicted upon him that day reflected the perversion that would lead to Wisner’s conviction for molesting patients at a Kansas veterans’ hospital.

Lindsey’s personal torment began when he slipped off the helicopter’s tire and fell backward onto an asphalt lot. An armor plate designed to protect his back from bullets distributed the impact through his torso like a lightning bolt. An adrenaline rush initially covered the stabbing pain of broken ribs. He was able to climb into the chopper next to his gun turret as the pilot lifted off for a long return flight to Camp Anaconda.

He sought help for the pain at a clinic staffed with personnel from the Kansas Guard’s 1st Battalion, 108th Aviation Regiment, that deployed with him from Topeka to the airbase in Balad, Iraq.

Inside the clinic, Capt. Wisner responded to Lindsey’s agony with a bizarre proposal.

“He wanted to do a rectal exam,” Lindsey said. “He offered to do things that were not part of a medical procedure — twice — in three days.”

The incident in Iraq occurred long before Wisner was exposed by the U.S. Department of Veterans Affairs and the Leavenworth County District Attorney’s office as a sexual predator who abused patients at Eisenhower Veterans Administration Medical Center. State and federal court records, including claims made in about 80 lawsuits, indicate Wisner frequently subjected patients to needless anal and penile examinations.

Crude slideshow

A few months after Lindsey’s encounter with Wisner in 2007, Wisner published a dispatch from Iraq in a newsletter distributed to members of his extended family.

Wisner described his duties in the Kansas Guard and insisted soldiers received the finest care.

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“As a medical and military officer,” Wisner wrote, “I feel that the young men and women who are fighting this insurgency over here deserve the best medical care and support our country can provide, and I am proud to be able to do my part in that endeavor.”

Lindsey, who served more than 30 years in uniform and retired as a sergeant major in 2016, never received proper medical attention from Wisner for his injuries. To keep flying, Lindsey said, he would tightly bind his ribs with duct tape. Lindsey didn’t report Wisner’s inappropriate conduct. “It was just something you didn’t say back then,” Lindsey said. “You’d be chastised. They’d ground me. I had to be with my troops.”

He said such an active-duty report in Iraq would have been handled by the same Kansas Guard officers who laughed during a battle update briefing as Wisner flashed slides showing evidence of U.S. soldiers’ sexually transmitted diseases.

Lindsey waited until shortly before retiring from the Kansas Guard to file a confidential complaint about Wisner. He was told months later the document had been lost along with files tied to complaints from other Kansas Guard members. He said a Kansas Guard officer handling sexual abuse issues indicated Kansas Guard leadership was loathe to delve into allegations involving Wisner, who by then was caught up in a legal whirlwind in Leavenworth.

Kansas Guard officials didn’t respond to repeated requests from The Topeka Capital-Journal for comment about Wisner’s years of service and the potential of impropriety involving troops deployed in Iraq or soldiers participating in routine physicals back in Kansas.

In an interview with federal investigators, Wisner was asked if he fondled active-duty soldiers.

“No,” he said. “No.”

Wisner’s Bronze Star

The men and women of the 108th returned from Iraq in 2007. Wisner was awarded the Bronze Star and promoted to major by the Kansas Guard.

The Horton resident had served in the U.S. Air Force and Air Force Reserve in the 1970s and 1980s. He earned a medical degree at the University of Wisconsin and received a Kansas license in 1993 to work as a physician assistant. He was in private practice before signing on with the Kansas Guard in 2005. He was assigned to a unit in Manhattan before being transferred to Topeka.

Wisner was entrusted with leadership roles on the Kansas Guard’s medical staff despite a 1999 complaint to the Kansas Board of Healing Arts alleging he engaged in “inappropriate, sexualized conduct” with a patient and evidence of his arrest in 1987 on a charge of soliciting a lewd act in San Bernardino, Calif.

Before retiring from the Kansas Guard in 2009, Wisner acquired the nickname “Sausage Fingers.” He also landed a job as a physician assistant at the VA Medical Center in Leavenworth.

VA patients reportedly began complaining about Wisner’s violation of medical boundaries in 2011, and the VA found itself confronted by expanding evidence of malfeasance. The VA sent

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letters to Wisner's patients in an attempt to identify possible victims, but there is no evidence the Kansas Guard did likewise.

Kansas Guard Chief Warrant Officer 4 Steve Hood, who recently completed a career that included a quarter-century flying military helicopters, said enough should have been known by Kansas Guard commanders years ago to initiate a formal inquiry of Wisner.

Hood said the arrest of Wisner in 2015 for abusing VA patients ought to have compelled the Kansas Guard to track down approximately 220 soldiers, including Lindsey and himself, who deployed with the 108th to Iraq.

"When the Wisner case became public, I couldn't understand why there was no movement on attempting to identify if there was any such incidences within the military," Hood said. "He served as our flight surgeon for almost two years, and if he was doing this at the VA, he probably was doing it to soldiers on our deployment. I was dismayed that the battalion commander didn't come forward and say, 'Hey, he was my flight surgeon. We should check into this to make sure this didn't happen on my watch.' "

Hood said the Kansas Guard, led by Maj. Gen. Lee Tafanelli, should awaken from its slumber of neglect or indifference to properly care for soldiers mistreated by Wisner.

"It is now 10 years after the deployment," Hood said. "Soldiers are dying, moving and just getting lost in time. It just makes you lose faith that the system has your back or cares about your well-being after the fact."

Grim details

Wisner was accused of forceful anal penetration of VA patients during otherwise routine medical examinations. He was accused by veterans of rubbing their penis and massaging their testicles — sometimes at the same time — with bare hands. He allegedly threatened to withhold pain medication from veterans who resisted.

Veterans said they also were over-prescribed opiates by Wisner, apparently to make them dependent upon him once addicted. He may have relied upon confidential medical records to prey upon veterans with post-traumatic stress or individuals in a fragile mental state.

Wisner allegedly posed lewd questions to patients about their sex life. He purportedly made such comments as "things are looking good down there," or inquired about how long a patient could "keep it up."

It is unclear how Wisner's conduct escaped VA officials responsible for vetting job applicants.

"Mr. Wisner should never have been hired by the VA in the first place," said U.S. Sen. Jerry Moran, R-Kan. "It's worse than infuriating that a person with a criminal record … was still hired to be at the front lines of veteran patient care."

In May 2014, Wisner confided to a special agent with the VA's office of inspector general that he was prepared to discontinue his career as a medical provider because he had been "letting his guard down." In a subsequent interview with VA investigator Kerry Baker, Wisner said he "crossed the professional line."

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“I don’t have any business in medicine. Period,” Wisner told investigators during a taped interview before he was charged in the case. “All I can say is I truly messed up. I’m totally, completely — no control. I don’t feel good about what happened to these patients.”

Wisner surrendered his Kansas medical license in February 2015. He signed a consent decree in which he admitted to illegal sexual contact with VA patients and considered himself an “impaired practitioner and not capable of patient care.”

“There was clearly a pattern of deviant, negligent and unlawful actions perpetrated upon these brave soldiers in their time of great need,” said Daniel Thomas, part of an Independence, Mo., law firm that filed suit against Wisner and the federal government.

Flood of lawsuits

The torrent of lawsuits against Wisner and the VA allege the government was aware or should have been aware Wisner was a danger to patients. U.S. Department of Justice attorneys filed responses to a portion of the lawsuits, claiming the government wasn’t liable for actions of Wisner outside the scope of his employment.

In a pending suit brought by a U.S. Army veteran, the plaintiff alleged Wisner told patients his medical advice should be unquestioned because they were all combat veterans. Wisner had deployed to Iraq with the Kansas Guard while the plaintiff served in Iraq and other combat areas. At the VA hospital, the plaintiff was assigned to Wisner in 2011 for treatment of cardiac issues and knee pain.

“I am your battle buddy,” Wisner told the former soldier, according to the lawsuit. “You can trust me. I was a medic in combat. You trusted them when you were in combat and needed medics. And you can trust me.”

In August, Wisner was convicted in Leavenworth County District Court on felony counts of aggravated criminal sodomy and aggravated sexual battery, as well as three counts of misdemeanor sexual battery. The charges were drawn from Wisner’s improper treatment of VA patients from 2012 to 2014.

A retired U.S. Air Force officer testified at trial that Wisner shoved an object up his anus twice during an office visit.

“I hollered out, ‘What the (expletive) was that?’ He smiled at me,” the retiree said. “We were both officers. Supposedly gentlemen. I trusted him.”

Earlier this month, a Leavenworth County District Court judge sentenced Wisner to 15 years in prison.

A soldier’s quest

In April 2016, Lindsey filed a complaint with the Kansas Guard, pointing a finger at Wisner. The officer who took the report neglected to log it into a military database, Lindsey said.

In September of last year, Lindsey said, he was informed by another Kansas Guard officer that his complaint and those of his peers were missing.

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“How do you lose something so personal?” Lindsey said. “That system was completely broken. No one is monitoring culture and climate.”

He said his case was handed off to a Kansas Guard officer monitoring sexual harassment, but Lindsey said no one showed a willingness to draw attention to Wisner’s service as an officer in the Kansas Guard.

“They ignored it,” Lindsey said. “When I filed this report, you could almost feel the ‘we don’t give a (expletive).’ ”

Lindsey contacted the U.S. Army’s inspector general assigned to the Kansas Guard in early 2017. He requested action be taken by the Kansas Guard to guarantee complaints of sexual misconduct were handled professionally.

Lindsey also sought therapy to steady himself. In the process, he wrapped his arms around a message of hope that he shares with others.

“Don’t give up,” he said. “Get help and realize you’re not alone. Don’t quit. You have to heal.”
ON THE GUARD

Fourth in a series about leadership concerns at the Kansas National Guard and Adjutant General’s office

PART 1: Kansas National Guard’s confidential inquiry of widespread misconduct pointed to “toxic” leadership at highest levels.

PART 2: Fates of two Kansas Army Guard officers diverge as leadership flexes disciplinary process to shield an ally.

PART 3: Civilian adjutant general’s office employee who refused to have sex with her supervisor was harassed, fired.

SUNDAY: Kansas Army Guard misses warning signs a flight surgeon, later convicted of sex crimes, mistreated soldiers deployed in Iraq.

GET HELP

U.S. Department of Veterans Affairs: The crisis intervention hotline is 1-800-273-TALK (8255). Information about the VA’s services and benefits related to military sexual trauma can be found at www.mentalhealth.va.gov/msthome.asp

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1.4 - Lancaster Eagle-Gazette: Fairfield County veterans services juggles changes in federal mandates (19 November, Michaela Sumner, 74k online visitors/mo; Lancaster, OH)

A local veterans organization is struggling to provide services following federal mandates on veteran transportation from the Department of Veterans Affairs in the last few years.

The Veterans' Choice Program, initially signed into law in 2014, has evolved since its inception, putting more pressure on organizations at the local level to transport veterans to various appointments. Within the program, the VA can refer veterans out to different doctors and hospitals within a certain radius and time frame. The goal of the program was to help alleviate the long wait for veterans to be seen for their medical needs.

"The choice program is the best thing to happen to veterans because they're able to get help quicker and that's the purpose," Park Russell, director of Fairfield County Veterans Service Commission, said. "When they chose to do this, they now have put the county offices in a position of trying to transport them to all of these places."

Frank Buckalew, an Air Force veteran, said the county's veterans service commission has transported veterans to their appointments for years, but the commission staff told him they weren't transporting veterans to a non-VA facility anymore.

Buckalew, who uses the choice program for his medical needs, goes to Fairfield Medical Center Pavilion and said he's had to cancel at least two appointments because he didn't have any transportation and he couldn't continue to ask his sons, who live nearby.

"I can't keep asking them to take me to appointments because they're going to get fired (if I do that)," he said.

Buckalew said he's contacted several politicians, including Congressman Steve Stivers, President Donald Trump, and Senator Rob Portman.

The veterans service commission transports over 700 veterans, of which they have over 100 which require a home pick up and subsequently, a home drop off. Prior to the opening of the Lancaster VA clinic and the choice card, the organization transported veterans to VA hospitals in Chillicothe, Columbus, Cincinnati, Dayton, Cleveland, and Huntington, W. Va. With the choice card, Russell said they are now transporting to over 50 locations with just five vans.

"Because the VA was overwhelmed, now we are," Russell said simply. "And so I had to take a look at what I'm able to do."

The difficulty with transportation when dealing with the choice card, Russell said, was a trip to a VA medical center would average anywhere from two to six veterans whereas a trip using the choice card can transport one veteran to that location. Combining a trip to a VA facility and a choice card, he added, leads to veterans waiting hours for others to get seen and waiting for drivers to come pick them back up.

"When you look at veterans who have medical needs, they never plan on a 20-minute hospital visit to turn into a 10-hour day," he said. "It's overwhelming."

The temporary solution has been sending two vans to one location and taking the choice card on a case-by-case basis.

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"This has been brutal," Russell said. "And it's been a hard decision and a gut-wrenching decision on my part to try to meet the needs. And while we are still transporting on the choice card, it is a case-by-case (basis) because I can't have my drivers on the road long hours."

Drivers for the commission are part-time and have recently had their hours increased from 20 to 28 hours — a decision approved by the Fairfield County Board of Commissioners earlier this year. The county employs nine people at the Veterans Service Commission, not including the organization's appointed commissioners.

As of Oct. 31, the Fairfield County Veterans Service Commission had transported to 1,281 veterans' appointments, 231 of those being through the choice program, this year.

Russell has been actively discussing their options with the organization's commissioners and county commissioners. They are now looking at making a request for proposal, which would allow businesses to make a bid for how much they would charge the county to take over transportation for the veterans service commission.

County Commissioner Mike Kiger said if the RFP in any way helps the situation, he's all for it. As a veteran himself, he spoke firsthand of the promises service members are given about healthcare.

"Veterans have served their time," he said, going on to talk about the aging population of Vietnam era veterans in need of elderly care. "They don't have a way to get to the doctor. They don't have a way to get to the hospital."

Although he doesn't have a problem with transportation when it comes to his medical appointments, Kiger said he used the veterans service commission van once to get to an appointment, citing the veterans are treated well and he didn't observe any animosity from the drivers.

"It's hard to get three or four veterans in a van and get everybody on a schedule that makes everybody happy," he said. "I would have to say that they're doing a great job out there."

According to Russell, the commission is set to have a meeting with County Administrator Carri Brown to discuss the request for proposal, which will later be released through the county.

"It's no one's fault. It's not the VA's fault; it's not our fault," Russell said of their struggle to transport veterans in the county to their appointments. "We're trying to accommodate everyone. Veterans need the help and we want to provide the help. Sometimes my hands are limited until I'm able to make a change, but change does not happen quickly."

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2. Greater Choice for Veterans

2.1 - The Gazette: **Colorado Springs VA woes drive Lamborn plan for national fix** (18 November, Tom Roeder, 873k online visitors/mo; Colorado Springs, CO)

Things are so bad at the Colorado Springs VA clinic that Colorado Springs U.S. Rep. Doug Lamborn says it will take drastic action, including privatized veteran health care, to fix it.

Spurred by a new report on scheduling irregularities at the Colorado Springs clinic, Lamborn, a Republican, plans to introduce a bill this month that would give veterans access to private doctors with few restrictions. While it wouldn't eliminate VA health care programs, it would give veterans unfettered access to private care, he said.

"As hard as people try to bring reform, we're always going to have serious problems," Lamborn said Friday. "The bureaucracy is so entrenched and it prevents veterans from getting care like they could get in the private sector."

Missteps at the Lindstrom clinic off Fillmore Street were the focus of a Department of Veterans Affairs inspector general report last week that found that 91 percent of veterans seeking help for post-traumatic stress last year had their wait times falsified. Leaders at the clinic used what were described as "secret" waiting lists that hid actual wait times from the agency, the report found.

Troubles at the clinic included 40 veterans seeking PTSD help getting no appointment for care.

According to a Nov. 9 report from VA, patients in Colorado Springs still face the longest wait times in America among the agency's large clinics. Nearly one patient in five waits more than a month for care.

The 17-day average wait for mental health treatment in Colorado Springs is the fourth worst among all VA facilities across the nation.

VA issued a statement countering the report of its own inspector general, saying its clinic in Colorado Springs "at no point in time had unauthorized 'secret wait lists.'"

"This finding is not only incorrect, it is a disservice to the hard-working employees ... many of whom are veterans themselves," the agency said.

The agency, though, said it welcomes inspector general "findings and recommendations as an additional check to ensure veterans are receiving the highest-quality care."

The Colorado Springs clinic has been the focus of criticism for years. Scheduling shenanigans were the focus of another inspector general's report from 2015 that found 28 veterans there had same-day appointments recorded in their records when they had actually waited an average of 76 days.

Problems at the clinic have drawn ire from both political parties in Congress. Democratic Colorado U.S. Sen. Michael Bennet expressed frustration over the latest revelations.

"This report makes clear that the VA in Colorado still has a long way to go toward delivering proper care," he said in an email.

Lamborn said the anger growing on both sides of the aisle gives him confidence that a major overhaul of VA could gain congressional traction.

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The congressman's plan mirrors a proposal floated last year by U.S. Rep. Cathy McMorris Rodgers, a Washington state Republican who heads the GOP conference in the House.

It would offer veterans insurance similar to that offered to federal employees. Fully disabled veterans would get free care, others would get subsidized premiums.

"It sets up the private sector as a competitor for the VA," Lamborn said.

It's a move that's unlikely to get wide support among veterans advocacy groups. The Veterans of Foreign Wars issued a survey earlier this year that found overwhelming support among members for maintaining the existing VA system.

"The most important takeaway is the overwhelming majority of respondents said they want to fix, not dismantle the VA health care system," VFW national commander Brian Duffy said in a statement.

Lamborn said he knows he'll face a fight with organizations that support existing VA medical services.

"There are some veterans groups or leaders who are wedded to the current system and cannot see to the next level," he said.

Pressure from veterans groups and VA's more than 300,000 workers have kept broad-based private care options at bay since 2014, when Congress rolled out the Choice program. Designed to eliminate wait times for VA care, the program was mired in red tape, including provisions that veterans could not seek private care unless they had waited more than a month or lived more than 40 miles from VA services.

Lamborn's measure would eliminate those restrictions and goes beyond the Choice act in providing flexibility.

VA health care wouldn't end with Lamborn's measure, but it would see massive change.

The current Veterans Health Administration's health care duties would give way to a federally backed nonprofit entity called Veterans Accountable Care Organization. Under Lamborn's plan, that entity would continue to provide specialized care, but could act more like private hospitals when it comes to hiring and firing employees.

Lamborn said the move would end a culture that has been averse to change.

"The bureaucracy as it is presently constructed will fight tooth and nail to avoid competition," he said.

The bill would also create a separate Veterans Health Insurance Program to manage the private care part of the plan.

Veterans would also gain access to federal long-term care insurance under the bill, giving them coverage for private nursing homes.

It's a radical solution, but Lamborn says the problems in Colorado Springs prove a revolution is required.

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Lamborn is angry over a revelation in the inspector general's report that a veteran in 2016 committed suicide while suffering through scheduling delays for mental health care at the Colorado Springs clinic.

The veteran had been identified as a "low acute and chronic suicide risk" the report said. He died 13 days after a consultation at the clinic.

"It is a real gut shot - for someone to reach that point of despair is unacceptable," Lamborn said. "It shows that we need massive, major reform."

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2.2 - The Spokesman-Review: Spokane VA to expand urgent care while scrapping plans to re-open emergency room (18 November, Thomas Clouse, 864k online visitors/mo; Spokane, WA)

Efforts to reopen the emergency room at Mann-Grandstaff VA Medical Center have flatlined, and the fate of rural outpatient clinics appears to be sealed.

U.S. Rep. Cathy McMorris Rodgers said she's been fighting for the emergency room since she was first elected to Congress in 2005. The VA emergency room closed in 2014 and administrators have failed to hire enough doctors to reopen it.

After years of calling for its return, McMorris Rodgers said Friday that she now supports a plan to expand the hours of the existing urgent care to 24 hours, seven days a week.

"I think it's very important for veterans in Eastern Washington to know that they have a place available for them 24/7. This is a longtime challenge," she said. "The way we show our gratitude is to make sure they get the care that they need when the time comes."

However, neither she nor the VA staff could say when they expect urgent care, which currently is open daily from 8 a.m. to 6 p.m., to expand its hours. "The biggest challenge has been the recruitment of doctors," she said.

In addition, McMorris Rodgers said the Veterans Choice Program, which allows veterans to choose private doctors who are then paid by the government, is putting an end to clinics in rural communities. Outpatient clinics remain in Coeur d'Alene and Libby, Montana, but clinics have closed in Colville and Republic. A contract that expired in July has not been renewed in Tonasket.

"The clinics in the rural areas were a longtime priority for me," McMorris Rodgers said. "But Choice came along and those rural contracts went away."

She previously championed the rural clinics to avoid forcing veterans to drive over mountain passes or three hours one way for appointments in Spokane.

"If we could get Choice to work, then the veterans in those areas would get the care they need." McMorris Rodgers said. "But, there are some really big hurdles."

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VA officials began offering the Choice program after a 2014 wait-time scandal was discovered at the Phoenix VA hospital and spread throughout the country. Veterans had been waiting weeks or months for appointments while phony records covered up the lengthy delays.

The program, which was extended in August by President Donald Trump, originally allowed veterans to receive care from outside doctors if they had to wait 30 days for an appointment or drive more than 40 miles to a VA facility. But McMorris Rodgers and U.S. Rep. Phil Roe, R-Tenn., who came to Spokane on Friday for the announcement, both said those distance and time requirements have been eliminated.

Roe, a 72-year-old physician who chairs the House Veterans Affairs Committee, said Spokane's problem of finding doctors is not unique to the country, which has 168 medical centers like Mann-Grandstaff.

"The way health care is going, more and more care is provided in the outpatient setting," he said. "I'd like to see us take the care to the veterans, push the care for where the veterans live. The VA needs to be more nimble … so people don't have to drive long distances."

Roe, who spent 31 years as a doctor in Johnson City, Tennessee, said he supports the idea of a 24-hour urgent care rather than forcing the facility to reopen its emergency room.

"Having a place where you can take 95 percent of the problems is a real plus," he said. "It's not just here. It's a nationwide shortage of providers."

New director arrives

McMorris Rodgers praised the work of Interim Director Tracye Davis, who was brought over from Portland to cover for former Director Ron Johnson, who now works in Virginia.

"I appreciate the way she has come in and addressed a long list of challenges we have faced for many long years," McMorris Rodgers said. "In September, I was told it would take about a year to get a new director."

But on Friday, she introduced Dr. Robert Fischer, who will take over as the Mann-Grandstaff director on Dec. 5. Fischer, a retired Air Force veteran, comes from several years of service at Army Landstuhl Regional Medical Center in Germany.

"I'm very excited to be here," Fischer said.

In addition to tackling several issues, including fixing a 5-year-old hole in the hospital's roof, Davis implemented a new wellness program that ended protests from several veterans who were upset when they lost access to exercise equipment at the facility.

Asked if Fischer will follow through with Davis' plans, McMorris Rodgers replied: "That's my understanding, yes. She was part of identifying the new director. She spoke very highly of him."

Partnership with medical schools

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